

Coventry
Consent to be designated
Licensing Act 2003

For help contact licensing@coventry.gov.uk Telephone: 02476 831888

* required information

Section 1 of 3		
You can save the form at ar	ny time and resume it later. You do not need to k	oe 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	Family Mart - Consent	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 Yes		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	Wenping	
Family name	Lių	
E-mail address		
Main telephone number		Include country code.
Other telephone number		
🗵 Indicate here if you w	ould prefer not to be contacted by telephone	
Are you:		
Applying as a business or organisation, including as a sole traderApplying as an individual		A sole trader is a business owned by one person without any special legal structure.
		Applying as an individual means you are applying so you can be employed, or for some other personal reason, such as following a hobby.
Applicant Business		
ls your business registered i the UK with Companies Hou		Note: completing the Applicant Business section is optional in this form.
Registration number	11399973	
Business name	RAL Coventry Limited	If your business is registered, use its registered name.
VAT number	None	Put "none" if you are not registered for VAT.
Legal status	Private Limited Company	
Your position in the busines	S Director	

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Home country	United Kingdom	The country where the headquarters of your business is located.
Registered Address		Address registered with Companies House.
Building number or name		
Street		
District		
City or town		,
County or administrative area		
Postcode		
Country	United Kingdom	
Section 2 of 3		
CONSENT		
Name Of Proposed Premises S		
First name	Wenping	
Family name	Liu	
Address Of Proposed Premises	Supervisor	
Building number or name		
Street	WHEN THE PROPERTY OF THE PROPE	
District		
City or town		
County or administrative area		
Postcode		
Country	United Kingdom	*
I hereby confirm that I give my of application, and any premises lithe premises	consent to be specified as the designated premises icence to be granted or varied in respect of this app	s supervisor in relation to the following plication concerning the supply of alcohol at
Type of application		For instance 'Application for a premises licence' or 'Variation of a premises licence'
Is the application or variation th with being supplied electronical	nat this consent is being submitted in connection	
Yes	○ No ○ Don't know	
Reference number of electronic application (if known)	Family Mart - Application s	If the application or variation form is already submitted, ask its applicant for the form's system reference' or 'your reference'.

Premises Licence Holder		
Name	RAL Coventry Limited	
Address Of Premises		
Building number or name	47	
Street	Hertford Street	
District		
City or town	COVENTRY	
County or administrative area		
Postcode	CV1 1LF	
Premises		
Premise licence number		
Name of premises	Family Mart	
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	CV218000128	
Personal licence issuing authority name	Coventry City Council	
Address Of Personal Licence Is	suing Authority	
Building number or name	Broadgate House	
Street	Broadgate	
District		
City or town	COVENTRY	
County or administrative area		
Postcode	CV1 1NH	
Contact Details Of Personal Lice	ence Issuing Authority	
Telephone number	+442476831888	
Section 3 of 3		
DECLARATION		
	ce, liable on conviction to a fine up to level 5 on the standard scale, under section 158 of the 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 complete behalf of the applicant?"	ed by the applicant, unless you answered "Yes" to the question "Are you an agent acting on	

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Full name	
Capacity	
Date (dd/mm/yyyy)	
	Add another signatory
Once you're finished you need 1. Save this form to your compour 2. Go back to to upload this file Don't forget to make sure you h	