Consent of individual to being specified as premises supervisor

I **Mr Emrah Oruc** of [redacted] [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 **VARY DPS** [type of application] ***by MR Emrah ORUC*** [name of applicant] relating to a Premises Licence **SBCL0167** [number of existing licence, if any]

for **The Wines, 9 The Oval, STEVENAGE SG1 5RA** *[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 ***MR Emrah ORUC*** *[name of applicant]* concerning the supply of alcohol at **The Wines, 9 The Oval, STEVENAGE SG1 5RA** *[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]*	**PERS/2023/0476**
Personal licence issuing authority *[insert name and address and telephone number of personal licence issuing authority, if any]*	**L.B. of HACKNEY**

Signed 

Full Name MR Emrah Oruc

Date **14/08/2025**

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

For help contact
licensing@stevenage.gov.uk
Telephone: 01438 242908

* required information

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	The Oval	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	Emrah
* Family name	Oruc
* E-mail	[redacted]
Main telephone number	[redacted]
Other telephone number	

Include country code.

☐ 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.

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Address

* Building number or name	[redacted]
* Street	[redacted]
District	
* City or town	[redacted]
County or administrative area	
* Postcode	[redacted]
* Country	United Kingdom

Agent Details

* First name	Mahir
* Family name	Kilic
* E-mail	licensing@narts.org.uk
Main telephone number	02072413636
Other telephone number	07940414890

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	12194816
Business name	NARTS CONSULTANCY LTD
VAT number	- 487351166
Legal status	Private Limited Company
Your position in the business	Licensing Consultant
Home country	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	68
Street	Stoke Newington High Street
District	Hackney
City or town	London
County or administrative area	
Postcode	N16 7PA
Country	United Kingdom

Section 2 of 4

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	SBCL0167

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	9 The Oval
* Street	Vardon Road
District	Stevenage
* City or town	Hertfordshire
County or administrative area	
Postcode	SG1 5RA
* Country	United Kingdom

Contact Details

E-mail	[redacted]
Telephone number	[redacted]
Other telephone number	

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

Food Store and Off Licence

Continued from previous page...

Section 3 of 4

SUPERVISOR

Full Name Of Proposed Designated Premises Supervisor

* First name: Emrah

* Family name: Oruc

* Nationality: British

* Place of birth: [redacted]

* Date of birth: [redacted]
dd mm yyyy

Personal licence number of proposed designated premises supervisor: PERS/2023/0476

Issuing authority of that licence: L.B. of Hackney

Full Name Of Existing Designated Premises Supervisor

First name: Polat

Family name: Hasan

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

(•) Yes ( ) No

The premises licence holder can continue the supply of alcohol if, for example, the existing premises supervisor is suddenly indisposed or unable to work.

☒ I will notify the existing 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 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'

Section 4 of 4

PAYMENT DETAILS

Continued from previous page...

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

* 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	Mahir Kilic
* Capacity	Licensing Consultant
* Date	14 / 08 / 2025 (dd / mm / yyyy)

Remove this signatory

Full name	
Capacity	
* Date	/ / (dd / mm / yyyy)

Remove this signatory

Add another signatory

OFFICE USE ONLY	
Applicant reference number	The Oval
Fee paid	
Payment provider reference	
ELMS Payment Reference	
Payment status	
Payment authorisation code	
Payment authorisation date	
Date and time submitted	
Approval deadline	
Error message	
Is Digitally signed	☐

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