

Insert name and address of relevant licensing authority and its reference number (optional)

LICENSING DEPARTMENT
HARROW COUNCIL

RECEIVED AT
LICENSING OFFICE

23 OCT 2014

TIME

Application for a minor variation to a premises licence or club premises certificate under the Licensing Act 2003

PLEASE READ THE FOLLOWING INSTRUCTIONS FIRST

Before completing this form please read the Guidance Notes at the end of the form, especially Note 1. If you are completing this form by hand please write legibly in block capitals. In all cases ensure that your answers are inside the boxes and in black ink. Use additional sheets if necessary. Once completed please send your application to the relevant licensing authority.

You may wish to keep a copy of the completed form for your records.

ASDA STORES LTD

(Insert name(s) of applicant)

being the [premises licence holder(s)] ~~XXXXXX~~, apply to vary a [premises licence under section 41A] ~~XXXXXX~~ of the Licensing Act 2003 for the premises described in Part 1 below.

Part 1 - Premises details

Postal address of premises (or, if none, Ordnance Survey map reference, or description)

ASDA
469-479 NORTHOLT ROAD
SOUTH HARROW

Post town MIDDLESEX

Post code HA2 8JN

Telephone number at premises (if any)

Premises licence number/~~XXXXXX~~
~~XXXXXX~~

LN/00000736/2014/13

Brief description of premises (Please see Guidance Note 2)

SUPERMARKET

Delete words in square brackets which do not apply

Part 2 - Applicant Details

I am/we are the premises licence holder/~~XXXXXX XXXXXX XXXXXX XXXXXX~~ (Please delete as appropriate)

Contact phone number in working hours (if any)

Applicant Postal address IF DIFFERENT FROM PREMISES ADDRESS

ASDA HOUSE
SOUTHBANK
GREAT WILSON STREET

Post town LEEDS

Post code LS11 5AD

Please provide email address if you would prefer us to contact you by email (optional)

Part 3 - Proposed variation(s)

Do you want the proposed variation to have effect as soon as possible? Yes No Please tick

If not, from what date do you want the variation to take effect? DD MM YYYY

Do you want the proposed variation to have effect in relation to the introduction of the late night levy? (Please see Guidance Note 3) Yes No

Please describe the proposed variation(s) in detail in the box below and explain why you consider that they could not have an adverse effect on the promotion of any of the licensing objectives (See Guidance Note 1). This should include whether new or increased levels of licensable activities will be taking place indoors or outdoors (indoors may include a tent):

Details of proposed variation(s) (Please see Guidance Note 4)

TO PERMIT ALTERATIONS TO THE PREMISES IN ACCORDANCE WITH THE PLAN SUBMITTED TO THE LICENSING AUTHORITY.

PLAN NO; 1984-68-01 DATED 8.10.2014

IN VIEW OF THE NATURE OF THE VARIATION IT WILL NOT HAVE ANY ADVERSE EFFECT ON THE PROMOTION OF ANY OF THE LICENSING OBJECTIVES.

Part 4 - Operating Schedule

Please tick those parts of the Operating Schedule which would be subject to change if this application to vary was successful.

Provision of regulated entertainment

Please tick all that apply

- a. plays
- b. films
- c. indoor sporting events
- d. boxing or wrestling entertainment
- e. live music
- f. recorded music
- g. performances of dance
- h. anything of a similar description to that falling within (e), (f) or (g)

Provision of late night refreshment

Supply of alcohol

(Note that this can only relate to reducing licensed hours, or moving them without any overall increase between 7am and 11pm)

Please tick to indicate you have enclosed the following:

I have enclosed the premises licence/~~club premises certificate~~

I have enclosed the relevant part of the premises licence/~~club premises certificate~~

I have included a copy of the plan (this is necessary if the proposed variation will affect the layout)

If you have not ticked one of the previous three boxes, please explain why in the box below.

Reasons why you have not enclosed the premises licence/club premises certificate or relevant parts.

Any further information to support your application. (See Guidance Note 5)

GENERAL REFURBISHMENT AND TO ADD AN EXTENSION AT THE REAR OF THE STORE WHICH WILL HOUSE A COLD ROOM AND FREEZER.

CHECKLIST:

Please tick to indicate agreement

- I have made or enclosed payment of the fee; or
- I have not made or enclosed payment of the fee because this application has been made in relation to the introduction of the late night levy.
- I have enclosed the plan, if appropriate, of the premises in scale [1mm to 100mm], unless otherwise agreed with the licensing authority.
- I have enclosed the premises licence ~~AND PREMISES CERTIFICATE~~ or relevant part of it or provided an explanation.
- I understand that if I do not comply with the above requirements my application will be rejected.
- I understand that I must now advertise my application for a continuous period beginning on the first working day after the day on which the application was given to the relevant licensing authority and ending at the expiry of the ninth consecutive working day after that day.

IT IS AN OFFENCE, LIABLE ON SUMMARY CONVICTION TO A FINE NOT EXCEEDING 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.

Part 5 - Signatures and Contact Details

(See Guidance Note 6)

Premises Licence:

Signature of applicant (the current premises licence holder) or applicant's solicitor or other duly authorised agent (see Guidance Note 7). If signing on behalf of the applicant, please state your name and in what capacity you are authorised to sign:

	
Date	22nd October 2014
Capacity	Solicitors for and on behalf of the applicants

Where the premises licence is jointly held, signature of 2nd applicant (the current premises licence holder) or 2nd applicant's solicitor or other authorised agent (See Guidance Note 8). If signing on behalf of the applicant, please state in what capacity.

Signature	
Date	
Capacity	

Where the premises are a club

I (insert full name)
 make this application on behalf of the club and have authority to bind the club.

Signature	
Date	
Capacity	

Contact name (where not previously given) and address for correspondence associated with this application. (See Guidance Note 9) Gosschalks Solicitors (MCJ/MJM) Queens Gardens Hull East Yorkshire	
Post town Hull	Post code HU1 3DZ

