

Bodicote House • Bodicote • Banbury • Oxfordshire • OX15 4AA Telephone 01295 252535 Textphone 01295 221572 DX 24224 (Banbury) http://www.cherwell.gov.uk

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

PLEASE READ THE FOLLOWING INSTRUCTIONS FIRST

f you are completing this form by that your answers are inside the b necessary.	e read the guidance notes at the end of the form. hand please write legibly in block capitals. In all cases ensure loxes and written in black ink. Use additional sheets if the completed form for your records.
full name(s) of premises licent vary a premises licence to s	ALIT being the premises licence holder, apply to be holder) specify the individual named in this application as the section 37 of the Licensing Act 2003
Premises licence number	PRM0595
Part 1 – Premises details	
	or, if none, ordnance survey map reference or
Post town KIDLINGTO	Post code Ox 5 IEE
Description of premises (ple	ease read guidance note 1)

Part 2

Full name of p	roposed desig	gnated premise	s supervisor		
MONIKA	BARAN(DUSKA		*	
.,		, 0.2,100			i
	9				#7
*					
Personal licer	ice number of	proposed desig	nated premis	es superviso	or and
issuing autho	rity of that lice	nce (if any)	-		
20					
(E) (E)					
			0		
	**				
Full name of	xistina desiar	nated premises	supervisor (if	any)	
				20	
20	<u> </u>				
					Please
					Please
would like this	s application to	have immediat	e effect under	section 38 c	of the Licensino
2003	s application to	Tiave illinodiae	o onoor andor		
have enclosed	the premises li	icence, or releva	nt part of it		
If you have not	enclosed their	remises licence,	or relevant par	t of it. please	give reasons
vhy not)	cholosed the p	i di iliodo iloci iloc,	o. Tolovani pai	, p.0000	g. 1 2 1 2 2 2 3 1 9
,					
				*-	
Reasons why I	nave failed to e	nclose the prem	ises licence or	relevant part	of it
			×		-
					*
				5_	

Contact name (where not previously give associated with this application (please r	•
HONIKA BARANONSKA	
A p	
Post town KINLINGTON	Post code OXS IEE
Telephone number (if any)	
If you would prefer us to correspond with (optional)	you by e-mail your e-mail address

	Please tick ✓	yes
I have made or enclosed payment of the fee £23.00		V
I will give a copy of this application to the chief officer of police		
I have enclosed the consent form completed by the proposed premises supervise.	or	
I have enclosed the premises licence, or the relevant part of it or explanation	, î	
I will give a copy of this form to the existing premises supervisor, if any	,	
 I understand that if I do not comply with the above requirements my application rejected 	will be	
IT IS AN OFFENCE, LIABLE ON CONVICTION TO A FINE UP TO LEVEL 5 ON STANDARD SCALE, UNDER SECTION 158 OF THE LICENSING ACT 2003 TO MAKE A FALSE STATEMENT IN OR IN CONNECTION WITH THIS APPLICATION OF THE STATEMENT OF THE STA		
Signature of applicant or applicant's solicitor or other duly authorised agent guidance note 3). If signing on behalf of the applicant please state in what ca		
Signature	•••	
Date 20/02/13	•••	
Capacity	·••	
For joint applications signature of 2 nd applicant or 2 nd applicant's solicitor or authorised agent (please read guidance note 4). If signing on behalf of the applease state in what capacity		
Signature	T.	
Date	***	
Capacity		

Consent of individual to being specified as Designated Premises Supervisor

[full name of prospective premises supervisor] HONIKA BARANOWSKA
of [home address of prospective premises supervisor]
N
hereby confirm that I give my consent to be specified as the designated premises supervisor in relation to the application for [type of application]
by [name of applicant]
relating to a premises licence [number of existing licence, if any]
for [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 [name of applicant]
concerning the supply of alcohol at [name and address of premises to which applica relates]
l also confirm that I 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 personal licence issuing authority, if any]
two city cour
Signed
Name (please print). MONIKA, BALANOWSKA
Dated 20 102 12017

Guidance Notes

- 1. Describe the premises. For example the type of premises it is.
- 2. The application form must be signed.
- 3. An applicant's agent (for example solicitor) may sign the form on their behalf provided that they have actual authority to do so.
- 4. Where there is more than one applicant, both applicants or their respective agents must sign the application form.
- 5. This is the address which we shall use to correspond with you about this application.

