

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 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	LIC/LK/Waitrose	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	pehalf of the applicant?	Put "no" if you are applying on your own behalf or on behalf of a business you own or
• Yes	No	work for.
Applicant Details		
* First name	Waitrose Limited	
* Family name	As above	
* E-mail	lynsay.kingswell@blakemorgan.co.uk	
Main telephone number		Include country code.
Other telephone number		
	olicant would prefer not to be contacted by te	lephone
Is the applicant:		
Applying as a business	or organisation, including as a sole trader	A sole trader is a business owned by one person without any special legal structure.
 Applying as an individe 	ual	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	Note: completing the Applicant Business section is optional in this form.
Registration number	99405	
Business name	Waitrose Limited	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	Owners/Operators	
Home country	United Kingdom	The country where the applicant's headquarters are.
Registered Address		Address registered with Companies House.
Building number or name	Waitrose Development	
Street	Southern Industrial Area	
District	Doncastle Road	
City or town	Bracknell	
County or administrative area		
Postcode	RG12 8YA	
Country	United Kingdom	
Agent Details		
* First name	Lynsay	
* Family name	Kingswell	
* E-mail	lynsay.kingswell@blakemorgan.co.uk	
Main telephone number	023 8085 7218	Include country code.
Other telephone number		
☐ Indicate here if you wou	ld 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 actir 	ng as an agent	person manually special regards actains
Agent Business Is your business registered in the UK with Companies House?	Yes No	Note: completing the Applicant Business section is optional in this form.
Registration number	OC392078	
Business name	Blake Morgan LLP	If your business is registered, use its registered name.
VAT number _	N/A	Put "none" if you are not registered for VAT.
Legal status	Partnership	

Continued from previous page		
Your position in the business	Licensing Support Manager	
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	New Kings Court	
Street	Tollgate	
District	Chandlers Ford	
City or town	Eastleigh	
County or administrative area	Hants	
Postcode	SO53 3LG	
Country	United Kingdom	
Section 2 of 4		
PREMISES DETAILS		
I/we apply to vary a premises section 37 of the Licensing Ac	icence to specify the individual named in this at 2003.	application as the premises supervisor under
* Premises licence number	LN/000000891/2017/9	
Are you able to provide a post	al address, OS map reference or description of	the premises?
Address	p reference O Description	
Address		
* Building number or name	Waitrose	
* Street	140 Northolt Road	
District		
* City or town	South Harrow	
County or administrative area		
Postcode	HA2 0EG	
* Country	United Kingdom	
Contact Details		
E-mail		
Telephone number	020 8423 1955	
Other telephone number		
Describe the premises. For exa	ample, what type of premises it is	

Continued from previous page	•
Supermarket with licensed facilities	
Section 3 of 4	
SUPERVISOR	
Full Name Of Proposed Des	ignated Premises Supervisor
* First name	Gary
* Family name	Howkins
* Nationality	
* Place of birth	
* Date of birth	
	dd mm yyyy
Personal licence number of proposed designated	LN/200700128
premises supervisor	
Issuing authority of that licence	London Borough of Enfield
Full Name Of Existing Desig	nated Premises Supervisor
First name	Helen Margaret
Family name	Benn
* Would you like this applicat the Licensing Act 2003?	ion to have immediate effect under section 38 of
Yes	○ No
* Will the premises licence or application?	relevant part of it be submitted with this
Yes	No
* Reasons why the premises I	icence or relevant part of it will not be submitted with this application
There is no facility to upload	a copy of the Licence with this application. The original Licence will be sent by first class post.
How will the consent form of be supplied to the authority?	the proposed designated premises supervisor
C Electronically, by the pro	oposed designated premises supervisor
 As an attachment to this 	s variation

