		ONDON BOROUGH OF HAR
(Harreacouncil)	Harrow Application to vary a premises licence to specify	2 2 JAN 2015 For help contact
Canpan	individual as designated premises supervisor Licensing Act 2003	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 be	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	КВ/4	You can put what you want here to help you track applications if you make lots of them. I is passed to the authority.
Are you an agent acting on behalf of the applicant?		Put "no" if you are applying on your own
CYes (I	No	behalf or on behalf of a business you own or work for.
Applicant Details		
* First name	Dſ	
* Family name	Wetherspoon	
* E-mail]
Main telephone number		Include country code.
Other telephone number		
_ ·	Id prefer not to be contacted by telephone	
Are you:		
 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 you are
	ui	applying so you can be employed, or for some other personal reason, such as following a hobby.
Applicant Business		
* Is your business registered in the UK with Companies House?	● Yes C No	
* Registration number	1709784	
* Business name	JD Wetherspoon plc	If your business is registered, use its registered name.
* VAT number	396331433	Put "none" if you are not registered for VAT.
* Legal status	Public Limited Company	

Continued from previous page				
* Your position in the business	Licensing Administrator]		
Home country	United Kingdom	The country where the headquarters of your business is located.		
Registered Address		Address registered with Companies House.		
* Building number or name	Wetherspoon House]		
* Street	Reeds Crescent]		
District]		
* City or town	Watford]		
County or administrative area	Hertfordshire]		
* Postcode	WD24 4QL			
* Country	United Kingdom]		
Section 2 of 4				
PREMISES DETAILS				
I/we apply to vary a premises li section 37 of the Licensing Act	cence to specify the individual named in this a 2003.	pplication as the premises supervisor under		
* Premises licence number	LN/00000739/2014/7]		
Are you able to provide a post	al address, OS map reference or description of 1	the premises?		
Address C OS ma	p reference C Description			
Address				
* Building number or name	New Moon]		
* Street	25-26 Kenton Park Parade, Kenton Road]		
District]		
* City or town	Harrow]		
County or administrative area	Greater London]		
Postcode	HA3 8DN			
* Country	United Kingdom]		
Contact Details				
E-mail]		
Telephone number]		
Other telephone number]		
Describe the premises. For example, what type of premises it is				

© Queen's Printer and Controller of HMSO 2009

Continued from previous page		
Public House		
Section 3 of 4		
SUPERVISOR		
Full Name Of Proposed Desig	Inated Premises Supervisor	
* First name	Graham	
* Family name	Taylor	
Personal licence number of proposed designated premises supervisor	07/00337/LAPER	
Issuing authority of that licence	Spelthorne Borough Council	
Full Name Of Existing Design	ated Premises Supervisor	
First name	llyas	
Family name	Kus	
* Would you like this application to have immediate effect under section 38 of the Licensing Act 2003?		:
Yes	C No	
* Will the premises licence or relevant part of it be submitted with this application?		
Yes	C No	
How will the consent form of the proposed designated premises supervisor be supplied to the authority?		
← Electronically, by the property	posed 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 au This formality requires a fixed f	thority. If you complete the application online, ee of £23	you must pay it by debit or credit card.
DECLARATION		
	ce, liable on conviction to a fine up to level 5 or false statement in or in connection with this ap	

Continued from previous page...

$oxed{image}$ 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	Kiera Byrne	
* Capacity	Licensing Administrator	
* Date	22 / 01 / 2015 dd mm yyyy	
	Remove this signatory	
	Add another signatory	
OFFICE USE ONLY		
Applicant reference number	КВ/4	
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 1 2 3 4 Next >		

Consent of Individual to being specified as premises supervisor

GRAHAM TAYLOR t [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 VARYING A PREMISES LICENCE TO SPECIFY INDIVIDUAL AS PREMISES [type of application] by JD WETHERSPOON PLC [name of applicant] relating to a premises licence [number of existing licence, if any] for 25-26 KENTON PARK PARADE HARROW GREATER LONDON HA3 8DN [name and address of premises to which the application relates]

and any premises licence to be granted or varies in respect of the approximation made by

JD WETHERSPOON PLC

[name of applicant]

concerning the supply of elconol at

25-26 KENTON PARK PARADE WARROW GREATER LONDON HA3 80N

internet and extension of an entry and the second second second second second second second second second second

I also confirm that I am applying for, intend to apply for or currently hold a personal isoence, details of which I set out below.

Personal licence number

07/00337/LAPER

finsert personal licence number, if any

Personal licence issuing authority

SPELTHORNE BOROUGH COUNCIL

Signed

Name (please print)

GRAHAM TAYLOR

Date

20/1/15.