

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 t | ime and resume it later. You do not need to b | e 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 | AGS/26508/688 | 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 • Yes | half of the applicant? | 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 | Sainsbury's Supermarkets Ltd | |
| * Family name | Sainsbury's Supermarkets Ltd | |
| * E-mail | asanders@wslaw.co.uk | |
| Main telephone number | | Include country code. |
| Other telephone number | | |
| ☐ Indicate here if the appl | icant would prefer not to be contacted by tele | ephone |
| Is the applicant: | | |
| Applying as an individual | or organisation, including as a sole trader al | 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 | Note: completing the Applicant Business section is optional in this form. |
| Registration number | 03261722 | |
| Business name | Sainsbury's Supermarkets Ltd | 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 | Legal Team | |
| 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 | Andrew | |
| * Family name | Sanders | |
| * E-mail | asanders@wslaw.co.uk | |
| Main telephone number | 0207 593 0250 | 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 actir | ng as an agent | person manually special regards actains |
| Agent Business Is your business registered in the UK with Companies House? | YesNo | Note: completing the Applicant Business section is optional in this form. |
| Registration number | OC334359 | |
| Business name | Winckworth Sherwood 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 | |
| | | |

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| | | 1 |
| 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 | 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. | oplication as the premises supervisor under |
| * Premises licence number | LN/00000865/2016/12 | |
| Are you able to provide a post | al address, OS map reference or description of t | :he premises? |
| AddressOS ma | p reference O Description | |
| Address | | |
| * Building number or name | Sainsbury's | |
| * Street | 12 Barters Walk | |
| District | | |
| * City or town | Pinner | |
| County or administrative area | | |
| Postcode | HA5 5LU | |
| * Country | United Kingdom | |
| Contact Details | | |
| E-mail | | |
| Telephone number | | |
| Other telephone number | | |
| Describe the premises. For exa | mple, what type of premises it is | |

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|---|---|---|
| A supermarket. | | |
| | | |
| | | |
| Section 3 of 4 | | |
| SUPERVISOR | | |
| Full Name Of Proposed Desi | gnated Premises Supervisor | |
| * First name | Raquel Pereira | |
| * Family name | Rodrigues | |
| | | |
| | | |
| | | |
| | dd mm yyyy | |
| Personal licence number of | | |
| proposed designated premises supervisor | LBH-PER-N-1705 | |
| Issuing authority of that | | |
| licence | London Borough of Hackney | |
| Full Name Of Existing Desig | nated Premises Supervisor | |
| First name | lan | |
| Family name | Cahill | |
| * Would you like this applicat the Licensing Act 2003? | ion to have immediate effect under section 38 of | The premises licence holder can continue the supply of alcohol if, for example, the |
| ○ Yes | No | existing premises supervisor is suddenly indisposed or unable to work. |
| * Date you would like this application to have effect under section 38 of the Licensing Act 2003 | 26 / 08 / 2018 dd mm yyyy | |
| ☐ I will notify the existin | ng premises supervisor (if any) of this application | It is sufficient for the licensee to inform the existing premises supervisor in writing, without sharing the specific details of the application. |
| * Will the premises licence or application? | relevant part of it be submitted with this | |
| Yes | ○ No | |

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| How will the consent form of the supplied to the authority? | he proposed designated premises supervisor | |
| C Electronically, by the pro | posed designated premises supervisor | |
| As an attachment to this | variation | |
| | | If the consent form is already submitted, ask |
| Reference number for consent form (if known) | | 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 au | thority. If you complete the application online, | you must pay it by debit or credit card. |
| This formality requires a fixed f | ee of £23 | |
| DECLARATION | | |
| I/we understand it is an offen statement in or in connectior | ce, liable on conviction to a fine under section a with this application. | 158 of the licensing act 2003, to make a false |
| | S AN OFFENCE, UNDER SECTION 158 OF THE LIC | |
| | CTION WITH THIS APPLICATION. THOSE WHO N A FINE OF ANY AMOUNT. [APPLICABLE TO INDIV | |
| | NOT A LIMITED LIABILITY PARTNERSHIP, BUT N | |
| | ENCE UNDER SECTION 24B OF THE IMMIGRATIO | |
| | DNABLE CAUSE TO BELIEVE, THAT THEY ARE DIS . THOSE WHO EMPLOY AN ADULT WITHOUT LE | |
| TO EMPLOYMENT WILL BE LIA | ABLE TO A CIVIL PENALTY UNDER SECTION 15 C | F THE IMMIGRATION, ASYLUM AND |
| | , PURSUANT TO SECTION 21 OF THE SAME ACT, DGE, OR WITH REASONABLE CAUSE TO BELIEVE | |
| | • | |
| ☐ Ticking this box indicat | es you have read and understood the above de | claration |
| • | ted 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 | 13 / 08 / 2018 | |
| | dd mm yyyy | |
| | Remove this signatory | |
| Full name | | |
| | |] |
| Capacity | | |
| * Date | | |
| | dd mm yyyy | |
| | Remove this signatory | |
| | | |

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| | Add another signatory | |
| OFFICE USE ONLY | | |
| | | |
| Applicant reference number | AGS/26508/688 | |
| 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 | | |
| 1 2 3 4 | Next > | |

CONSENT OF INDIVIDUAL TO BEING SPECIFIED AS PREMISES SUPERVISOR

| I RAQUEL PEREIRA RODRIGUES |
|--|
| 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 Ltd relating to a premises licence (no. LN/000000865/2014/7A) for |
| Sainsbury's 12 Barters Walk Pinner HA5 5LU |
| and any premises licence to be granted or varied in respect of this application made by Sainsbury's Supermarkets Ltd concerning the supply of alcohol at |
| Sainsbury's 12 Barters Walk Pinner HA5 5LU |
| 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 No: LBH-PER-N-1705 |
| Personal Licence Issuing Authority: London Borough of Hackney |
| Signed: |
| Name: RAQUEL PEREIRA RODRIGUES |
| Dated: 10/08/18 |