The fee for this application is £23

Send the application with fee payment of £23.00 (cheques payable to Cherwell District Council) to;	Send 1 copy of the application to;
Licensing Authority	Licensing Department
Cherwell District Council	Thames Valley Police
Bodicote House	E Block HQ South
Bodicote	165 Oxford Road
Banbury	Kidlington
Oxon OX15 4AA	Oxfordshire
	OX5 2NX



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Application to transfer premises licence to be granted under the Licensing Act 2003

PLEASE READ THE FOLLOWING INSTRUCTIONS FIRST

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 SOMAN MORNHED SALIH apply to transfer the premises licence described (Insert name of applicant)

below under section 42 of the Licensing Act 2003 for the premises described in Part 1 below

Premises licence number

CHERWELL PRM 0595

Part 1 - Premises details

Postal address of premises or, if none, ordnance survey map reference or description

2 THE PARADE KIDLINGTON OXON

Post town KIDLING TON

Post code

OXSIEE

Telephone number at premises (if any)

Please give a brief description of the premises

CONVENIENCE STORE OFF LICENSE

Name of current premises licence holder



Part 2 - Applicant details

In what capacity are you applying for the premises licence to be transferred to you? Please tick ✓ yes an individual or individuals* please complete a) section (A) a person other than an individual* b) please complete i. as a limited company section (B) please complete ii. as a partnership section (B please complete iii. as an unincorporated association or section (B please complete iv. other (for example a statutory corporation) section (B please complete a recognised club c) section (B) please complete a charity d) section (B) please complete the proprietor of an educational establishment e) section (B) please complete a health service body f) section (B) please complete a person who is registered under Part 2 of the g) section (B) Care Standards Act 2000 (c14) in respect of an independent hospital a person who is registered under Chapter 2 of ga) Part 1 of the Health and Social Care Act 2008 (within the meaning that part) in an independent hospital in England please complete the chief officer of police of a police force in h) section (B) **England and Wales** *If you are applying as a person described in (a) or (b) please confirm: Please tick ✓ yes I am carrying on or proposing to carry on a business which involves the use of the premises for licensable activities; or

 I am making the ap 	olication pursuar	it to a		
o statutory fun	ction or	es .		13
o a function di	scharged by virt	ue of Her Majesty'	s prerogative	
(A) INDIVIDUAL APPL	ICANTS (fill in a	s applicable)		
Mr Mrs	Miss		other title (for example, lev)	
Surname		First Names		
SALIH		SORAN A	MOHAMMED	
I am 18 years old or over			Please tick ✓ y	es L
Current postal address if different from premises address	e de la companya de l		;a	
Post Town		Postcod	le s	THE STATE OF
Daytime contact telephor	ne number		201020	
E-mail address (optional)				
SECOND INDIVIDUAL AP	PLICANT (if app	olicable)		
Mr Mrs	Miss		Other title (for example, lev)	
Surname	-	First Names		
	,			
I am 18 years old or over		Please ti	ck ✓ yes	-

Part 3				
			Please tid	ck ✓ yes
Are you the holder of the premises lic	ence under a	n interim author	ity notice?	
Do you wish the transfer to have imm	ediate effect	?		
If not when would you like the transfer	r to take effe	ct?		
Day Month Year 1 3 0 1 2 0 1	Ь			
			Please	tick ✓ yes
I have enclosed the consent form sign	ned by the ex	isting premises	licence holder	
		, · · · · · · · · · · ·		
If you have not enclosed the consent What steps have you taken to try and			e give the reason	s why not.
3		e .		
= "				× .
li ë		2	ă1	
			Please	tick ✓ yes
If this application is granted I would be application period for the licensable acsection 43 of the Licensing Act 2003)				ee
*			Please	tick ✓ yes
I have enclosed the premises licence				
If you have not enclosed premises lice	ence referred	to above please	e give the reason	s why not.
3 3 3 A				

