

# Blackpool Council

**APPLICATION TO VARY  
THE DESIGNATED PREMISES SUPERVISOR**

**Name of Premises  
Licence Holder(s):**

THINKINVEST GLOBAL LTD



Licensing Service  
Blackpool Council  
Municipal Buildings, PO Box 4  
Blackpool, FY1 1NA

**Contact**

T: (01253) 47 8572  
F: (01253) 47 8372

[www.blackpool.gov.uk/licensing](http://www.blackpool.gov.uk/licensing)

**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 this 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.

<b>Full name/s of the premises licence holder/s:</b>
MEENU MADAN, DIRECTOR <sup>THE</sup> (OXFORD HOTEL) THINKINVEST GLOBAL LTD 66-68 ALBERT ROAD, BLACKPOOL FY1 4PR

I/We the premises licence holder/s named above, 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

<b>Premises Licence number:</b>
PL 1330

**Part 1 – Premises Details**

<b>Premises</b>								
<b>Name &amp;</b>								
<b>Address</b>	66-68 ALBERT ROAD	<b>Post Code</b>	F	7	1	4	P	R
	BLACKPOOL							
<b>Telephone Number</b>	01253 622122	<b>Mobile Number</b>	07470524570					
<b>E-Mail Address</b>	OXFORD HOTEL.CO.UK @ GMAIL.COM							
<b>Description of premises (please read guidance note 1)</b>								
NIL								

**Part 2**

Please give the full name of the proposed Designated Premises Supervisor

Title: Mr Mrs Miss Ms Other <sup>Mr</sup>

Surname Robinson Forenames JASONLEE

State any previous names

They are 18 years old or over Yes Their Date of Birth Day Month Year19

Place of birth KIRKSTON UPON HULL Nationality BRITISH

Home Address Post Code

Mobile Number

E-Mail Address OXFORDHOTEL.CO.UK@GMAIL.COM

Personal Licence Number: KUHPA3658

Name of the issuing Authority of the Personal Licence: HULL CITY COUNCIL

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

Surname Forenames

If yes please tick

- I would like this application to have immediate effect under section 38 of the Licensing Act 2003 :YES
- I have enclosed the premises licence and summary: :yes

If you have not enclosed the premises licence or the relevant part of it, you are required to give reasons why not:

Reasons why I have failed to enclose the premises licence or the relevant part of it.

- I have made or enclosed payment of the fee (£23)
- 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 and summary or have given reasons why not
- 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 application will be rejected

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.

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

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

Signature:	<i>Mehmet Madan</i>
Capacity:	DIRECTOR, THYNTANES GLOBAL LTD
Print Name:	MEHMET MADAN
Date:	12-11-2023

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:	
Capacity:	
Print Name:	
Date:	

Contact name (where not previously given) and address for correspondence associated with this notice (please see guidance note 6).

Full Name:	
Contact Address:	
Telephone number:	
Email address:	

### 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, the applicants or their respective agents must sign the application form.
5. This is the address that we shall use to correspond with you about this application.

# Blackpool Council

## CONSENT OF DPS FORM

**Premises Licence  
holder(s):**

JASON LEE ROBINSON



Licensing Service  
Blackpool Council  
Municipal Buildings, PO Box 4  
Blackpool, FY1 1NA

**Contact**

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## Schedule 11

### Consent of an individual to being specified as a premises supervisor

Full name of the prospective premises supervisor:	Type of Application	
	(Delete as appropriate)	
JASON LEE ROBINSON	New Premises Licence	<del>Variation of DPS</del>

Home address of the prospective premises supervisor:
<div style="border: 1px solid black; width: 150px; height: 40px; margin: 0 auto;"></div>


Full name(s) of Premises Licence holder:	Premises Licence number (if any):
THE PROPRIETOR ALBERT INN HOTEL	PL1330

Name and address of the premises to which the application relates:
66-68 ALBERT ROAD, BLACKPOOL, FY1 4PR

I, the prospective Designated Premises Supervisor named above, hereby confirm that I give my consent to be specified as the DPS in relation to the above premises licence and any premises licence to be granted or varied in respect of this application made by the above mentioned applicant concerning the supply of alcohol at the premises. 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 as set out below.

Personal Licence Number:	KUHPA3658
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Name of Personal Licence issuing authority:	HULL CITY COUNCIL
Address of issuing authority:	Treasury Building, Guildhall Rd, Hull HU1 2AB
Telephone of issuing authority:	01482 300300

Signed by proposed DPS:	
Print Name:	JASON LEE ROBINSON
Date:	10/09/2023

