

2017 20001662

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

PLEASE READ THE FOLLOWING INSTRUCTIONS FIRST

Before completing this form please read the guidance notes at the end of the form. If you are completing this form by hand please write legibly in block capitals. In all cases ensure that your answers are inside the boxes and written in black ink. Use additional sheets if necessary.

You may wish to keep a copy of the completed form for your records.

I / we Savers Health and Beauty

(full name(s) of premises licence holder)

being the premises licence holder, 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/0000006639/2016/5

Part 1 – Premises details

Postal address of premises or, if none, ordnance survey map reference or description

Savers
336 Station Road,

Post town
Harrow

Post code (if known)
HA1 2DR

Telephone number (if any)

Description of premises (please read guidance note 1)

A retail shop selling a range of health and beauty products plus household goods and food



Part 2

Full name of proposed designated premises supervisor

Gurinder KAUR

Personal licence number of proposed designated premises supervisor and issuing authority of that licence (if any)

LBHIL3474
Hillingdon Council

Full name of existing designated premises supervisor (if any)

Jakob MORRIS

Please tick yes

I would like this application to have immediate effect under section 38 of the Licensing Act 2003



I have enclosed the premises licence or relevant part of it

(If you have not enclosed the premises licence, or relevant part of it, please give reasons why not)

Reasons why I have failed to enclose the premises licence or relevant part of it

Please tick yes

- I have made or enclosed payment of the fee
- I will give a copy of this application to the chief officer of police
- I have enclosed the consent form completed by the proposed premises supervisor
- I have enclosed the premises licence, or relevant part of it or explanation
- I will give a copy of this form to the existing premises supervisor, if any
- I understand that if I do not comply with the above requirements my application will be rejected

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

Part 3 – Signatures (please read guidance note 2)

Signature of applicant or applicant’s solicitor or other duly authorised agent
(See guidance note 3). **If signing on behalf of the applicant please state in what capacity.**

Signature 

Date 9th February 2017

Capacity Licensing Advisor , Savers Health and Beauty

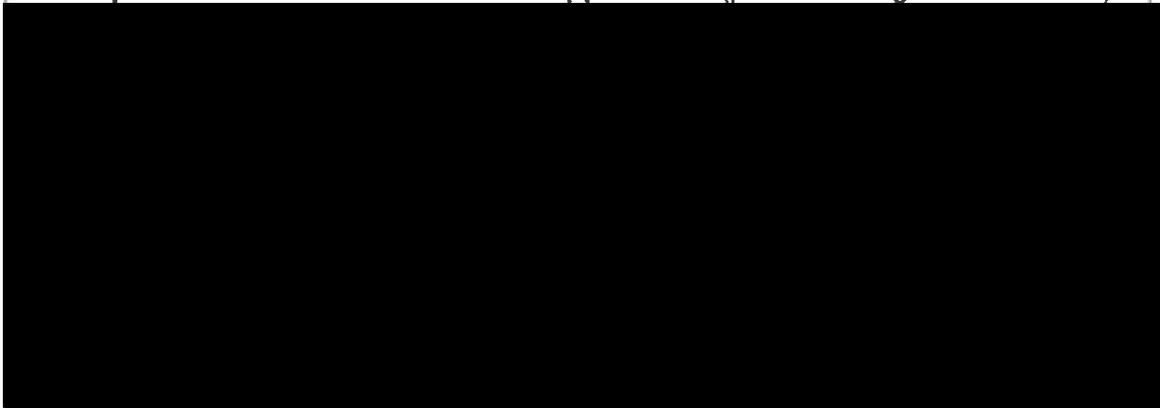
For joint applicants signature of 2nd applicant 2nd applicant’s solicitor or other authorised agent (please read guidance note 4). **If signing on behalf of the applicant please state in what capacity.**

Signature

Date

Capacity

Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 5)



Guidance notes

1. Describe the premises. For example the type of premises it is.
2. The application form must be signed.
3. An applicant's agent (for example solicitor) may sign the form on their behalf provided that they have actual authority to do so.
4. Where there is more than one applicant, both applicants or their respective agents must sign the application form.
5. This is the address which we shall use to correspond with you about this application.

Consent of individual to being specified as premises supervisor

I

Miss Gurinder KAUR
[full name of prospective premises supervisor]

of



[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

DPS Variation

[type of application]

by

Savers Health and Beauty

[name of applicant]

relating to a premises licence LN/0000006639/2016/5
[number of existing licence, if any]

for

Savers
336 Station Road
Harrow
HA1 2DR

[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

Savers Health and Beauty

[name of applicant]

concerning the supply of alcohol at

Savers
336 Station Road
Harrow
HA1 2DR

[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

LBHIL3474

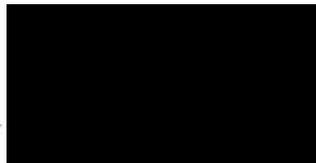
[insert personal licence number, if any]

Personal licence issuing authority

Hillingdon Council

[insert name and address and telephone number of personal licence issuing authority, if any]

Signed



Name (please print)

CURINDER KAUR

Date

17-1-17