

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 ti	ime and resume it later. You do not need to be l	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	CVE/26508/1323/RPB	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 be	half of the applicant?	Put "no" if you are applying on your own behalf or on behalf of a business you own or
● Yes C N	lo	d. f
Applicant Details * First name	Sainsbury's Supermarkets Ltd	ONDON BOROUGH OF HARROW OF JUL 2016
		COMMUNITY SAFETY SERVICES
* Family name	Sainsbury's Supermarkets Ltd	SAFETY SERVICE
* E-mail		
Main telephone number		Include country code.
Other telephone number	,	
Indicate here if the appli	icant would prefer not to be contacted by telep	hone
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	le	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	03261722	
* Business name	Sainsbury's Supermarkets Ltd	If the applicant's business is registered, use its registered name.
* VAT number GB	660454836	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	Instructing Officer	
Home country	United Kingdom	The country where the applicant's headquarters are.
Registered Address		Address registered with Companies House.
* Building number or name	33	
* Street	Holborn	
District]
* City or town	London	
County or administrative area		
* Postcode	EC1N 2HT	
* Country	United Kingdom	
Agent Details		
* First name	Winckworth Sherwood LLP	
* Family name		
* 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:		
An agent that is a busine	ess or organisation, including a sole trader	A sole trader is a business owned by one person without any special legal structure.
A private individual action	ng 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 GB	183 868 066	Put "none" if you are not registered for VAT.
* Legal status	Private Limited Company	

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*Your position in the business		
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	Minerva House	
* Street	5 Montague Close	
District		
* City or town	London	
County or administrative area]
* Postcode	SE1 9BB	
* Country	United Kingdom	
Section 2 of 4		
PREMISES DETAILS		
I/we apply to vary a premises li section 37 of the Licensing Act	icence to specify the individual named in this a 2003.	pplication as the premises supervisor under
* Premises licence number	LN/000003821/2016/15	
Are you able to provide a posta	al address, OS map reference or description of t	the premises?
	p reference C Description	
Address		
* Building number or name	Sainsbury's Unit 1 Alder Brook 14/20	
* Street	High Street	
District		
* City or town	Wealdstone	
County or administrative area		
Postcode	HA3 7HA	
* Country	United Kingdom	

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Contact Details	
E-mail	
Telephone number	
Other telephone number	
Describe the premises. For ex	ample, what type of premises it is
A supermarket store.	
Section 3 of 4	
SUPERVISOR	
Full Name Of Proposed Desi	gnated Premises Supervisor
* First name	Mahalingam
* Family name	Kathirgamalingam
Personal licence number of proposed designated premises supervisor	LN/000005842/2012/1
Issuing authority of that licence	Harrow
Full Name Of Existing Desig	nated Premises Supervisor
First name	Moushumi
Family name	Hasan
* Would you like this applicati the Licensing Act 2003?	on to have immediate effect under section 38 of
← Yes	No No
* Date you would like this application to have effect under section 38 of the Licensing Act 2003	10 / 07 / 2016 dd mm yyyy relevant part of it be submitted with this
application?	relevant part of it be submitted with ans
Yes	C No
How will the consent form of the proposed designated premises supervisor be supplied to the authority?	
C Electronically, by the pro	pposed designated premises supervisor
As an attachment to this	variation

Continued from previous page	Reference number for consent form (if known)
If the consent form is already s the proposed designated prer supervisor for its 'system refer reference'	nises
Section 4 of 4	
PAYMENT DETAILS	
This fee must be paid to the au This formality requires a fixed	uthority. If you complete the application online, you must pay it by debit or credit card.
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 completed by the applicant, unless you answered "Yes" to the question "Are you an agent acting on behalf of the applicant?"	
* Full name	Winckworth Sherwood LLP
* Capacity	Agent
* Date	07 / 07 / 2016 dd mm yyyy
	Remove this signatory
	Add another signatory

OFFICE USE ONLY		
Applicant reference number	CVE/26508/1323/RPB	
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 >	

CONSENT OF INDIVIDUAL TO BEING SPECIFIED AS PREMISES SUPERVISOR

1 Mahalingam Kathirgamalingan
of
hereby confirm that I give my consent to be specified as the designated premises supervisor in relation to the application for variation by Sainsbury's Supermarkets Limited relating to a premises licence (no. 2N/0000 038 2 for/2016 /15
Sunsbury's, Unit 1 Peder Brook, 14-20 High Seret Wealdstore, Harrows, 4193 74th
and any premises licence to be granted or varied in respect of this application made by Sainsbury's Supermarkets Limited concerning the supply of alcohol at Lect Parabon, 14-20 High Breet Wealdstone, Harrow, HAB 7419
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: W/000005842/2012/1
Personal Licence Issuing Authority: Hame
Signed:
Name: M. KATHERCIAMALINGAM
Dated: 7/3/16