Continued from previous page	Reference number for consent form (if known)
If the consent form is already su the proposed designated prem supervisor for its 'system refere reference'	ises
Section 4 of 4	
PAYMENT DETAILS	
This fee must be paid to the aut	thority. If you complete the application online, you must pay it by debit or credit card.
This formality requires a fixed for	ee of £23
DECLARATION	
statement in or in connection I/WE UNDERSTAND THAT IT IS STATEMENT IN OR IN CONNEC SUMMARY CONVICTION TO A IN A PARTNERSHIP WHICH IS I PARTNERSHIPS] IT IS AN OFFE THEY KNOW, OR HAVE REASO THEIR IMMIGRATION STATUS. TO EMPLOYMENT WILL BE LIA NATIONALITY ACT 2006 AND, THEY DO SO IN THE KNOWLED Ticking this box indicate	ce, liable on conviction to a fine under section 158 of the licensing act 2003, to make a false with this application. AN OFFENCE, UNDER SECTION 158 OF THE LICENSING ACT 2003, TO MAKE A FALSE CTION WITH THIS APPLICATION. THOSE WHO MAKE A FALSE STATEMENT MAY BE LIABLE ON FINE OF ANY AMOUNT. [APPLICABLE TO INDIVIDUAL APPLICANTS ONLY, INCLUDING THOSE NOT A LIMITED LIABILITY PARTNERSHIP, BUT NOT COMPANIES OR LIMITED LIABILITY INCE UNDER SECTION 24B OF THE IMMIGRATION ACT 1971] FOR A PERSON TO WORK WHEN INABLE CAUSE TO BELIEVE, THAT THEY ARE DISQUALIFIED FROM DOING SO BY REASON OF THOSE WHO EMPLOY AN ADULT WITHOUT LEAVE OR WHO IS SUBJECT TO CONDITIONS AS ABLE TO A CIVIL PENALTY UNDER SECTION 15 OF THE IMMIGRATION, ASYLUM AND PURSUANT TO SECTION 21 OF THE SAME ACT, WILL BE COMMITTING AN OFFENCE WHERE DOE, OR WITH REASONABLE CAUSE TO BELIEVE, THAT THE EMPLOYEE IS DISQUALIFIED. Les you have read and understood the above declaration Led by the applicant, unless you answered "Yes" to the question "Are you an agent acting on the company of the applicant, unless you answered "Yes" to the question "Are you an agent acting on the company of the applicant, unless you answered "Yes" to the question "Are you an agent acting on the company of the applicant, unless you answered "Yes" to the question "Are you an agent acting on the company of the applicant, unless you answered "Yes" to the question "Are you an agent acting on the company of the applicant, unless you answered "Yes" to the question "Are you an agent acting on the company of the applicant, unless you answered "Yes" to the question "Are you an agent acting on the company of the applicant, unless you answered "Yes" to the question "Are you an agent acting on the company of the applicant."
* Full name	Blake Morgan LLP
* Capacity	Solicitors for the applicant
* Date	dd mm yyyy Remove this signatory
	Add another signatory

OFFICE USE ONLY		
Applicant reference number	LIC/LK/Waitrose	
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		
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Part A

Consent of individual to being specified as premises supervisor

In respect of

Waitrose, 140 Northolt Road, South Harrow, Middlesex, HA2 0EG

I, Gary Howkins of	hereby confirm that I give my consent to be
specified designated premises supervisor	in relation to the DPS Variation by Waitrose Ltd, relating to a premises
licence (numberLN/000000891/2017/9	.) for Waitrose, 140 Northolt Road, South Harrow, Middlesex, HA2 0EG
and any premises licence to be granted or	varied in respect of this application made by Waitrose Ltd concerning the
supply of alcohol at Waitrose, 140 Northolt	Road, South Harrow, Middlesex, HA2 0EG.
I also confirm that I am entitled to work in f	the United Kingdom, am applying for, intend to apply for or currently hold
a personal licence, details of which I set ou	ut below.
Personal licence number	LN/200700128
Personal licence issuing authority	London Borough Of Enfield
Signed	
Name	GARY HOWKINS
Dated	9-2-2018