Please tick	✓ yes
11.	-
nce holder or	-
nce holder or	-

	postal address for corresponde	nce
Capacity Contact name (where not previously given) and	postal address for corresponde	nce
Capacity Contact name (where not previously given) and	postal address for corresponde	nce
Date		
Signature		
For joint applications signature of 2 nd applicant on the other authorised agent (please read guidance note applicant please state in what capacity.	or 2 nd applicant's solicitor or 4). If signing on behalf of the	
Capacity OWNER:		
Date 13/1/2016		
Signature		
Signature of applicant or applicant's solicitor or or guidance note 3). If signing on behalf of the applicancity.	cant please state in what	e
Part 4 – Signatures (please read guidance note 2)	2	
IT IS AN OFFENCE, LIABLE ON CONVICTION TO STANDARD SCALE, UNDER SECTION 158 OF TH MAKE A FALSE STATEMENT IN OR IN CONNECT	E LICENSING ACT 2003 TO	
 I understand that if I do not comply with the above be rejected 	requirements my application will	-
 I have sent a copy of this application to the chief of 	ficer of police today	1
I have enclosed the premises licence or relevant p	art of it or explanation	~
 I have enclosed the consent form signed by the empty statement as to why it is not enclosed 	xisting premises licence holder or	~
"		
I have enclosed the fee of £23.00		

Telephone number e-mail address (optional)

Consent of premises licence holder to transfer

[full name of premises licence holder(s)]						
	e holder of premis		er [insert premises lice	ence		
	-		e application relates]			
OXI	IEE	400 Chacke) court			
hereby give my con-	sent for the trans	fer of premises lic	ence number			
[insert premises lice	ence number]	CHERWELL	- PRM 0595	E		
to [full name of tran	sferee]. MR	SORAN	MOHAMMED	SAUH		
	, 1 1 4					
	:			~		
Signed	•		<u></u>	. 8		
Name (please print)			/****			
Dated 13/	1/16					



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Teythone 01205 221572

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

PLEASE READ THE FOLLOWING INSTRUCTIONS FIRST

	THOU KEAD THE TOLLOWING MOTHER THAN
If you are comple	ng this form please read the guidance notes at the end of the form. eting this form by hand please write legibly in block capitals. In all cases ensure as are inside the boxes and written in black ink. Use additional sheets if
•	keep a copy of the completed form for your records.
(full name(s) of	MOHAMMER SAUH being the premises licence holder, apply to fpremises licence holder) es licence to specify the individual named in this application as the
	ervisor under section 37 of the Licensing Act 2003
Premises licen	nce number PRM0595
Part 1 – Premis	ses details
Postal addres	ss of premises or, if none, ordnance survey map reference or
	hidighon rocal
11) TUE	PARADE
12 1715	11/2/120
,	
Post town	UNLINGTON Post code OX5 IEE
Description o	of premises (please read guidance note 1)
Description	premises (please read guidance note 1)
-	_
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= 3:	

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Part 2

Full name of	proposed designated pr	emises supervis	or	
MONIKA	BARANONSKK	7		
	2		• 1	
- 19			λ.	
			17.	
Personal lice	nce number of proposed	d designated pre	mises supervisor a	nd
	rity of that licence (if an			
	i.			
2				
Full name of	existing designated pre	mises superviso	r (it any)	
-				
	TO THE R	*		
				Please
would like thi 2003	s application to have im	mediate effect ur	nder section 38 of th	e Licensing
have enclosed	the premises licence, or	relevant part of it		
nave enoices	the promises hearing, cr			
	enclosed the premises li	cence, or relevan	it part of it, please giv	e reasons
why not)				
			16	
Reasons why I	have failed to enclose the	e premises licenc	e or relevant part of it	
	å			
		Y		
	g = 0 ^ 080 I			
				95.
		2	31	
	*			

associated with this application	
HONIKA BARANOWSKA	E
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	0 ×
	W T Y Y
Post town KINLINGTON	Post code OX.S IEE
Telephone number (if any)	O A.J ILL
rojopiidijo ilailizot (il ality)	~ ^
If you would prefer us to corresp (optional)	ond with you by e-mail your e-mail address

