



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	e 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/84773.10810	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 b	ehalf of the applicant? 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	
* E-mail		
Main telephone number		Include country code.
Other telephone number		
☐ Indicate here if the app	licant would prefer not to be contacted by tele	phone
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?		
* 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	

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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 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 woι	ıld 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?		
* 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	
		-

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* 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/000007938/2015/3	
Are you able to provide a post	al address, OS map reference or description of	the premises?
♠ Address ← OS ma	p reference C 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		

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Continued from previous page		
	ample, what type of premises it is	
Supermarket		
Section 3 of 4		
SUPERVISOR		
Full Name Of Proposed Design	gnated Premises Supervisor	_
* First name	Tabassum	
* Family name	Malik	
Personal licence number of		
proposed designated premises supervisor	H04403	
,		
Issuing authority of that licence	London Borough of Hounslow Council]
Full Name Of Existing Design		
First name	Mark	J
Family name	Bartlett]
* Would you like this application to have immediate effect under section 38 of the Licensing Act 2003?		
Yes	← No	
* Will the premises licence or r application?	elevant part of it be submitted with this	
Yes	C No	
How will the consent form of the proposed designated premises supervisor be supplied to the authority?		
C Electronically, by the pro	posed designated premises supervisor	
As an attachment to this	variation	
Reference number for consent		If the consent form is already submitted, ask
form (if known)		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 au	ithority. If you complete the application online,	you must pay it by debit or credit card.
This formality requires a fixed t	ee of £23	
DECLARATION		

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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	Gosschalks Solicitors	
* Capacity	Solicitor on behalf of the applicant	
Date	30 / 07 / 2015 dd mm yyyy	
	Remove this signatory	
	Add another signatory	
OFFICE USE ONLY		
Applicant reference number	MCJ/SDS/84773.10810	
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 1 2 3 4 Next >		

Part A

Consent of Individual to Being Specified as Premises Supervisor

NJ hainf(f) rume of розрешив Cremises. supervisor.

[2] lessent home liddress of

(3) insert lype

of appacation.

TABASSUM MAUK



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

supervisor in relation to the application for or VARIATION OF THE DESIGNATED PREMISES SUPERVISOR

DA 441 erson frager (3)

of accordant. **ASOA STORES LIMITED**

(5) Insert number of action of licence. if any (5) Insett name in Hericas bru premises to which Po application

relata.

relating to a premises licence (5) UM/00000793/2015/3

FOR ISLASDA

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 me

35-43 HIGH STREET TOGETHER WITH REAR ACCESS OFF WEALDSTONE

HARROW HA3 5DE

(7) Deleit us applicable

Latso confirm that Lingernapplying log ក្រុងលោកមហាងអូម៉ូម៉ីពីក្រុំ ក្រុយពេលប្រការប្រាស់

a personal licence, details of which I set out below.

(6) insert personal Roomon number, if

arry. (9) Insert name and address and telephone number of personal licence issuing authority, d any.

H04403 Personal licence number in

Personal licence issuing authority or

LONDON BORCUGH OF HOUNSLOW COUNCIL

Signed

(10) Please print

Name Hall TABASSUM MAUK

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:	Tabassum Khurshid Malik
Personal Licence No:	H4403
Expiry Date of Personal Licence:	N/A