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

Before completing this form please read the guidance notes at the end of the form.

If you are completing this form by hand please write legibly in block capitals. In all cases ensure that your answers are inside the boxes and written in black ink. Use additional sheets if necessary.

You may wish to keep a copy of the completed form for your records.

I / we SUTHARSINE PERAYERAVAN
(full name(s) of premises licence holder)

being the premises licence holder, 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

## Part 1 - Premises details

Postal address of premises or, if none, Ordnance Survey map reference or description LONDIS, ABERDEEN HOUSE, WYCH HILL, WOKING, GU22 0EU		
Post town	Post code (if known)	
WOKING	GU22 0EU	
Telephone number (if any)		
Description of premises (please read guidance note 1)		
LOCAL CONVENIENCE STORE		

## Part 2- Proposed supervisor details

Full name of proposed designated premises supervisor	
NAVADATNAM BATUMU AN	
NAVARATNAM PATHMILAN	
Nationality	
BRITISH	
ВКПІЗП	
Place of birth	
SRI LANKA	
SKI LANKA	
Date of birth	
Personal licence number of proposed designated premises supervisor and issuing	
authority of that licence (if any)	
, , , , , , , , , , , , , , , , , , ,	
SPELTHORNE BOROUGH COUNCIL	
Full name of existing decimated promises are as is as /if and	
Full name of existing designated premises supervisor (if any)	

Plo	ease tick yes		
I would like this application to have immediate effect under	$\boxtimes$		
section 38 of the Licensing Act 2003 (please read guidance note 2)			
I have enclosed the premises licence or relevant part of it			
(If you have not enclosed the premises licence, or relevant part of it, please give reasons why not)			
Reasons why I have failed to enclose the premises licence or relevant	part of it		
THE LICENCE WAS SURRENDERED			
Die	ease tick yes		
<ul> <li>I have made or enclosed payment of the fee</li> </ul>			
<ul> <li>I will give a copy of this application to the chief officer of police read guidance note 3)</li> </ul>	(please 🗵		
<ul> <li>I have enclosed the consent form completed by the proposed premises supervisor</li> </ul>			

I have enclosed the premises licence, or relevant part of it or

• I will notify the existing premises supervisor (if any) of this application

I understand that if I do not comply with the above requirements my

explanation

(please read guidance note 4)

application will be rejected

 $\boxtimes$ 

 $\boxtimes$ 

 $\boxtimes$ 

It is an offence, under Section 158 of the Licensing Act 2003, to knowingly or recklessly make a false statement in or in connection with this application. Those who make a false statement may be liable on summary conviction to a fine of any amount.

It is an offence under section 24B of the Immigration Act 1971 for a person to work when they know, or have reasonable cause to believe, that they are disqualified from doing so by reason of their immigration status.

Those who employ an adult without a valid leave to enter or remain in the UK or an adult who is subject to conditions which would prevent that person from taking up employment will be liable to a civil penalty under Section 15 of the Immigration, Asylum and Nationality Act 2006 and, pursuant to section 21 of the same act, will be committing an offence where they do so in the knowledge, or with reasonable cause to believe, that the employee is disqualified by virtue of their immigration status.

Signature of applicant or applicant's solicitor or other duly authorised agent (See guidance note 6). If signing on behalf of the applicant please state in what capacity.			
Signature	NIRA SURESH		
Date	21/08/2023		
Capacity	LICENSING AGENT		
For joint applicants signature of 2 <sup>nd</sup> applicant, 2 <sup>nd</sup> applicant's solicitor or other authorised agent (please read guidance note 7). If signing on behalf of the applicant please state in what capacity.			
Signature			
Date			
Capacity			
Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 8) ARKA LICENSING CONSULTANTS TRIDENT BUSINESS CENTRE 89 BCIKERSTETH RD			
Post town LONDON		Post Code SW17 9SH	
Telephone number (if any) 07803 903 897			
If you would prefer us to correspond with you by e-mail your e-mail address (optional) CONTACT@ARKALCENSING.CO.UK			