

* 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

Not Currently In Use

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

Your reference

MCJ/SDS/84773.9708.2

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

Asda Stores Limited

* Family name

Asda Stores Limited

██████████

██

██

██████████

Include country code.

Other telephone number

██

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

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

Continued from previous page...

* 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

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 private individual acting as an agent

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

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.

Address registered with Companies House.

<input type="text" value=""/>	<input type="text" value=""/>
<input type="text" value=""/>	<input type="text" value=""/>
<input type="text" value=""/>	<input type="text" value=""/>
<input type="text" value=""/>	<input type="text" value=""/>
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Section 2 of 4

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...

Supermarket

Section 3 of 4

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

* Date you would like this application to have effect under section 38 of the Licensing Act 2003 / /
dd mm yyyy

* Will the premises licence or relevant part of it be submitted with this application?

Yes No

* Reasons why the premises licence or relevant part of it will not be submitted with this application

The original Premises Licence was forwarded to your office with a previous application.

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

Continued from previous page...

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

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?"

* Full name

* Capacity

* Date

 / /
dd mm yyyy

OFFICE USE ONLY

Applicant reference number	<input type="text" value="MCJ/SDS/84773.9708.2"/>
Fee paid	<input type="text"/>
Payment provider reference	<input type="text"/>
ELMS Payment Reference	<input type="text"/>
Payment status	<input type="text"/>
Payment authorisation code	<input type="text"/>
Payment authorisation date	<input type="text"/>
Date and time submitted	<input type="text"/>
Approval deadline	<input type="text"/>
Error message	<input type="text"/>
Is Digitally signed	<input type="checkbox"/>

Consent of individual to being specified as premises supervisor

(full name of prospective premises supervisor)

I, **SCOTT RAWLINSON**

(home address of prospective premises supervisor)

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 VARIATION OF DESIGNATED PREMISE SUPERVISOR

(name of applicant)

by ASDA STORES LIMITED

(number of existing licences, if any)

relating to a premises licence

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

for ASDA **SOUTH HARROW**
469/499 Northolt ROAD
SOUTH HARROW, 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, **469/499 NORTHOLT ROAD**
SOUTH HARROW
HA2 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 licence number, if any)

Personal licence number **DH/PER/1010/2012**

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

Personal licence issuing authority
DARTFORD BOROUGH COUNCIL

Signed 

Name **SCOTT RAWLINSON**
(please print)

Dated **10/07/2014**

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:	Scott Rawlinson
Date of Birth:	██████████
Place of Birth:	Dartford
Mobile Tel No:	██████████
Personal Licence No:	DH/PER/1010/2012
Expiry Date of Personal Licence:	19/08/2022