

## Harrow

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

For help contact

<u>licensing@harrow.gov.uk</u> Telephone: 020 8901 2600

\* required information

Section 1 of 4		
You can save the form at an	y 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/84773.10645	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?	Put "no" if you are applying on your own behalf or on behalf of a business you own or
<ul><li>Yes</li><li>No</li></ul>		work for.
Applicant Details		
* First name	Asda Stores Limited	
* Family name	Asda Stores Limited	
* E-mail		
Main telephone number		Include country code.
Other telephone number		
☐ Indicate here if the ap	plicant would prefer not to be contacted by te	lephone
Is the applicant:		
<ul><li>Applying as a business or organisation, including as a sole trader</li><li>Applying as an individual</li></ul>		A sole trader is a business owned by one person without any special legal structure.
7 Applying as an individ	addi	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	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 area		
* Postcode	LS11 5AD	
* Country	United Kingdom	
Agent Details		
* First name	Gosschalks	
* Family name	Solicitors	
* E-mail		
Main telephone number		Include country code.
Other telephone number		
☐ Indicate here if you wou	ld prefer not to be contacted by telephone	
Are you:		
<ul><li>An agent that is a busine</li></ul>	ess or organisation, including a sole trader	A sole trader is a business owned by one person without any special legal structure.
<ul> <li>A private individual actir</li> </ul>	ng as an agent	person without any special legal structure.
* Is your business registered in the UK with Companies House?	Yes No	
* Registration number	02673392	
* Business name	Gosschalks Solicitors	If your business is registered, use its registered name.
* VAT number GB	433613472	Put "none" if you are not registered for VAT.
* Legal status	Partnership	

Continued from previous page		
* Your position in the business	Licensing	
Home country	United Kingdom	The country where the headquarters of your business is located.
Agent Registered Address		Address registered with Companies House.
* Building number or name	Gosschalks Solicitors	
* Street	Queens Gardens	
District		
* City or town	Hull	
County or administrative area		
* Postcode	HU1 3DZ	
* Country	United Kingdom	
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	LN/000007938/2015/1	
Are you able to provide a posta	al address, OS map reference or description of t	he premises?
<ul><li>Address</li><li>OS maj</li></ul>	o reference O Description	
Address		
* Building number or name	Asda	
* Street	35-43 High Street Together with rear access off Wealdstone	
District		
* City or town	Harrow	
County or administrative area		
Postcode	HA3 5DE	
* Country	United Kingdom	
Contact Details		
E-mail		
Telephone number		
Other telephone number		

Continued from previous page	•	
Describe the premises. For example,	ample, what type of premises it is	
Supermarket		
Section 3 of 4		
SUPERVISOR		
Full Name Of Proposed Desi	gnated Premises Supervisor	
* First name	Mark	
* Family name	Bartlett	
Personal licence number of	bartiett	
proposed designated premises supervisor	PA36696/011206	
Issuing authority of that licence	Welwyn Hatfield District Council	
Full Name Of Existing Desig	nated Premises Supervisor	
First name	James	
Family name	Woodbury	
* Would you like this applicati the Licensing Act 2003?	ion to have immediate effect under section 38 o	f
<ul><li>Yes</li></ul>	○ No	
* Will the premises licence or application?	relevant part of it be submitted with this	
○ Yes	<ul><li>No</li></ul>	
* Reasons why the premises li	cence or relevant part of it will not be submitted	d with this application
The original Premises Licence	e was sent to your office in support of a previous	application.
How will the consent form of be supplied to the authority?	the proposed designated premises supervisor	
C Electronically, by the pro	pposed designated premises supervisor	
<ul><li>As an attachment to this</li></ul>	svariation	
Reference number for consen 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		

Continued from previous page PAYMENT DETAILS	
	uthority. If you complete the application online, you must pay it by debit or credit card.
This formality requires a fixed t	
DECLARATION	
	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 indicat	tes you have read and understood the above declaration
This section should be comple behalf of the applicant?"	ted by the applicant, unless you answered "Yes" to the question "Are you an agent acting on
* Full name	Gosschalks Solicitors
* Capacity	Solicitor on behalf of the applicant
* Date	15 <b>/</b> 06 <b>/</b> 2015
	dd mm yyyy
	Remove this signatory
	Add another signatory
OFFICE USE ONLY	
Applicant reference number	MCJ/SDS/84773.10645
Fee paid	
Payment provider reference	
ELMS Payment Reference	
Payment status	
Payment authorisation code	
Payment authorisation date	
Date and time submitted	
Approval deadline	
Error message	
Is Digitally signed	
< Previous <u>1</u> <u>2</u> <u>3</u> <u>4</u>	Next >

## Part A

## Consent of Individual to Being Specified as Premises Supervisor

(1) Insert full name of prospective premises supervisor Î (1)
MARK BARTLETT

(2) Insert home address of prospective premises supervisor.



(3) Insert type of application.

hereby confirm that I give my consent to be specified as the designated premises supervisor in relation to the application for (3) VARIATION OF THE DESIGNATED PREMISES SUPERVISOR

(4) Insert name of applicant.

Dy (4)

of applicant.

**ASDA STORES LIMITED** 

(5) Insert number of existing licence, if any. (8) Insert name and address of premises to which the application relating to a premises licence (5) LN/000007938/2015/1

for (6) ASDA

35-43 HIGH STREET TOGETHER WITH REAR ACCESS OFF WEALDSTONE

HARROW HA3 5DE

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

made by (4)
ASDA STORES LIMITED

concerning the supply of alcohol at (6)

ASD

35-43 HIGH STREET TOGETHER WITH REAR ACCESS OFF WEALDSTONE

HARROW HA3 5DE

(7) Delete as applicable. l also confirm that l (?)[ann appliying for [ (?)[intervel acceptaty of the [ (?)[currently hold] a personal licence, details of which I set out below.

(6) Insert personal licence number, if any. (9) Insert name and address and telephone number of personal licence issuing authority, if Personal licence number (8) PA36696/011206

Personal licence issuing authority (9) WELWYN HATFIELD DISTRICT COUNCIL

Signed

(10) Please print.

Name(10) MARK BARTLETT

Dated 12/6/19

## **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).

