

Harrow

Application to vary a premises licence to specify an individual as designated premises supervisor Licensing Act 2003

For help contact

licensing harrow.gov.uk

Telephone: 020 8901 2600

required information

Section 1 of 4		
You can save the form	at any time and resume it later. You do not r	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	MCJ/MJM/98454.7520	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?		Put "no" if you are applying on your own behalf or on behalf of a business you own or
Yes	C No	work for.
Applicant Details		
# First name	WM MORRISON SUPERMARKETS PL	С
# Family name	WM MORRISON SUPERMARKETS PL	С
# E-mail		
Main telephone numbe	er	Include country code.
Other telephone numb	er	
Indicate here if the	ne applicant would prefer not to be contacte	ed by telephone
Is the applicant:		
Applying as a but	siness or organisation, including as a sole tra	•
← Applying as an in	dividual	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		ONDON BOROUGH OF HARROW
* Is the applicant's busi registered in the UK wit Companies House?		(
* Registration number	00358949	COMMUNITY SAFETY SERVICES
* Business name	WM MORRISON SUPERMARKETS PL	I II THE ANNIE AT CONTINESS IS TENISTED TISE
* VAT number	5B 343475355	Put "none" if the applicant is not registered for VAT.
* Legal status	Public Limited Company	

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* 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	HILMORE HOUSE	
* Street	GAIN LANE	
District		
* City or town	BRADFORD	
County or administrative area		
* Postcode	BD3 7DL	
* Country	United Kingdom	
Agent Details		
* First name		
* Family name		
# E-mail		
Main telephone number		Include country code.
Other telephone number		
☐ Indicate here if you wou	ald prefer not to be contacted by telephone	
Are you:		
 An agent that is a busin 	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 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	

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	LICENSING	1
*Your position in the business	LICENSING	The court would are the best discount of the court
Home country	United Kingdom	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
* Building number or name	61	by law for receiving communications.
* Street	QUEENS GARDENS	
District		
* City or town	HULL	
County or administrative area		
* Postcode	HU1 3DZ	
* Country	United Kingdom	
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	LN/000000732/2016/16	
Are you able to provide a posta	al address, OS map reference or description of t	he premises?
	p reference C Description	
Address		
* Building number or name	MORRISONS	
* Street	299 UXBRIDGE ROAD	
District	HATCH END	
* City or town	PINNER	
County or administrative area	MIDDLESEX	
Postcode	HA5 4QT	
* Country	United Kingdom	
Contact Details		
E-mail		
Telephone number		
Other telephone number		
Describe the premises. For example, what type of premises it is		

SUPERMARKET		
Section 3 of 4		
SUPERVISOR		
Full Name Of Proposed Desi	gnated Premises Supervisor	
* First name	MOHSIN]
* Family name	KHAN]
Personal licence number of		-
proposed designated premises supervisor	296323	
premises supervisor		
Issuing authority of that licence	LONDON BOROUGH OF BRENT	
Full Name Of Existing Desig	nated Premises Supervisor	
First name	DARYL	
Family name	BLACK]
* 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?		
C Yes	No No	
* Reasons why the premises li	cence or relevant part of it will not be submitted	d with this application
PLEASE NOTE THAT THE ORIG	INAL PREMISES LICENCE HAS BEEN FORWARDE	D TO YOU WITH A SUBSTITUTION OF PLANS.
be supplied to the authority?	the proposed designated premises supervisor	1
C Electronically, by the pro	pposed designated premises supervisor	
 As an attachment to this 	variation	
		If the consent form is already submitted, ask
Reference number for consen form (if known)		the proposed designated premises supervisor for its 'system reference' or 'your
		reference'
Section 4 of 4		
PAYMENT DETAILS		

Mes

Consent of individual to being specified as premises supervisor

ses supervisor]
s supervisor]
consent to be specified as the designated premises lication for
emises Supervisor
lc .
LN/00000732/2015/15 [number of existing licence, if any]
lc
ch the application relates]
i cli

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	
299 Uxbridge Road Hatch End HA5 4QT		
•	ses 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 numbe 296323	r	
[insert personal licence numb	er, if any]	
Personal licence issuing	authority	
London Borough of Bre	ent	
[insert name and address and telephone number of personal licence issuing authority, if any]		
Signed		
Name (please print)	Mohsin Khan	
Date	1/7/16	