Contact name (where not previously given) and address for correspondence

(#5)		Please tick	✓ yes
I have made or enclosed payment of t	the fee £23.00		V
 I will give a copy of this application to 	the chief officer of police		
I have enclosed the consent form com	npleted by the proposed premises	s supervisor	
I have enclosed the premises licence,	or the relevant part of it or expla	nation	
 I will give a copy of this form to the exi 	isting premises supervisor, if any	. P	
 I understand that if I do not comply wit rejected 	th the above requirements my ap	plication will be	
IT IS AN OFFENCE, LIABLE ON CONV STANDARD SCALE, UNDER SECTION MAKE A FALSE STATEMENT IN OR IN Part 3 – Signatures (please read guida	N 158 OF THE LICENSING ACT N CONNECTION WITH THIS AP	2003 TO	
Signature of applicant or applicant's s guidance note 3). If signing on behalf o			
Signature	-	1	
Date201.02/13			
Capacity			
For joint applications signature of 2 nd authorised agent (please read guidance please state in what capacity		_	
Signature		***************************************	
Date			
Capacity			

Consent of individual to being specified as Designated Premises Supervisor

[full name of prospective premises super of [home address of prospective premise	
of thome address of prospective premise	s supervisor]
II Upu w	L INE N
*	
hereby confirm that I give my consent to supervisor in relation to the application fo	be specified as the designated premises or [type of application]
oy [name of applicant]	
relating to a premises licence [number of	existing licence, if any]
or [name and address of premises to wh	ich the application relates]
name of applicant]	or varied in respect of this application made
name of applicant] concerning the supply of alcohol at [name	or varied in respect of this application made
name of applicant]	
name of applicant] concerning the supply of alcohol at [name	
name of applicant] concerning the supply of alcohol at [name relates] also confirm that I am applying for, inter	e and address of premises to which applica
name of applicant] concerning the supply of alcohol at [name	e and address of premises to which applicated and address of premises to which applicated and to apply for or currently hold a personal
concerning the supply of alcohol at [name relates] also confirm that I am applying for, intericence, details of which I set out below. Personal licence number[insert personal	e and address of premises to which applicated and to apply for or currently hold a personal licence number, if any]
concerning the supply of alcohol at [name relates] also confirm that I am applying for, intericence, details of which I set out below. Personal licence number[insert personal	e and address of premises to which applicated and to apply for or currently hold a personal licence number, if any]
concerning the supply of alcohol at [name relates] also confirm that I am applying for, intericence, details of which I set out below. Personal licence number[insert personal	e and address of premises to which applicated to apply for or currently hold a personal licence number, if any]
concerning the supply of alcohol at [name relates] also confirm that I am applying for, intericence, details of which I set out below. Personal licence number[insert personal personal licence issuing authority, if any]	e and address of premises to which applicated to apply for or currently hold a personal licence number, if any

Guidance Notes

- 1. Describe the premises. For example the type of premises it is.
- 2. The application form must be signed.
- 3. An applicant's agent (for example solicitor) may sign the form on their behalf provided that they have actual authority to do so.
- 4. Where there is more than one applicant, both applicants or their respective agents must sign the application form.
- 5. This is the address which we shall use to correspond with you about this application.

The fee for this application is £23

Send the application with fee payment of £23.00 (cheques payable to Cherwell District Council) to;	Send 1 copy of the application to;	
Licensing Authority	Licensing Department	
Cherwell District Council	Thames Valley Police	
Bodicote House	E Block HQ South	
Bodicote	165 Oxford Road	
Banbury	Kidlington	
Oxon OX15 4AA	Oxfordshire	
	OX5 2NX	



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below under section 42 of the Licensing Act 2003 for the premises described in Part 1 below

Premises licence number

CHERWELL PRM 0595

Part 1 - Premises details

Postal address of premises or, if none, ordnance survey map reference or description

THE PARADE KIDLINGTON OXON

Post town

KIDLINGTON

Post code OXSIEE

Telephone number at premises (if any)

