Herefordshire

Application to vary a premises licence to specify an individual as designated premises supervisor Licensing Act 2003

For help contact

 $\underline{licensing@herefordshire.gov.uk}$

Telephone: 01432 261761

* required information

Section 1 of 4			
You can save the form at any	time and resume it later. You do not need to l	oe logged in when you resume.	
System reference	Not Currently In Use	This is the unique reference for this application generated by the system.	
Your reference	1024	You can put what you want here to help you track applications if you make lots of them. It is passed to the authority.	
Are you an agent acting on b	pehalf of the applicant?	Put "no" if you are applying on your own behalf or on behalf of a business you own or work for.	
		Work for.	
Applicant Details			
* First name	JUDEAMALATHAS		
* Family name	CHRISTIAN		
* E-mail			
Main telephone number		Include country code.	
Other telephone number			
☐ Indicate here if the app	plicant would prefer not to be contacted by tel	lephone	
Is the applicant:			
Applying as a business	or organisation, including as a sole trader	A sole trader is a business owned by one	
 Applying as an individ 	ual	person without any special legal structure. Applying as an individual means the applicant is applying so the applicant can be employed, or for some other personal reason, such as following a hobby.	
Applicant Business			
Is the applicant's business registered in the UK with Companies House?	○ Yes	Note: completing the Applicant Business section is optional in this form.	
Is the applicant's business registered outside the UK?	○ Yes		
Business name	BRAMTON STORES	If the applicant's business is registered, use its registered name.	
VAT number	NONE	Put "none" if the applicant is not registered	

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		1		
Legal status	Sole Trader			
Applicant's position in the business	OWNER MANAGER	The country where the applicant's headquarters are.		
Home country	United Kingdom			
Applicant Business Address		If the applicant has one, this should be the		
Building number or name	25	applicant's official address - that is an address required of the applicant by law for receiving communications.		
Street	SPRINGFIELD ROAD	receiving communications.		
District				
City or town	ROSS-ON-WYE			
County or administrative area				
Postcode	HR9 7EX			
Country	United Kingdom			
Agent Details		_		
* First name	NIRA			
* Family name	SURESH			
* E-mail	CONTACT@ARKALICENSING.CO.UK			
Main telephone number	07803 90 3897	Include country code.		
Other telephone number				
☐ Indicate here if you wou	ld prefer not to be contacted by telephone			
Are you:				
An agent that is a busine	ess or organisation, including a sole trader	A sole trader is a business owned by one person without any special legal structure.		
A private individual acting as an agent				
Agent Business				
Is your business registered in the UK with Companies House?	Yes	Note: completing the Applicant Business section is optional in this form.		
Registration number	09036487			
Business name	ARKA LICENSING CONSULTANTS	If your business is registered, use its registered name.		
VAT number	NONE	Put "none" if you are not registered for VAT.		
Legal status	Private Limited Company			

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Your position in the business	LICENSING AGENT	
Home country	United Kingdom	The country where the headquarters of your business is located.
Agent Registered Address		Address registered with Companies House.
Building number or name	TRIDENT BUSINESS CENTRE	
Street	89 BICKERSTETH ROAD	
District		
City or town	LONDON	
County or administrative area		
Postcode	SW17 9SH	
Country	United Kingdom	
Section 2 of 4		
PREMISES DETAILS		
I/we apply to vary a premises li section 37 of the Licensing Act		ed in this application as the premises supervisor under
* Premises licence number	PR00156	
Are you able to provide a post	al address, OS map reference or des	cription of the premises?
AddressOS ma	p reference O Description	
Address		
* Building number or name	25	
* Street	SPRINGFIELD ROAD	
District		
* City or town	ROSS-ON-WYE	
County or administrative area		
Postcode	HR9 7EX	
* Country	United Kingdom	
Contact Details		
E-mail		
Telephone number		
Other telephone number		
Describe the premises. For exa	mple, what type of premises it is	

