



DISTRICT COUNCIL  
NORTH OXFORDSHIRE

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

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 SORAN...HOHAMMED SALHI..... being the premises licence holder, apply to (full name(s) of premises licence holder) 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

PRM0595

### Part 1 – Premises details

Postal address of premises or, if none, ordnance survey map reference or description <u>KIDLINGTON ROAD</u> <u>12 THE PARADE</u>	
Post town <u>KIDLINGTON</u>	Post code <u>OX5 1EE</u>

Description of premises (please read guidance note 1)  <u>OFF</u>
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**Part 2**

**Full name of proposed designated premises supervisor**

MONIKA BARANOWSKA

**Personal licence number of proposed designated premises supervisor and issuing authority of that licence (if any)**

**Full name of existing designated premises supervisor (if any)**

Please tick ✓ yes

I would like this application to have immediate effect under section 38 of the Licensing Act 2003

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

**Contact name (where not previously given) and address for correspondence associated with this application (please read guidance note 5)**

MONIKA BARANOWSKA

**Post town**

KIDLINGTON

**Post code**

OX5 1EE

**Telephone number (if any)**

**If you would prefer us to correspond with you by e-mail your e-mail address (optional)**

Please tick ✓ yes

- I have made or enclosed payment of the fee £23.00
- 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 supervisor
- I have enclosed the premises licence, or the relevant part of it or explanation
- 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 will be rejected

**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**

**Part 3 – Signatures** (please read guidance note 2)

**Signature of applicant or applicant's solicitor or other duly authorised agent** (see guidance note 3). **If signing on behalf of the applicant please state in what capacity**

Signature ..... *[Handwritten Signature]* .....

Date ..... *20/02/17* .....

Capacity .....

**For joint applications signature of 2<sup>nd</sup> applicant or 2<sup>nd</sup> applicant's solicitor or other authorised agent** (please read guidance note 4). **If signing on behalf of the applicant please state in what capacity**

Signature .....

Date .....

Capacity .....

**Consent of individual to being specified as Designated Premises Supervisor**

I [full name of prospective premises supervisor] MONIKA 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 by [name of applicant]

concerning the supply of alcohol at [name and address of premises to which application relates]

I 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 of personal licence issuing authority, if any]

\_\_\_\_\_ Folk City Council

Signed.....Monika Baranowska.....

Name (please print) MONIKA BARANOWSKA.....

Dated 20/02/2017.....

**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**

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

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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 <sup>R</sup> ~~SCHMAN~~... ~~MUHAMMED~~... ~~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

12 THE PARADE  
KIDLINGTON  
OXON

Post town KIDLINGTON

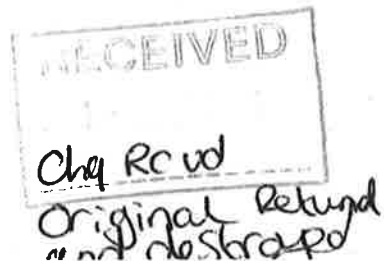
Post code OX51EE

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

- |     |   |                                     |                             |
|-----|---|-------------------------------------|-----------------------------|
| a)  | an individual or individuals*   | <input checked="" type="checkbox"/> | please complete section (A) |
| b)  | a person other than an individual*  |                                     |                             |
|     | i. as a limited company   | <input type="checkbox"/>            | please complete section (B) |
|     | ii. as a partnership  | <input type="checkbox"/>            | please complete section (B) |
|     | iii. as an unincorporated association or  | <input type="checkbox"/>            | please complete section (B) |
|     | iv. other (for example a statutory corporation)   | <input type="checkbox"/>            | please complete section (B) |
| c)  | a recognised club   | <input type="checkbox"/>            | please complete section (B) |
| d)  | a charity   | <input type="checkbox"/>            | please complete section (B) |
| e)  | the proprietor of an educational establishment  | <input type="checkbox"/>            | please complete section (B) |
| f)  | a health service body   | <input type="checkbox"/>            | please complete section (B) |
| g)  | a person who is registered under Part 2 of the Care Standards Act 2000 (c14) in respect of an independent hospital  | <input type="checkbox"/>            | please complete section (B) |
| ga) | a person who is registered under Chapter 2 of Part 1 of the Health and Social Care Act 2008<br>(within the meaning that part) in an independent hospital in England | <input type="checkbox"/>            |                             |
| h)  | the chief officer of police of a police force in England and Wales  | <input type="checkbox"/>            | please complete section (B) |

\*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 application pursuant to a

○ statutory function or

○ a function discharged by virtue of Her Majesty's prerogative

**(A) INDIVIDUAL APPLICANTS** (fill in as applicable)

Mr

Mrs

Miss

Ms

Other title (for example, Rev)