Please give a brief description of the premises

CONVENIENCE STORE OFF LICENSE

Name of current premises licence holder



Part 2 - Applicant details

In what capacity are you applying for the premises licence to be transferred to you? Please tick ✓ yes please complete a) an individual or individuals* section (A) a person other than an individual* b) please complete i. as a limited company section (B) please complete ii. as a partnership section (B please complete iii. as an unincorporated association or section (B please complete iv. other (for example a statutory corporation) section (B please complete a recognised club c) section (B) please complete d) a charity section (B) please complete the proprietor of an educational establishment e) section (B) please complete a health service body f) section (B) please complete a person who is registered under Part 2 of the g) section (B) Care Standards Act 2000 (c14) in respect of an independent hospital a person who is registered under Chapter 2 of ga) Part 1 of the Health and Social Care Act 2008 (within the meaning that part) in an independent hospital in England please complete the chief officer of police of a police force in h) section (B) **England and Wales** *If you are applying as a person described in (a) or (b) please confirm: Please tick ✓ yes I am carrying on or proposing to carry on a business which involves the use of the premises for licensable activities; or

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o stat u	itory function or					
o a fur	nction discharged	l by vi rt u	e of He	r Majesty's prero	gative	
				1 a 2 27		
(A) INDIVIDUA	L APPLICANTS	(fill in as	applic	able)		
Mr Mrs	Miss		Ms	Other til Rev)	tle (for example,	
Surname			First N	Names		
SALIH	<u>*</u> :		50	RAN MOH	AMMED	
i am 18 years old	or over				Please tick ✓ yes	s
Current postal address if different from premises address		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	e		.07/	
Post Town	,	11		Postcode	2 2 2	•
Daytime contact t	elephone numb	er	*(4)	(in the second of the second o	2000	
E-mail address (optional)						
SECOND INDIVID	UAL APPLICAN	T (if app	licable)			
Mr Mrs	Miss		Ms	Other ti	tle (for example,	
Surname			First I	Names		
	-					y
I am 18 years old	or over			Please tick ✓ y	ves .	,

Part 3	
	Please tick ✓ yes
Are you the holder of the premises licence under an interim	authority notice?
Do you wish the transfer to have immediate effect?	
If not when would you like the transfer to take effect?	1 4 3
Day Month Year	
13 0 1 20 16	
	Please tick ✓ yes
I have enclosed the consent form signed by the existing pre	emises licence holder
If you have not enclosed the consent form referred to above	e please give the reasons why not.
What steps have you taken to try and obtain the consent?	,
*	
	Please tick ✓ yes
If this application is granted I would be in a position to use t	he premises during the
application period for the licensable activity or activities authorized 43 of the Licensing Act 2003)	
v 8	-
	Please tick ✓ yes
I have enclosed the premises licence	
If you have not enclosed premises licence referred to above	e please give the reasons why not.

Please tick ✓ yes		
4.2		
nce holder or		

	E .	
I have enclosed the fee of £23.00		-
I have enclosed the consent form signed by the emy statement as to why it is not enclosed	existing premises licence holder or	-
• I have enclosed the premises licence or relevant p	part of it or explanation	-
I have sent a copy of this application to the chief of	officer of police today	L
I understand that if I do not comply with the above be rejected	requirements my application will	
IT IS AN OFFENCE, LIABLE ON CONVICTION TO STANDARD SCALE, UNDER SECTION 158 OF TH MAKE A FALSE STATEMENT IN OR IN CONNEC	HE LICENSING ACT 2003 TO	
Part 4 – Signatures (please read guidance note 2		
Signature of applicant or applicant's solicitor or guidance note 3). If signing on behalf of the applicancity.	other duly authorised agent. (Secant please state in what	ee
Signature		
Date 13/1/2016		771
Capacity OWNER		
For joint applications signature of 2 nd applicant other authorised agent (please read guidance note applicant please state in what capacity.	or 2 nd applicant's solicitor or 24). If signing on behalf of the	
Signature		
Date	<u></u>	
Capacity		
Contact name (where not previously given) and associated with this application (please read gui	postal address for corresponde dance note 5)	nce
	P 0	
Post town	Post code	
Telephone number		
e-mail address (optional)		

Consent of premises licence holder to transfer

the premises licence hol number]	der of premise	es licence numbe	er [insert premises lice	ence
relating to [name and ad	-		e application relates]	
hereby give my consent	for the transfe	er of premises lic	ence number	
[insert premises licence	number]	CHERWELL	PRM 0595	
to [full name of transfere	ee]. <u>М</u> R	SORAN	MOHAMMED	SALIH
ν.	2			
Signed		*******		6.
Name (please print)		3.4. Sec. 35.		