

LICENSING SECTION, HARROW COUNCIL, CIVIC CENTRE,  
STATION ROAD, PO BOX 18, HARROW, HA1 2XY.

**Application for a minor variation to a premises licence or club premises certificate 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, especially  
Note 1.

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 in black ink. Use additional sheets if necessary.

Once completed please send your application to the relevant licensing authority. You may wish to keep a  
copy of the completed form for your records.

WM MORRISON SUPERMARKETS PLC

(Insert name(s) of applicant)

being the premises licence holder(s)/club holding a club premises certificate, apply to vary a premises  
licence under section 41A/club premises certificate under section 86A of the Licensing Act 2003 for the  
premises described in Part 1 below.

**Part 1 – Premises details**

Postal address of premises (or, if none, ordnance survey map reference, or description) MORRISONS UNIT 1 TRIDENT POINT	
Post town HARROW	Postcode HA1 4ES

Telephone number at premises (if any)

Premises licence number/club premises certificate number

LN/000005928/2012/1&2

Brief description of premises (Please see Guidance Note 2)  
SUPERMARKET

RECEIVED AT  
LICENSING OFFICE

30 NOV 2012

TIME

**Part 2 – Applicant Details**

I am/we are the premises licence holder/club premises certificate holder. (Please delete as appropriate)

Contact phone number in working hours (if any)

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Applicant Postal address IF DIFFERENT FROM PREMISES ADDRESS WM MORRISON SUPERMARKETS PLC HILMORE HOUSE GAIN LANE	
Post town BRADFORD	Postcode BD3 7DL
Please provide email address if you would prefer us to contact you by email (optional)	

**Part 3 – Proposed variation(s)**

Please tick

Do you want the proposed variation to have effect as soon as possible?  Yes  No

If not, from what date do you want the variation to take effect?

DDMM					YYYY				

Please describe the proposed variation(s) in detail in the box below and explain why you consider that they could not have an adverse effect on the promotion of any of the licensing objectives (See Guidance Note 1). This should include whether new or increased levels of licensable activities will be taking place indoors or outdoors (indoors may include a tent):

<p><b>Details of proposed variations</b> (Please see Guidance Note 3)</p> <p>Alterations to the layout. In view of the nature of the proposed variation it will not have an adverse effect on the promotion of any licensing objectives.</p>
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<b>Details of proposed variations</b> (Continued)
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**Part 4 – Operating Schedule**

Please tick those parts of the Operating Schedule which would be subject to change if this application to vary was successful.

**Provision of regulated entertainment**

Please tick all that apply

- a. plays
- b. films
- c. indoor sporting events
- d. boxing or wrestling entertainment
- e. live music
- f. recorded music
- g. performances of dance
- h. anything of a similar description to that falling within (e), (f) or (g)

**Provision of late night refreshment**

**Sale by retail of alcohol**

(Note that this can only relate to reducing licensed hours or moving them without any overall increase between 7am and 11pm)

Please tick to indicate you have enclosed the following:

I have enclosed the premises licence/club premises certificate

I have enclosed the relevant part of the premises licence/  
club premises certificate

I have included a copy of the plan  
(necessary if the proposed variation will affect the layout)

If you have not ticked one of the previous three boxes, please explain why in the box below.

**Reasons why you have not enclosed the premises licence/club premises certificate or relevant parts.**

**Any further information to support your application. (See Guidance Note 4)**

Please see plan numbers 549FIRST/Q/4A/BWSL/002 and 549SECOND/Q/4A/BWSL/002.

**CHECKLIST:**

Please tick to indicate agreement

- I have made or enclosed payment of the fee.
- I have enclosed the plan, if appropriate, of the premises in scale [1mm to 100mm], unless otherwise agreed with the licensing authority.
- I have enclosed the premises licence/club premises certificate or relevant part of it or provided an explanation.
- I understand that if I do not comply with the above requirements my application will be rejected.
- I understand that I am required to advertise my application by posting a white notice at or on the premises for ten consecutive days commencing on, and including the day after the day when my application is given to the licensing authority.

IT IS AN OFFENCE, LIABLE ON SUMMARY CONVICTION TO A FINE NOT EXCEEDING 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 5 – Signatures and Contact Details**

(See Guidance Note 5)

**Premises Licence:** Signature of applicant (the current premises licence holder) or applicant's solicitor or other duly authorised agent (see Guidance Note 6). If signing on behalf of the applicant, please state your name and in what capacity you are authorised to sign:

Signature:



Date: 29/11/2012

Capacity: I/We (insert full name and capacity) SOLICITORS

sign on behalf of and have authority to bind the applicant.

**Where the premises licence is jointly held, signature of 2<sup>nd</sup> applicant (the current premises licence holder) or 2<sup>nd</sup> applicant's solicitor or other authorised agent (See Guidance Note 7). If signing on behalf of the applicant, please state in what capacity.**

Signature:

Date:

Capacity: I/We (insert full name and capacity)

sign on behalf of and have authority to bind the applicant.

**Where the premises is a club**

I (insert full name) \*\*\*\*\* make this application on behalf of the club and have authority to bind the club.

Signature:

Date:

Capacity: I/We (insert full name and capacity)

sign on behalf of and have authority to bind the applicant.

Contact name (where not previously given) and address for correspondence associated with this application. (See Guidance Note 8)	
	mail