**Surname**

SALIH

**First Names**

SORAN MOHAMMED

I am 18 years old or over

Please tick ✓ yes

**Current postal address if different from premises address**

**Post Town**

**Postcode**

**Daytime contact telephone number**

**E-mail address (optional)**

**SECOND INDIVIDUAL APPLICANT** (if applicable)

Mr

Mrs

Miss

Ms

Other title (for example, Rev)

**Surname**

**First Names**

I am 18 years old or over

Please tick ✓ yes

**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?

Day	Month	Year
13	01	2016

Please tick ✓ yes

I have enclosed the consent form signed by the existing premises licence holder

If you have not enclosed the consent form referred to above 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 the premises during the application period for the licensable activity or activities authorised by the licence (see section 43 of the Licensing Act 2003)

Please tick ✓ yes

I have enclosed the premises licence

If you have not enclosed premises licence referred to above please give the reasons why not.

Please tick ✓ yes

- I have enclosed the fee of £23.00
- I have enclosed the consent form signed by the existing premises licence holder or my statement as to why it is not enclosed
- I have enclosed the premises licence or relevant part of it or explanation
- I have sent a copy of this application to the chief officer of police today
- I understand that if I do not comply with the above requirements my application will be rejected

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**Part 4 – Signatures** (please read guidance note 2)

**Signature of applicant or applicant's solicitor or other duly authorised agent.** (See guidance note 3). **If signing on behalf of the applicant please state in what capacity.**

Signature .....

Date ..... 13/1/2016 .....

Capacity ..... OWNER .....

**For joint applications signature of 2<sup>nd</sup> applicant or 2<sup>nd</sup> applicant's solicitor or other authorised agent** (please read guidance note 4). **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 5)

**Post town**

**Post code**

**Telephone number  
e-mail address (optional)**

## Consent of premises licence holder to transfer

I/We [full name of premises licence holder(s)] \_\_\_\_\_

the premises licence holder of premises licence number [insert premises licence number] \_\_\_\_\_

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

12 THE PARADE, KIDLINGTON LOCAL,  
OX5 1EE

hereby give my consent for the transfer of premises licence number

[insert premises licence number] CHERWELL PRM 0595

to [full name of transferee]. MR SORAN MOHAMMED SALIH

Signed.....

Name (please print).....

Dated..... 13/1/16.....

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

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

I/We SORAN...MOHAMMED SALIH..... being the premises licence holder, apply to (full name(s) of premises licence holder) 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

PRM0595

### Part 1 – Premises details

Postal address of premises or, if none, ordnance survey map reference or description <u>KIDLINGTON ROAD</u> <u>12 THE PARADE</u>	
Post town <u>KIDLINGTON</u>	Post code <u>OX5 1EE</u>

Description of premises (please read guidance note 1)  <u>OFF</u>
---

**Part 2**

**Full name of proposed designated premises supervisor**

MONIKA BARANOWSKA

**Personal licence number of proposed designated premises supervisor and issuing authority of that licence (if any)**

**Full name of existing designated premises supervisor (if any)**

Please tick ✓ yes

I would like this application to have immediate effect under section 38 of the Licensing Act 2003

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

**Contact name (where not previously given) and address for correspondence associated with this application (please read guidance note 5)**

MONIKA BARANOWSKA

**Post town**

KIDLINGTON

**Post code**

OX5 1EE

**Telephone number (if any)**

**If you would prefer us to correspond with you by e-mail your e-mail address (optional)**

Please tick ✓ yes

- I have made or enclosed payment of the fee £23.00
- 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 supervisor
- I have enclosed the premises licence, or the relevant part of it or explanation
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**Part 3 – Signatures** (please read guidance note 2)

**Signature of applicant or applicant's solicitor or other duly authorised agent** (see guidance note 3). **If signing on behalf of the applicant please state in what capacity**

Signature ..... *[Handwritten Signature]* .....

Date ..... *20/02/17* .....

Capacity .....

**For joint applications signature of 2<sup>nd</sup> applicant or 2<sup>nd</sup> applicant's solicitor or other authorised agent** (please read guidance note 4). **If signing on behalf of the applicant please state in what capacity**

Signature .....

Date .....

Capacity .....