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LOCAL CONVENEINCE STORE		
Section 3 of 4		
SUPERVISOR		
Full Name Of Proposed Desi	ignated Premises Supervisor	
* First name	JUDEAMALATHAS	
* Family name	CHRISTIAN	
* Nationality	BRITISH	
* Place of birth	SRI LANKA	
* Date of birth	dd mm yyyy	
Personal licence number of proposed designated premises supervisor		
Issuing authority of that licence	GLOUCESTER CITY COUNCIL	
Full Name Of Existing Desig	nated Premises Supervisor	
First name	RAJVINDER	
Family name	KAUR	
* Would you like this applicat the Licensing Act 2003?	ion to have immediate effect under section 38 of	The premises licence holder can continue the supply of alcohol if, for example, the existing premises supervisor is suddenly
Yes	○ No	indisposed or unable to work.
□ I will notify the existing	ng premises supervisor (if any) of this application	It is sufficient for the licensee to inform the existing premises supervisor in writing, without sharing the specific details of the application.
* Will the premises licence or application?	relevant part of it be submitted with this	
○ Yes	No	
* Reasons why the premises li	icence or relevant part of it will not be submitted v	with this application
The premises has already bee	en taken away and sent back by previous licence h	older.

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How will the consent form of the be supplied to the authority?	e proposed designate	d premises supervisor	
C Electronically, by the prop	osed designated prem	nises supervisor	
 As an attachment to this v 	variation		
Reference number for consent form (if known)			If the consent form is already submitted, ask the proposed designated premises supervisor for its 'system reference' or 'your reference'
Section 4 of 4			
PAYMENT DETAILS			
This fee must be paid to the aut	thority. If you complete	e the application online,	you must pay it by debit or credit card.
This formality requires a fixed fe	ee of £23		
ATTACHMENTS			
AUTHORITY POSTAL ADDRESS	<u> </u>		
Address			
Building number or name			
Street			
District			
City or town			
County or administrative area			
Postcode			
Country	United Kingdom		
DECLARATION			
I/we understand it is an offend licensing act 2003, to make a f			n the standard scale, under section 158 of the oplication.
☐ Ticking this box indicate	es you have read and u	nderstood the above de	claration
This section should be complet behalf of the applicant?"	ed by the applicant, ur	nless you answered "Yes'	" to the question "Are you an agent acting on
Signature Of Applicant Or Ap	plicant's Solicitor		
* Full name			
* Capacity			
Date (dd/mm/yyyy)			
Joint Applicants, Signature O	f Second Applicant O	r Second Applicants So	licitor
Full name			

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Capacity	
Date (dd/mm/yyyy)	
	Remove this signatory
	Add another signatory

DPS Consent Form

Consent of individual to being specified as a premises supervisor

	JUDEAMALATHAS CH			
	[full name of prospective prem	nises supervisor]		
of				
		r ;		
		The second of the second		
[home	e address of prospective premis	ses supervisor]		
super	rvisor in relation to the app	plication for		
VAF	RIATION OF DPS			
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and any premises licency by	e to be granted or varied in respect of this application made
JUDEAMALATHAS CH	RISTIAN
[name of applicant]	
concerning the supply of	alcohol at
BRAMPTON STORES 25 SPRINGFIELD ROA ROSS-ON-WYE HR9 7EX	D
[name and address of premis	es to which application relates]
my date of birth is	
my date of birth is	
[insert your date of birth e.g 1s	January 1980i
[o.iv) and also of small olg (ountary (ossy)
	entitled to work in the United Kingdom and am applying for, irrently hold a personal licence, details of which I set out
Personal licence number	
[insert personal licence number	r, if any]
Personal licence issuing	authority
GLOUCESTER CITY C	OUNCIL
[insert name and address and	elephone number of personal licence issuing authority, if any]
Signed	
Name (please print)	JUDEAMALATHAS CHRISTIAN
Date	20/06/2022
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