

* 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

Not Currently In Use

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

Your reference

109500.7225

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

WM MORRISON SUPERMARKETS PLC

* Family name

WM MORRISON SUPERMARKETS PLC

* E-mail

[REDACTED]

Main telephone number

[REDACTED]

Include country code.

Other telephone number

[REDACTED]

 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.

Applicant Business

* Is the applicant's business registered in the UK with Companies House?

 Yes No

* Registration number

00358949

* Business name

WM MORRISON SUPERMARKETS PLC

If the applicant's business is registered, use its registered name.

* VAT number

GB 343475355

Put "none" if the applicant is not registered for VAT.

* Legal status

Public Limited Company



Continued from previous page...

* Applicant's position in the business LICENSING

Home country United Kingdom

The country where the applicant's headquarters are.

Registered Address

Address registered with Companies House.

* Building number or name
* Street
District
* City or town
County or administrative area
* Postcode
* Country United Kingdom

Agent Details

* First name GOSSCHALKS SOLICITORS

* Family name GOSSCHALKS SOLICITORS

* E-mail

Main telephone number

Include country code.

Other telephone number

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 sole trader is a business owned by one person without any special legal structure.

A private individual acting as an agent

Agent Business

* Is your business registered in the UK with Companies House? Yes No

* Is your business registered outside the UK? Yes No

* Business name GOSSCHALKS SOLICITORS

If your business is registered, use its registered name.

* VAT number GB 433613472

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

* Legal status Partnership

Continued from previous page...

* Your position in the business

Home country

The country where the headquarters of your business is located.

Agent Business Address

If you have one, this should be your official address - that is an address required of you by law for receiving communications.

* Building number or name

* Street

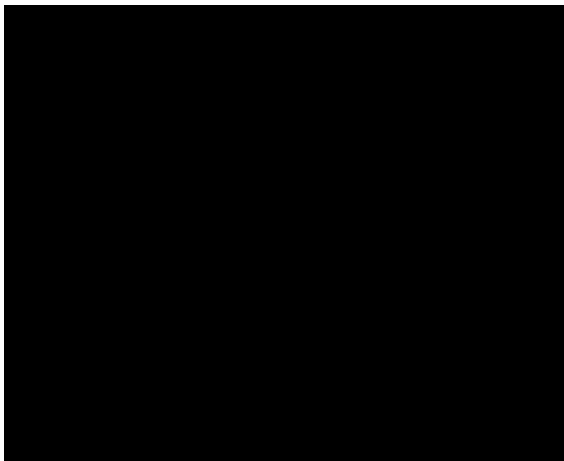
District

* City or town

County or administrative area

* Postcode

* Country



Section 2 of 4

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

* Street

District

* City or town

County or administrative area

Postcode

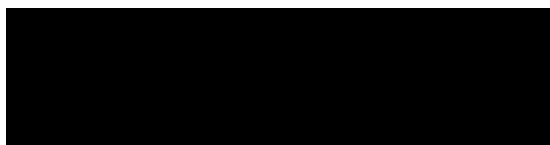
* Country

Contact Details

E-mail

Telephone number

Other telephone number



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

Continued from previous page...

SUPERMARKET

Section 3 of 4

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

ATTACHMENTS

AUTHORITY POSTAL ADDRESS

Continued from previous page...

Address

Building number or name	<input type="text"/>
Street	<input type="text"/>
District	<input type="text"/>
City or town	<input type="text"/>
County or administrative area	<input type="text"/>
Postcode	<input type="text"/>
Country	<input type="text" value="United Kingdom"/>

DECLARATION

* I/we understand it is an offence, liable on conviction to a fine up to 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.

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?"

Signature Of Applicant Or Applicant's Solicitor

* Full name	<input type="text"/>
* Capacity	<input type="text"/>
Date (dd/mm/yyyy)	<input type="text"/>

Joint Applicants, Signature Of Second Applicant Or Second Applicants Solicitor

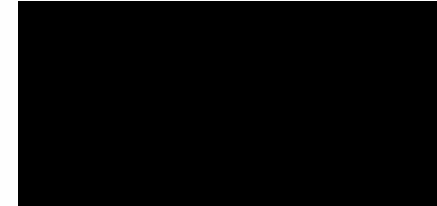
* Full name	<input type="text"/>
* Capacity	<input type="text"/>
Date (dd/mm/yyyy)	<input type="text"/>

Consent of individual to being specified as premises supervisor

Tim Asher Javed

[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

Variation of the Designated Premises Supervisor

[type of application]

by

Wm Morrison Supermarkets Plc

[name of applicant]

relating to a premises licence

LN/000005928/2015/8

[number of existing licence, if any]

for

Wm Morrison Supermarkets Plc
Unit 1
Trident Point
19 Pinner Road
Harrow
HA1 4FR

[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

Wm Morrison Supermarkets Plc

[name of applicant]

concerning the supply of alcohol at

Unit 1
Trident Point
19 Pinner Road
Harrow
HA1 4FR

[name and address of premises to which application relates]

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

Personal licence number

WK/000020463

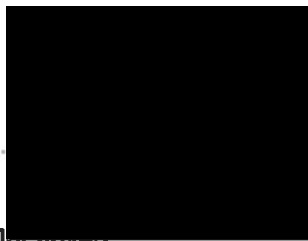
[insert personal licence number, if any]

Personal licence issuing authority

Welwyn Hatfield District Council

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

Signed



Name (please print)

Tim Asher

Date

16/05/2016