

Harrow

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

For help contact

licensing charrow.gov.uk

Telephone: 020 8901 2600

Section 1 of 4		required information
You can save the form at any t	ime 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	AGS/36806/1	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
	Ю	work for.
Applicant Details * First name	Licensed Support Services Ltd	ONDON BOROUGH OF HARROW RECEIVED 1 6 MAY 2016
* Family name	Licensed Support Services Ltd	COMMUNITY SAFETY SERVICES
* E-mail		SAFETY SETT
Main telephone number		Include country code.
Other telephone number]
Indicate here if the appli	icant would prefer not to be contacted by telep	phone
Is the applicant:		
Applying as a business of	or organisation, including as a sole trader	A sole trader is a business owned by one
← Applying as an individual	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.
Applicant Business		
* Is the applicant's business registered in the UK with Companies House?		
* Registration number	07725385	
* Business name	Licensed Support Services Ltd	If the applicant's business is registered, use its registered name.
* VAT number -	N/A	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	Director	
Home country	United Kingdom	The country where the applicant's
	Officed Kingdoff	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]
# E-mail		
Main telephone number		Include country code.
Other telephone number		
☐ Indicate here if you wou	uld prefer not to be contacted by telephone	
Are you:		
 An agent that is a busin 	ess or organisation, including a sole trader	A sole trader is a business owned by one person without any special legal structure.
	ing as an agent	person without any special legal structure.
Agent Business		
* Is your business registered in the UK with Companies House?		
* Registration number	OC334359	
* Business name	Winckworth Sherwood LLP	If your business is registered, use its registered name.
* VAT number -	183868066	Put "none" if you are not registered for VAT.
* Legal status	Partnership	

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* Your position in the business	Licensing Assistant	
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		
* Street		
District		
* City or town		
County or administrative area		
* Postcode		
* Country		
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/000000525/2016/11	
Are you able to provide a posta	al address, OS map reference or description of t	he premises?
	p reference C Description	•
Address		
* Building number or name	BHS	
* Street	Store D, St Anns Shopping Centre St Anns Road	
District		
* City or town	Harrow	
County or administrative area		
Postcode	HA1 1AS	
* Country	United Kingdom	
Contact Details		
E-mail		
Telephone number		
Other telephone number		

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Describe the premises. For example, what type of premises it is			
Department Store.			
Please forward all correspondence to: Winckworth Sherwood LLP, Minerva House, 5 Montague Close, London, SE1 9BB			
Section 3 of 4			
SUPERVISOR		<u></u>	
Full Name Of Proposed Designated Premises Supervisor			
* First name	Jayan		
* Family name	Kanji		
Personal licence number of proposed designated premises supervisor	LN/000008811/2015/1		
Issuing authority of that licence	London Borough of Harrow		
Full Name Of Existing Desig	nated Premises Supervisor		
First name	Robbie Peter Barry		
Family name	Snook		
* Would you like this applicati the Licensing Act 2003?	* Would you like this application to have immediate effect under section 38 of the Licensing Act 2003?		
(● Yes)	C No		
* Will the premises licence or application?	relevant part of it be submitted with this		
← Yes	No		
* Reasons why the premises li	cence or relevant part of it will not be submitted	d with this application	
The premises licence was returned with an earlier transfer.			
I .	How will the consent form of the proposed designated premises supervisor		
be supplied to the authority?			
C Electronically, by the proposed designated premises supervisor			
As an attachment to this	SVANATION	If the consent form is already submitted, ask	
Reference number for consent form (if known)	ıt	the proposed designated premises supervisor for its 'system reference' or 'your reference'	
Section 4 of 4			

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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 comple behalf of the applicant?"	eted by the applicant, unless you answered "Yes" to the question "Are you an agent acting on		
* Full name	Winckworth Sherwood LLP		
* Capacity	Agent		
* Date	16 / 05 / 2016 dd mm yyyy		
	Remove this signatory		
	Add another signatory		
OFFICE USE ONLY			
Applicant reference number	AGS/36806/1		
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 >		

CONSENT OF INDIVIDUAL TO BEING SPECIFIED AS PREMISES SUPERVISOR

I JAYAN KANJI

of



hereby confirm that I give my consent to be specified as the designated premises supervisor in relation to the application for variation by Licensed Support Services Ltd relating to a premises licence (no. LN/000000525/2016/11) for

BHS Store D St Anns Shopping Centre St Anns Road Harrow Middlesex HA1 1AS

and any premises licence to be granted or varied in respect of this application made by Licensed Support Services Ltd concerning the supply of alcohol at

BHS
Store D St Anns Shopping Centre
St Anns Road
Harrow
Middlesex
HA1 1AS

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.

Personal Licence No: LN/000008811/2015/1

Personal Licence Issuing Authority: Harrow Council

Signed:

Name: JAYAN KANJI

Datad: 15/5/16

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