

## 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		
	time and resume it later. You do not need to	be loaged 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/26508/689	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 b	• •	Put "no" if you are applying on your own behalf or on behalf of a business you own or
• Yes	No	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 app	olicant would prefer not to be contacted by te	lephone
Is the applicant:		
<ul><li>Applying as a business</li></ul>	s or organisation, including as a sole trader	A sole trader is a business owned by one person without any special legal structure.
<ul> <li>Applying as an individ</li> </ul>	ual	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?	<ul><li>Yes</li><li>No</li></ul>	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 would	ld prefer not to be contacted by telephone	
Are you:		
<ul><li>An agent that is a busine</li></ul>	ess or organisation, including a sole trader	A sole trader is a business owned by one person without any special legal structure.
<ul> <li>A private individual actir</li> </ul>	ng as an agent	porson without any sposial logal structure.
Agent Business		
Is your business registered in the UK with Companies House?	<ul><li>Yes</li><li>No</li></ul>	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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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 I section 37 of the Licensing Act		in this application as the premises supervisor under
* Premises licence number	LN/00000864/2015/13	
Are you able to provide a post	al address, OS map reference or descri	ption of the premises?
<ul><li>Address</li><li>OS ma</li></ul>	p reference O Description	
Address		
* Building number or name	Sainsbury's	
* Street	1-9 The Broadway	
District		
* City or town	Stanmore	
County or administrative area		
Postcode	HA7 4DA	
* Country	United Kingdom	
<b>Contact Details</b>		
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	ignated Premises Supervisor	
* First name	Joshua Samuel Livermore	
* Family name	Corcoran	
	dd mm yyyy	
Personal licence number of proposed designated	LBHIL3026	
premises supervisor		
Issuing authority of that licence	London Borough of Hillingdon	
Full Name Of Existing Desig	nated Premises Supervisor	
First name	Edward Paul	
Family name	Aylward	
* 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 existing premises supervisor is suddenly
○ Yes	<ul><li>No</li></ul>	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	11 / 11 / 2018 dd mm yyyy	
☑ I will notify the existing	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	
<ul><li>Yes</li></ul>	○ No	

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How will the consent form of the supplied to the authority?	ne proposed designated premises supervisor	
<ul> <li>Electronically, by the proj</li> </ul>	oosed designated premises supervisor	
<ul> <li>As an attachment to this</li> </ul>	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		
·	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		
<ul> <li>I/we understand it is an offen statement in or in connectior</li> </ul>	ce, liable on conviction to a fine under section a with this application.	158 of the licensing act 2003, to make a false
STATEMENT IN OR IN CONNECTION TO A SUMMARY CONVICTION TO A IN A PARTNERSHIP WHICH IS PARTNERSHIPS] IT IS AN OFFET THEY KNOW, OR HAVE REASO THEIR IMMIGRATION STATUS TO EMPLOYMENT WILL BE LIANATIONALITY ACT 2006 AND THEY DO SO IN THE KNOWLE	S AN OFFENCE, UNDER SECTION 158 OF THE LIC CTION WITH THIS APPLICATION. THOSE WHO M INTERPOOL FIND SECTION OF THE INDIVIOUS OF ANY AMOUNT. [APPLICABLE TO INDIVIOUS ALIMITED LIABILITY PARTNERSHIP, BUT NOT A LIMITED LIABILITY PARTNERSHIP, BUT NOT THE IMMIGRATION ON ABLE CAUSE TO BELIEVE, THAT THEY ARE DISTANDED WHO EMPLOY AN ADULT WITHOUT LEABLE TO A CIVIL PENALTY UNDER SECTION 15 OF THE SAME ACT, PURSUANT TO SECTION 21 OF THE SAME ACT, DGE, OR WITH REASONABLE CAUSE TO BELIEVE SECTION HAVE READ AND UNDER SECTION SECTION OF THE SAME ACT, DGE, OR WITH REASONABLE CAUSE TO BELIEVE SECTION SECTION OF THE SAME ACT, DGE, OR WITH REASONABLE CAUSE TO BELIEVE SECTION SECTION OF THE SAME ACT, DGE, OR WITH REASONABLE CAUSE TO BELIEVE SECTION SECTION OF THE SAME ACT, DESCRIPTION OF THE SAME ACT, DESCRIP	TAKE A FALSE STATEMENT MAY BE LIABLE ON TIDUAL APPLICANTS ONLY, INCLUDING THOSE OT COMPANIES OR LIMITED LIABILITY IN ACT 1971] FOR A PERSON TO WORK WHEN QUALIFIED FROM DOING SO BY REASON OF AVE OR WHO IS SUBJECT TO CONDITIONS AS OF THE IMMIGRATION, ASYLUM AND WILL BE COMMITTING AN OFFENCE WHERE IS, THAT THE EMPLOYEE IS DISQUALIFIED.
This section should be completed behalf of the applicant?"	ted by the applicant, unless you answered "Yes'	" to the question "Are you an agent acting on
* Full name	Winckworth Sherwood LLP	
* Capacity	Agent	
* Date	02 / 11 / 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/26508/689	
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		
<b>1</b> <u>2</u> <u>3</u> <u>4</u>	Next >	

## CONSENT OF INDIVIDUAL TO BEING SPECIFIED AS PREMISES SUPERVISOR

I JOSHUA SAMUEL LIVERMORE CORCORAN
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/000000864/2015/13) for
Sainsbury's 1-9 The Broadway Stanmore HA7 4DA
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 1-9 The Broadway Stanmore HA7 4DA
I also confirm that I am entitled to work in the United Kingdom and am applying for, intend tapply for or currently hold a personal licence, details of which I set out below.
Personal Licence No: LBHIL3026
Personal Licence Issuing Authority: London Borough of Hillingdon
Signed:
Name: JOSHUA SAMUEL LIVERMORE CORCORAN
Dated: 01/11/18