

19/6



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 This is the unique reference for this application generated by the system.

Your reference 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

* Family name

* E-mail

Main telephone number Include country code.

Other telephone number

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.

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Address

* Building number or name	<input type="text" value="27"/>
* Street	<input type="text" value="College Road"/>
District	<input type="text"/>
* City or town	<input type="text" value="Harrow"/>
County or administrative area	<input type="text" value="Middlesex"/>
* Postcode	<input type="text" value="HA1 1BA"/>
* Country	<input type="text" value="United Kingdom"/>

Agent Details

* First name	<input type="text" value="Joshua Simons &"/>
* Family name	<input type="text" value="Associates Ltd"/>
* E-mail	<input type="text" value=""/>
Main telephone number	<input type="text" value=""/>
Other telephone number	<input type="text" value=""/>

Include country code.

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

Note: completing the Applicant Business section is optional in this form.

Registration number	<input type="text" value="08030680"/>
Business name	<input type="text" value="Joshua Simons & Associates"/>
VAT number	<input type="text" value="GB"/> <input type="text" value="154176021"/>
Legal status	<input type="text" value="Private Limited Company"/>
Your position in the business	<input type="text" value="Director"/>
Home country	<input type="text" value="United Kingdom"/>

If your business is registered, use its registered name.

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

The country where the headquarters of your business is located.

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Agent Registered Address

Address registered with Companies House.

Building number or name	Imperial Business Park, Building 4
Street	4 Maxwell Road
District	
City or town	Borehamwood
County or administrative area	
Postcode	WD6 1JN
Country	United Kingdom

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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

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	Savewise Supermarket
* Street	27 College Road
District	
* City or town	Harrow
County or administrative area	Middlesex
Postcode	HA11BA
* Country	United Kingdom

Contact Details

E-mail	<input type="text"/>
Telephone number	<input type="text"/>
Other telephone number	<input type="text"/>

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

A grocery premises with an off licence located in Harrow Town Centre in parade of commercial premises.

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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 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

IT IS AN OFFENCE UNDER SECTION 24B OF THE IMMIGRATION ACT 1971 FOR A PERSON TO WORK WHEN THEY KNOW, OR

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HAVE REASONABLE CAUSE TO BELIEVE, THAT THEY ARE DISQUALIFIED FROM DOING SO BY REASON OF THEIR IMMIGRATION STATUS. THOSE WHO EMPLOY AN ADULT WITHOUT LEAVE OR WHO IS SUBJECT TO CONDITIONS AS TO EMPLOYMENT WILL BE LIABLE TO A CIVIL PENALTY UNDER SECTION 15 OF THE IMMIGRATION, ASYLUM AND NATIONALITY ACT 2006 AND, PURSUANT TO SECTION 21 OF THE SAME ACT, WILL BE COMMITTING AN OFFENCE WHERE THEY DO SO IN THE KNOWLEDGE, OR WITH REASONABLE CAUSE TO BELIEVE, THAT THE EMPLOYEE IS DISQUALIFIED.

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

Consent of individual to being specified as premises supervisor

Alisina Payman

I

.....
[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 application to vary the premises supervisor

.....
[type of application]

by

Iltav Akbari and Mushtaq Akbari

.....
[name of applicant]

relating to a premises licence

LN/000000977/2015/4

.....
[number of existing licence, if any]

for

Savewise Supermarket
27 Colledge Road
Harrow
Middlesex
HA1 1BA

.....
[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

Iltav Akbari and Mushtaq Akbari

[name of applicant]

concerning the supply of alcohol at

Savewise Supermarket

27 Colledge Road

Harrow

Middlesex

HA1 1BA

[name and address of premises to which application relates]

I also confirm that I am entitled to work in the United Kingdom and am applying for, intend to apply for or currently hold a personal licence, details of which I set out below.

Personal licence number

LN/200712038

[insert personal licence number, if any]

Personal licence issuing authority

Harrow Council, 0208 863 5611

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

Signed



Name (please print)

Alisina Payman

Date

13-09-2017