**Consent of individual to being specified as Designated Premises Supervisor**

I [full name of prospective premises supervisor] MONIKA 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 by [name of applicant]

concerning the supply of alcohol at [name and address of premises to which application relates]

I 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 of personal licence issuing authority, if any]

\_\_\_\_\_ twick city council

Signed \_\_\_\_\_

Name (please print) MONIKA BARANOWSKA

Dated 20/02/2017

**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**

<b>Send the application with fee payment of £23.00 (cheques payable to Cherwell District Council) to;</b>	<b>Send 1 copy of the application to;</b>
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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 <sup>R</sup> ~~SUMAN~~ ~~MOHAMMED~~ ~~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	
12 THE PARADE KIDLINGTON OXON	
Post town KIDLINGTON	Post code OX51EE
Telephone number at premises (if any)	

Please give a brief description of the premises

CONVENIENCE STORE OFF LICENSE

Name of current premises licence holder

RECEIVED

Cherwell

Original returned  
not destroyed

**Part 2 - Applicant details**

In what capacity are you applying for the premises licence to be transferred to you?

Please tick ✓ yes

- |  |                                     |                             |
|--|-------------------------------------|-----------------------------|
| a) an individual or individuals*   | <input checked="" type="checkbox"/> | please complete section (A) |
| b) a person other than an individual*  |                                     |                             |
| i. as a limited company  | <input type="checkbox"/>            | please complete section (B) |
| ii. as a partnership   | <input type="checkbox"/>            | please complete section (B) |
| iii. as an unincorporated association or   | <input type="checkbox"/>            | please complete section (B) |
| iv. other (for example a statutory corporation)  | <input type="checkbox"/>            | please complete section (B) |
| c) a recognised club   | <input type="checkbox"/>            | please complete section (B) |
| d) a charity   | <input type="checkbox"/>            | please complete section (B) |
| e) the proprietor of an educational establishment  | <input type="checkbox"/>            | please complete section (B) |
| f) a health service body   | <input type="checkbox"/>            | please complete section (B) |
| g) a person who is registered under Part 2 of the Care Standards Act 2000 (c14) in respect of an independent hospital  | <input type="checkbox"/>            | please complete section (B) |
| ga) a person who is registered under Chapter 2 of Part 1 of the Health and Social Care Act 2008 (within the meaning that part) in an independent hospital in England | <input type="checkbox"/>            |                             |
| h) the chief officer of police of a police force in England and Wales  | <input type="checkbox"/>            | please complete section (B) |

\*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 application pursuant to a

○ statutory function or

○ a function discharged by virtue of Her Majesty's prerogative

**(A) INDIVIDUAL APPLICANTS** (fill in as applicable)

Mr

Mrs

Miss

Ms

Other title (for example, Rev)

**Surname**

SALIH

**First Names**

SORAN MOHAMMED

I am 18 years old or over

Please tick ✓ yes

**Current postal address if different from premises address**

**Post Town**

**Postcode**

**Daytime contact telephone number**

**E-mail address (optional)**

**SECOND INDIVIDUAL APPLICANT** (if applicable)

Mr

Mrs

Miss

Ms

Other title (for example, Rev)

**Surname**

**First Names**

I am 18 years old or over

Please tick ✓ yes

**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?

Day	Month	Year
13	01	2016

Please tick ✓ yes

I have enclosed the consent form signed by the existing premises licence holder

If you have not enclosed the consent form referred to above 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 the premises during the application period for the licensable activity or activities authorised by the licence (see section 43 of the Licensing Act 2003)

Please tick ✓ yes

I have enclosed the premises licence

If you have not enclosed premises licence referred to above please give the reasons why not.

Please tick ✓ yes

- I have enclosed the fee of £23.00
- I have enclosed the consent form signed by the existing premises licence holder or my statement as to why it is not enclosed
- I have enclosed the premises licence or relevant part of it or explanation
- I have sent a copy of this application to the chief officer of police today
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**Part 4 – Signatures** (please read guidance note 2)

**Signature of applicant or applicant's solicitor or other duly authorised agent.** (See guidance note 3). **If signing on behalf of the applicant please state in what capacity.**

Signature .....

Date ..... 13/1/2016 .....

Capacity ..... OWNER .....

**For joint applications signature of 2<sup>nd</sup> applicant or 2<sup>nd</sup> applicant's solicitor or other authorised agent** (please read guidance note 4). **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 5)

**Post town**

**Post code**

**Telephone number**  
**e-mail address (optional)**

## Consent of premises licence holder to transfer

I/We [full name of premises licence holder(s)] \_\_\_\_\_

the premises licence holder of premises licence number [insert premises licence number] \_\_\_\_\_

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

12 THE PARADE, KIDLINGTON LOCAL,  
OX5 1EE

hereby give my consent for the transfer of premises licence number

[insert premises licence number] CHERWELL PRM 0595

to [full name of transferee]. MR SORAN MOHAMMED SALIH

Signed.....

Name (please print).....

Dated..... 13/1/16.....