

Section 1 of 4

You can save the form at any time and resume it later. You do not need to be 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

KHA3-8

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 behalf of the applicant?

Yes No

Put "no" if you are applying on your own behalf or on behalf of a business you own or work for.

Applicant Details

* First name

Mazar and Zaffar

* Family name

Khan and Khan

* E-mail

[REDACTED]

Main telephone number

[REDACTED]

Include country code.

Other telephone number

[REDACTED]

Indicate here if the applicant would prefer not to be contacted by telephone

Is the applicant:

- Applying as a business or organisation, including as a sole trader
 Applying as an individual

A sole trader is a business owned by one 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.

Continued from previous page...

Address

* Building number or name	<input type="text" value="72"/>
* Street	<input type="text" value="Brixton Hill"/>
District	<input type="text"/>
* City or town	<input type="text" value="London"/>
County or administrative area	<input type="text"/>
* Postcode	<input type="text" value="SW2 1QW"/>
* Country	<input type="text" value="United Kingdom"/>

Agent Details

* First name	<input type="text" value="NATASHA"/>
* Family name	<input type="text" value="NUNN"/>
* E-mail	<input type="text" value="REDACTED"/>
Main telephone number	<input type="text" value="REDACTED"/>
Other telephone number	<input type="text"/>

Include country code.

Indicate here if you would prefer not to be contacted by telephone

Are you:

- An agent that is a business or organisation, including a sole trader
- A private individual acting as an agent

A sole trader is a business owned by one person without any special legal structure.

Agent Business

Is your business registered in the UK with Companies House? Yes No

Note: completing the Applicant Business section is optional in this form.

Registration number	<input type="text" value="REDACTED"/>
Business name	<input type="text" value="Dadds LLP"/>
VAT number	<input type="text" value="GB"/> <input type="text" value="REDACTED"/>
Legal status	<input type="text" value="Partnership"/>
Your position in the business	<input type="text" value="Solicitor/Partner"/>
Home country	<input type="text" value="United Kingdom"/>

If your business is registered, use its registered name.

Put "none" if you are not registered for VAT.

The country where the headquarters of your business is located.

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Agent Registered Address

Address registered with Companies House.

Building number or name	<input type="text"/>
Street	<input type="text"/>
District	<input type="text"/>
City or town	<input type="text"/>
County or administrative area	<input type="text"/>
Postcode	<input type="text"/>
Country	<input type="text" value="United Kingdom"/>

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PREMISES DETAILS

I/we apply to vary a premises licence to specify the individual named in this application as the premises supervisor under section 37 of the Licensing Act 2003.

* Premises licence number

Are you able to provide a postal address, OS map reference or description of the premises?

- Address OS map reference Description

Address

* Building number or name	<input type="text" value="Kwik Stop Food and Wine"/>
* Street	<input type="text" value="72 Brixton Hill"/>
District	<input type="text"/>
* City or town	<input type="text" value="London"/>
County or administrative area	<input type="text"/>
Postcode	<input type="text" value="SW2 1QW"/>
* Country	<input type="text" value="United Kingdom"/>

Contact Details

E-mail	<input type="text"/>
Telephone number	<input type="text"/>
Other telephone number	<input type="text"/>

Describe the premises. For example, what type of premises it is

Licensed convenience store selling a range of groceries as well as alcohol by retail for consumption off the premises

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SUPERVISOR

Full Name Of Proposed Designated Premises Supervisor

* First name

* Family name

* Nationality

* Place of birth

* Date of birth / /
dd mm yyyy

Personal licence number of proposed designated premises supervisor

Issuing authority of that licence

Full Name Of Existing Designated Premises Supervisor

First name

Family name

* Would you like this application to have immediate effect under section 38 of the Licensing Act 2003?

Yes No

* Will the premises licence or relevant part of it be submitted with this application?

Yes No

How will the consent form of the proposed designated premises supervisor be supplied to the authority?

Electronically, by the proposed designated premises supervisor
 As an attachment to this 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'

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PAYMENT DETAILS

This fee must be paid to the authority. If you complete the application online, you must pay it by debit or credit card.

This formality requires a fixed fee of £23

DECLARATION

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* I/we understand it is an offence, liable on conviction to a fine up to level 5 on the standard scale, under section 158 of the Licensing Act 2003, to make a false statement in or in connection with this application.

Ticking this box indicates you have read and understood the above declaration

This section should be completed by the applicant, unless you answered "Yes" to the question "Are you an agent acting on behalf of the applicant?"

* Full name	<input type="text" value="NATASHA NUNN"/>
* Capacity	<input type="text" value="SOLICITOR/PARTNER"/>
* Date	<input type="text" value="03"/> / <input type="text" value="01"/> / <input type="text" value="2019"/> dd mm yyyy
<input type="button" value="Remove this signatory"/>	

Full name	<input type="text"/>
Capacity	<input type="text"/>
* Date	<input type="text"/> / <input type="text"/> / <input type="text"/> dd mm yyyy
<input type="button" value="Remove this signatory"/>	

OFFICE USE ONLY

Applicant reference number	<input type="text" value="KHA3-8"/>
Fee paid	<input type="text"/>
Payment provider reference	<input type="text"/>
ELMS Payment Reference	<input type="text"/>
Payment status	<input type="text"/>
Payment authorisation code	<input type="text"/>
Payment authorisation date	<input type="text"/>
Date and time submitted	<input type="text"/>
Approval deadline	<input type="text"/>
Error message	<input type="text"/>
Is Digitally signed	<input type="checkbox"/>



Consent of individual to being specified as premises supervisor

I Azar Iqbal Khan

[full name of prospective premises supervisor]

of



[home address of prospective premises supervisor]

hereby confirm that I give my consent to be specified as the designated premises supervisor in relation to the application for

DPS Variation

[type of application]

by

Messrs Mazar Khan and Zaffar Khan

[name of applicant]

relating to a premises licence Prem 555 17/00475/PRMDPS

[number of existing licence, if any]

for

Kwik Stop Food And Wine
72 Brixton Hill
London
SW2 1QW

[name and address of premises to which the application relates]

and any premises licence to be granted or varied in respect of this application made by

Messrs Mazar Khan and Zaffar Khan

[name of applicant]

concerning the supply of alcohol at

Kwik Stop Food And Wine
72 Brixton Hill
London
SW2 1QW

[name and address of premises to which application relates]

I also confirm that I am entitled to work in the United Kingdom and am applying for, intend to apply for or currently hold a personal licence, details of which I set out below.

Personal licence number

████████████████████

[insert personal licence number, if any]

Personal licence issuing authority

████████████████████

[insert name and address and telephone number of personal licence issuing authority, if any]

██

[Date and place of Birth of prospective premises supervisor]

Signed



Name (please print)

AZAR IQBAL KHAN

Date

13/12/2018
