



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

For help contact
licensing@harrow.gov.uk
 Telephone: 020 8901 2600

* 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 This is the unique reference for this application generated by the system.

Your reference 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

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.

Applicant Business

* Is the applicant's business registered in the UK with Companies House? Yes No

* Registration number

* Business name

* VAT number

* Legal status

If the applicant's business is registered, use its registered name.

Put "none" if the applicant is not registered for VAT.

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* Applicant's position in the business

Home country

The country where the applicant's headquarters are.

Registered Address

Address registered with Companies House.

* Building number or name

* Street

District

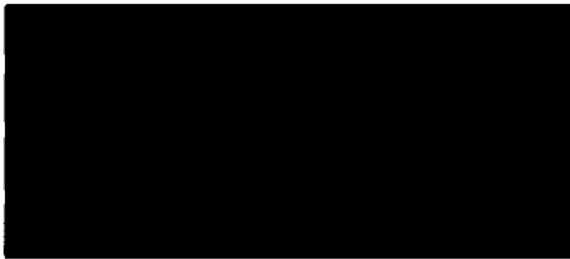
* City or town

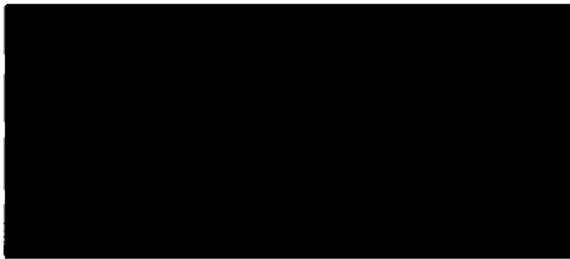
County or administrative area

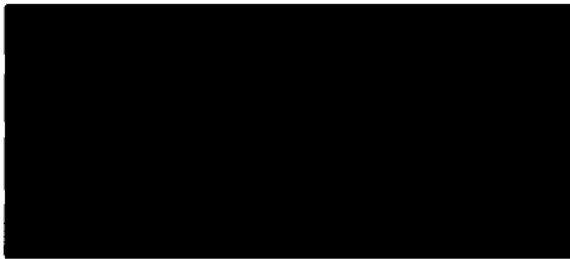
* Postcode

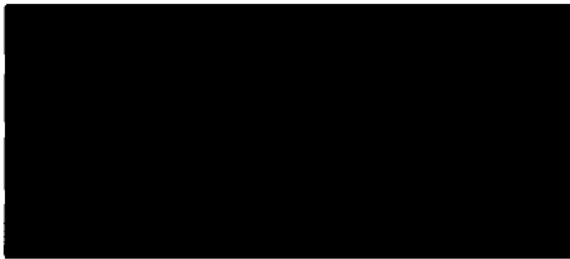
* Country

Agent Details

* First name 

* Family name 

* E-mail 

Main telephone number 

Include country code.

Other telephone number

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 sole trader is a business owned by one person without any special legal structure.

A private individual acting as an agent

Agent Business

* Is your business registered in the UK with Companies House? Yes No

* Registration number

* Business name

If your business is registered, use its registered name.

* VAT number

Put "none" if you are not registered for VAT.

* Legal status

Continued from previous page...

* Your position in the business

Home country

The country where the headquarters of your business is located.

Agent Registered Address

Address registered with Companies House.

* Building number or name

* Street

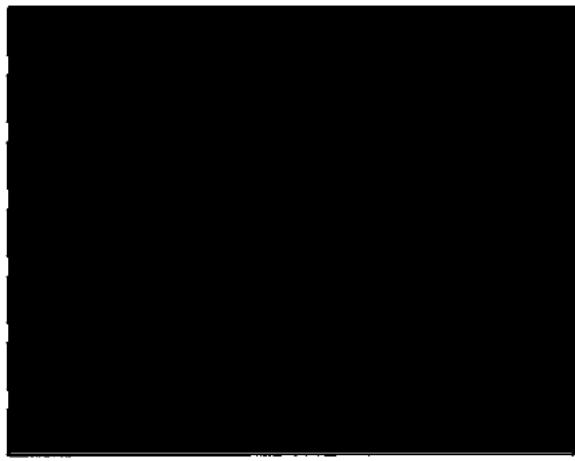
District

* City or town

County or administrative area

* Postcode

* Country



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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

* Street

District

* City or town

County or administrative area

Postcode

* Country

Contact Details

E-mail

Telephone number

Other telephone number

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

Continued from previous page...

Purpose Built Supermarket with car park

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SUPERVISOR

Full Name Of Proposed Designated Premises Supervisor

* First name

* Family name

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

* 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

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

ATTACHMENTS

AUTHORITY POSTAL ADDRESS

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"/>

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?"

Signature Of Applicant Or Applicant's Solicitor

* Full name	<input type="text"/>
* Capacity	<input type="text"/>
Date (dd/mm/yyyy)	<input type="text"/>

Joint Applicants, Signature Of Second Applicant Or Second Applicants Solicitor

* Full name	<input type="text"/>
* Capacity	<input type="text"/>
Date (dd/mm/yyyy)	<input type="text"/>
	<input type="text" value="Remove this signatory"/>

Licensing Act 2003 (Premises licences and club premises certificates) Regulations 2005 - Schedule 11, regulation 24

LIC11A

Consent of individual to being specified as premises supervisor

(full name of prospective premises supervisor)
(home address of prospective premises supervisor)

I, James Bebbington

of 

(type of application)

hereby confirm that I give my consent to be specified as the designated premises supervisor in relation to the application for

(name of applicant)

VARIATION OF DESIGNATED PREMISE SUPERVISOR

(number of existing licences, if any)

by ASDA STORES LIMITED

(name and address of premises to which the application relates)

relating to a premises licence for ASDA, 469-479 NORTHOLT ROAD SOUTH HARROW MIDDLESEX, HA2 8JN

(name of applicant)

and any premises licence to be granted or varied in respect of this application made by ASDA STORES LIMITED

(name and address of premises to which application relates)

concerning the supply of alcohol at ASDA, 469-479 NORTHOLT ROAD SOUTH HARROW MIDDLESEX, HA2 8JN

(insert personal licence number, if any)

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.

(insert name and address and telephone number of personal licence issuing authority, if any)

Personal licence number

MAID0185/LP/0236

Personal licence issuing authority

Maidstone Borough Council

Signed



Name

James Bebbington
(please print)

Dated

16.08.2013

ENQUIRY FORM

We confirm that some Constabularies ask for additional information in relation to applications submitted in your name. To save telephone calls, please complete the information below in order that we can provide this to them from the outset of our application.

(Please note this information is not required by law; however this information will speed up the application process).

Name:	James Bebbington
Date of Birth:	23.09.1981
Place of Birth:	Maidstone
Mobile Tel No:	[REDACTED]
Personal Licence No:	MAID0185 MAID0185/LP/0236
Expiry Date of Personal Licence:	17 th May 2015