Continued from previous page					
Applicant's position in the business					
Home country	United Kingdom	The country where the applicant's headquarters are.			
Registered Address		Address registered with Companies House.			
Building number or name	Jamestown Wharf				
Street	32 Jamestown Road				
District		]			
City or town	London	]			
County or administrative area		]			
Postcode	NW1 7HU				
Country	United Kingdom				
Agent Details					
* First name	Squire Patton Boggs (UK) LLP				
* Family name	angela.hackett@squirepb.com				
You must enter a valid e-mai	address				
* E-mail	01212223325				
Main telephone number		Include country code.			
Other telephone number					
Indicate here if you woul	d prefer not to be contacted by telephone				
Are you:					
• An agent that is a busine	ess or organisation, including a sole trader	A sole trader is a business owned by one person without any special legal structure.			
<ul> <li>A private individual acting as an agent</li> </ul>					
Agent Business					
Is your business registered in the UK with Companies House?	• Yes O No	Note: completing the Applicant Business section is optional in this form.			
Registration number	OC335584				
Business name	Squire Patton Boggs (UK) LLP	If your business is registered, use its registered name.			
VAT number GB	74718320	Put "none" if you are not registered for VAT.			
Legal status	Limited Liability Partnership				

Continued from previous page		
Your position in the business		
Home country	United Kingdom	The country where the headquarters of your business is located.
Agent Registered Address		Address registered with Companies House.
Building number or name	Premier Place 2&A Half	
Street	Devonshire Square	
District		
City or town	London	
County or administrative area		
Postcode	EC2M 4UJ	
Country	United Kingdom	
Section 2 of 4		
PREMISES DETAILS		
I/we apply to vary a premises li section 37 of the Licensing Act	cence to specify the individual named in this ap 2003.	oplication as the premises supervisor under
* Premises licence number	14/01561/LAPER	
Are you able to provide a posta	al address, OS map reference or description of t	he premises?
X .		

Continued from previous page...

Airport

Section 3 of 4

## SUPERVISOR

## Full Name Of Proposed Designated Premises Supervisor

-	eference number for consent [ rm (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					