



**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 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

SHELL PINNER

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?

Yes  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

SHELL UK OIL PRODUCTS LIMITED

\* Family name

N/A

\* E-mail

[REDACTED]

Main telephone number

[REDACTED]

Include country code.

Other telephone number

[REDACTED]

Indicate here if the applicant would prefer not to be contacted by telephone

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?

Yes  No

\* Registration number

3625633

\* Business name

SHELL UK OIL PRODUCTS LIMITED

If the applicant's business is registered, use its registered name.

\* VAT number

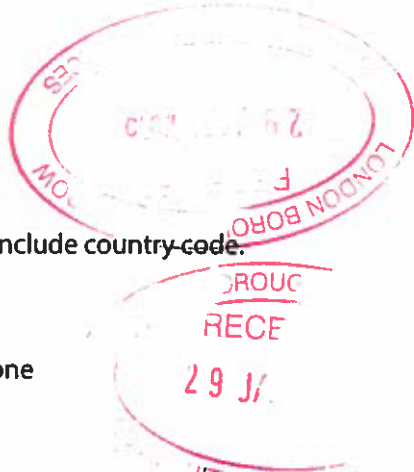
GB

235763255

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

Home country

The country where the applicant's 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 would prefer not to be contacted by telephone

Are you:

- An agent that is a business or organisation, including a sole trader
- A private individual acting as an agent

A sole trader is a business owned by one person without any special legal structure.

**Agent Business**

\* Is your business registered in the UK with Companies House?  Yes  No

\* Registration number

\* Business name

If your business is registered, use its registered name.

\* VAT number

Put "none" if you are not registered for VAT.

\* Legal status

Continued from previous page...

\* 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 LOCKETT HOUSE

\* Street 13 CHURCH STREET

District

\* City or town KIDDERMINSTER

County or administrative area

\* Postcode DY10 2AH

\* 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/000007437/2014/1

Are you able to provide a postal address, OS map reference or description of the premises?

Address  OS map reference  Description

**Address**

\* Building number or name SHELL PINNER

\* Street PINNER GREEN

District

\* City or town PINNER

County or administrative area MIDDLESEX

Postcode HA5 2AF

\* Country United Kingdom

**Contact Details**

E-mail

Telephone number

Other telephone number

Describe the premises. For example, what type of premises it is

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CONVENIENCE STORE LOCATED ON A PETROL FORECOURT TRADING UNDER COMPANY OWN FORMAT SERVING THOSE LOCALLY AND FURTHER AFIELD.

### Section 3 of 4

#### SUPERVISOR

##### Full Name Of Proposed Designated Premises Supervisor

\* First name

\* Family name

Personal licence number of proposed designated premises supervisor

Issuing authority of that licence

##### Full Name Of Existing Designated Premises Supervisor

First name

Family name

\* Would you like this application to have immediate effect under section 38 of the Licensing Act 2003?

Yes  No

\* Will the premises licence or relevant part of it be submitted with this application?

Yes  No

How will the consent form of the proposed designated premises supervisor be supplied to the authority?

Electronically, by the proposed designated premises supervisor

As an attachment to this variation

Reference number for consent form (if known)

If the consent form is already submitted, ask 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 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.

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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

\* Capacity

\* Date  /  /   
dd mm yyyy

**OFFICE USE ONLY**

Applicant reference number

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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Consent of individual to being specified as premises supervisor

I, JAMES FIELD  
[full name of prospective premises supervisor]

of [REDACTED]  
[home address of prospective premises supervisor]

hereby confirm that I give my consent to be specified as the designated premises supervisor in relation to the application for

Application to vary designated premises supervisor  
[type of application]

by Shell UK oil products Ltd  
[name of applicant] LN/00000 7437/2014/1

relating to a premises licence: ..... [number of existing licence, if any]

or Shell Pinner Pinner Green Pinner H.A.S. ZAF  
[name and address of premises to which the application relates]

and any premises licence to be granted or varied in respect of this application made by: Shell UK oil products Ltd  
[name of applicant]

concerning the supply of alcohol at:

Shell Pinner Pinner Green Pinner H.A.S. ZAF  
[name and address of premises to which application relates]

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 number: 14/07349/PERSLI  
[insert personal licence number, if any]

Personal licence issuing authority: Bromsgrove District Council  
The Council House, Buccat Lake, Bromsgrove, Warks  
B60 4AA  
[Insert name and address of personal licence issuing authority, if any]

Name (please print) JAMES FIELD

Dated 22/1/15  
[REDACTED]