

Harrow

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

03 APR 2014

For help contact licen ling@harrow.gov.uk

\* required information

Telephone: 020 8901 2600

			- required information
Section 1 of 4			The second secon
You can save the for	m at any t	ime and resume it later. You do not need to b	pe 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			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 act	ing on be	half of the applicant?	Put "no" if you are applying on your own
Yes	$\sim$ 1	No	behalf or on behalf of a business you own or work for.
Applicant Details			
* First name		Asda Stores Limited	
* Family name		Asda Stores Limited	No.
* E-mail			
Main telephone num	ber		Include country code.
Other telephone nur	mber		
☐ Indicate here i	f the appl	icant would prefer not to be contacted by tel	ephone
Is the applicant:			
<ul><li>Applying as a l</li></ul>	business o	or organisation, including as a sole trader	A sole trader is a business owned by one
C Applying as ar	ı individu	al	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.
<b>Applicant Business</b>			
* Is the applicant's be registered in the UK Companies House?		• Yes	
* Registration numb	er	00464777	
* Business name		Asda Stores Limited	If the applicant's business is registered, use its registered name.
* VAT number	GB	362012792	Put "none" if the applicant is not registered for VAT.
* Legal status		Private Limited Company	

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* Applicant's position in the business	Licensing	
Home country	United Kingdom	The country where the applicant's headquarters are.
Registered Address		Address registered with Companies House
* Building number or name	Asda Stores Limited	
* Street	Great Wilson Street	
District	South Bank	
* City or town	Leeds	
County or administrative are	a	
* Postcode	LS11 5AD	
* Country	United Kingdom	
Agent Details		
* First name		
* Family name		
* E-mail		
Main telephone number		de country code.
Other telephone number		
☐ Indicate here if you wo	ould prefer not to be contacted by telephone	
Are you:		
<ul> <li>An agent that is a busing</li> </ul>	ness or organisation, including a sole trader	A sole trader is a business owned by one person without any special legal structure
A private individual ac	ting as an agent	person without any special legal structure
Agent Business		
* Is your business registered in the UK with Companies House?	• Yes C No	
* Registration number		
* Business name		business is registered, use its red name.
		4
* VAT number GB		one" if you are not registered for VA

Continued from previous page	
* Your position in the busine	
Home country	ountry where the headquarters of yo
Agent Registered Address	ess registered with Companies House
* Building number or name	
* Street	
District	
* City or town	
County or administrative are	
* Postcode	
* Country	
Section 2 of 4	
PREMISES DETAILS	
section 37 of the Licensing Ac * Premises licence number	LN/00000736/2012/8
Ara vau abla ta provida a pas	aladdrass OS man reference or description of the promises?
	al address, OS map reference or description of the premises?  p reference
Address	preference ( Description
* Building number or name	Asda
_	
* Street	469-479 Northolt Road
District	South Harrow
* City or town	Middlesex
County or administrative area	
Postcode	HA2 8JN
* Country	United Kingdom
Contact Details	
E-mail	
Telephone number	
Other telephone number	
	ample, what type of premises it is

Continued from previous page		
Supermarket		- 1 1 T - 1
Section 3 of 4		
SUPERVISOR		
Full Name Of Proposed Desi	gnated Premises Supervisor	
* First name	Saqub	] IIII
* Family name	Nosher	
Personal licence number of		
proposed designated premises supervisor	10/00317/LAPER	
Issuing authority of that licence	Newham Council	
Full Name Of Existing Design	nated Premises Supervisor	
First name	James	1
riistiiaille		
Family name	Bebbington	
* Would you like this applicati the Licensing Act 2003?	on to have immediate effect under section 38 o	f
C Yes	<ul><li>No</li></ul>	
* Date you would like this application to have effect under section 38 of the	07 / 04 / 2014 dd mm yyyy	
Licensing Act 2003	relevant part of it be submitted with this	
application?	elevant part of it be submitted with this	
Yes	∩ No	
How will the consent form of the supplied to the authority?	the proposed designated premises supervisor	
○ Electronically, by the pro	posed designated premises supervisor	
<ul> <li>As an attachment to this</li> </ul>	variation	
Reference number for consent form (if known)	t	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 a	uthority. If you complete the application online,	you must pay it by debit or credit card.
This formality requires a fixed	fee of £23	

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DECLARATION	
I/we understand it is an offer licensing act 2003, to make a	nce, 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 indica	tes you have read and understood the above declaration
This section should be comple behalf of the applicant?"	eted by the applicant, unless you answered "Yes" to the question "Are you an agent acting or
* Full name	
* Capacity	
* Date	
	Remove this signatory
	Add another signatory
OFFICE USE ONLY	
OFFICE USE ONLY	
	MC NCDC (04777 0257 0
Applicant reference number	MCJ/SDS/84773.9353.8
Applicant reference number Fee paid	MCJ/SDS/84773.9353.8
Applicant reference number	MCJ/SDS/84773.9353.8
Applicant reference number Fee paid	MCJ/SDS/84773.9353.8
Applicant reference number Fee paid Payment provider reference	MCJ/SDS/84773.9353.8
Applicant reference number Fee paid Payment provider reference ELMS Payment Reference	MCJ/SDS/84773.9353.8
Applicant reference number Fee paid Payment provider reference ELMS Payment Reference Payment status	MCJ/SDS/84773.9353.8
Applicant reference number Fee paid Payment provider reference ELMS Payment Reference Payment status Payment authorisation code	MCJ/SDS/84773.9353.8
Applicant reference number Fee paid Payment provider reference ELMS Payment Reference Payment status Payment authorisation code Payment authorisation date	MCJ/SDS/84773.9353.8
Applicant reference number Fee paid Payment provider reference ELMS Payment Reference Payment status Payment authorisation code Payment authorisation date Date and time submitted	MCJ/SDS/84773.9353.8

## Consent of individual to being specified as premises supervisor

t!ull name of DIDEDOCTIVE premises supervisor) ISARIB NOSHER

(home acdress of prospective premises suparvisor)

nereby confirm that I give my consent to be specified as the designated

(type of application)

premises supervisor in relation to the application for

(name of applicant)

VARIATION OF DESIGNATED PREMISE SUPERVISOR

tnumber of existing

by ASDA STORES LIMITED

licence, it any)

relating to a premises licence

for ASDA, 469-479 NORTHOLT ROAD fname and address: SOUTH HARROW of premises to

which tho MIDDLESEX, HAZ 8JN apol-cation

and any premises licence to be granted or varied in respect of this

(name of applicant)

rolatos)

application made by ASDA STORES LIMITED

(name and address of premises to which application rálatas) concerning the supply of alcohol at ASSA, 469-479 NORTHOLT ROAD

SOUTH HARROW

MIDDLESEK, HAZ 8JN

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 personal liconea number, Hany)

10/00317/LAPER Personal licence number

finsort name and address and tolephone number et parsonal liconca issuing authority.

Personal licence issuing authority

NEWHAM

Signe

Name SAQIS NOSHEIX (please print)

Dated <u>D3/04/2014</u>