

## 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	<input type="text" value="Not Currently In Use"/>	This is the unique reference for this application generated by the system.
Your reference	<input type="text" value="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

\* Family name

\* E-mail

Main telephone number

Include country code.

Other telephone number

☐ 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"/>
* 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"/>

### Agent Details

* First name	<input type="text" value="Mahir"/>
* Family name	<input type="text" value="Kilic"/>
* E-mail	<input type="text" value="licensing@narts.org.uk"/>
Main telephone number	<input type="text"/>
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="12194816"/>
Business name	<input type="text" value="NARTS CONSULTANCY LTD"/>
VAT number	<input type="text" value="-"/> <input type="text" value="487351166"/>
Legal status	<input type="text" value="Private Limited Company"/>
Your position in the business	<input type="text" value="Licensing Consultant"/>
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" value="68"/>
Street	<input type="text" value="Stoke Newington High Street"/>
District	<input type="text" value="Hackney"/>
City or town	<input type="text" value="London"/>
County or administrative area	<input type="text"/>
Postcode	<input type="text" value="N16 7PA"/>
Country	<input type="text" value="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

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="9 The Oval"/>
* Street	<input type="text" value="Vardon Road"/>
District	<input type="text" value="Stevenage"/>
* City or town	<input type="text" value="Hertfordshire"/>
County or administrative area	<input type="text"/>
Postcode	<input type="text" value="SG1 5RA"/>
* Country	<input type="text" value="United Kingdom"/>

**Contact Details**

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

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

<input type="text" value="Food Store and Off Licence"/>
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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

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

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

It is sufficient for the licensee to inform the existing premises supervisor in writing, without sharing the specific details of the application.

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

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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

19

/

09

/

2025

ddmmyyyy

Remove this signatory

Full name

Capacity

\* Date

/

/

ddmmyyyy

Remove this signatory

Add another signatory

OFFICE USE ONLY

Applicant reference number	<input type="text" value="The Oval"/>
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 **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 [redacted]  
[insert personal licence number, if any]

Personal licence issuing authority **L.B. of HACKNEY**  
[insert name and address and telephone number of  
personal licence issuing authority, if any]

Signed 

Full Name **MR Emrah Oruc**

Date **19/09/2025**