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Harrow

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

For help contact licensing@barrow.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 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	LK	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 be		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	Marks & Spencer Plc	
* Family name	As above	
* E-mail		
Main telephone number		Include country code.
Other telephone number		
🛛 Indicate here if the appl	licant would prefer not to be contacted by tele	phone
Is the applicant:		
Applying as a business	or organisation, including as a sole trader	A sole trader is a business owned by one
Applying as an individu	al	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 C No	Note: completing the Applicant Business section is optional in this form.
Registration number	gistration number 00214436	
Business name	Marks & Spencer Plc	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	2 J JAN 2017

Continued from previous page		
Applicant's position in the business	Owners/Operators	
Home country	United Kingdom	The country where the applicant's headquarters are.
Registered Address		Address registered with Companies House.
Building number or name	Waterside House	
Street	35 North Wharf Road	
District		
City or town	London	
County or administrative area		
Postcode	W2 1NW	
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	ld prefer not to be contacted by telephone	
Are you:		
An agent that is a busine	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 acti 	ng as an agent	person without any special regarstracture.
Agent Business		
Is your business registered in the UK with Companies House?	(● Yes	Note: completing the Applicant Business section is optional in this form.
Registration number		
Business name	Blake Morgan 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	

Continued from previous page		_
Your position in the business	Licensing Support Manager]
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]
Street]
District]
City or town]
County or administrative area]
Postcode		
Country]
Section 2 of 4		
PREMISES DETAILS		
I/we apply to vary a premises li section 37 of the Licensing Act	icence to specify the individual named in this a 2003.	pplication as the premises supervisor under
* Premises licence number	LN/00000718/2016/11]
Are you able to provide a posta	al address, OS map reference or description of	the premises?
	p reference C Description	
Address		
* Building number or name	Marks & Spencer]
* Street	31 St Anns Road]
District]
* City or town	Harrow]
County or administrative area]
Postcode	HA1 1NB	
* Country	United Kingdom]
Contact Details		
E-mail]
Telephone number]
Other telephone number]
Describe the premises. For exa	mple, what type of premises it is	

Continued from previous page		
Store with licensed premises		
Section 3 of 4		
SUPERVISOR		
Full Name Of Proposed Desig	gnated Premises Supervisor	
* First name	Sean Desmond	
* Family name	McNally	
Personal licence number of	1	÷.
proposed designated premises supervisor	LN/000013764	
lssuing authority of that licence	Three Rivers District Council	
Full Name Of Existing Design	ested Duomicos Funemicou	
Full Name Of Existing Design		
First name	Ann	
Family name	Pink	
* Would you like this applicati the Licensing Act 2003?	on to have immediate effect under section 38 of	-
Yes	∩ No	
* Will the premises licence or r application?	elevant part of it be submitted with this	
Yes	No	
How will the consent form of t be supplied to the authority?	he proposed designated premises supervisor	
← Electronically, by the pro	posed designated premises supervisor	
As an attachment to this	variation	
	If the consent form is already submitted, a	
Reference number for consent form (if known)		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	uthority. If you complete the application online,	you must pay it by debit or credit card.
This formality requires a fixed	fee of £23	
DECLARATION		
	nce, liable on conviction to a fine up to level 5 or false statement in or in connection with this ap	

Continued from previous page	
🛛 Ticking this box indica	tes you have read and understood the above declaration
This section should be comple behalf of the applicant?"	eted by the applicant, unless you answered "Yes" to the question "Are you an agent acting on
* Full name	Blake Morgan LLP
* Capacity	Solicitors for the applicant
* Date	20 / 01 / 2017 dd mm yyyy
	Remove this signatory
	Add another signatory
OFFICE USE ONLY	
Applicant reference number	LK
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 >

New DPS Consent Form England and Wales

The role of the DPS ideally needs to be held by the Store Manager (or Food Commercial Manager in Premier & Major Stores)

ull name of Designated Premises Supervisor:	SEAN	DECREDAD	MCINALLY
	0000	DB3INUIA D	
			10
I hereby confirm that I give my consent to		l as the designated ation for:	premises supervisor in relation to the
VARIATION OF THE PREMISES LICENCE TO CH PLC / MA RKS & SPENCER SI	MPLY FOOL		a Premises Licence for:
insert name and address of premises to which $MAKS \& SPENCER$, $31 ST PP$	the adolica	tion relates togeth	er with the Premises Licence number]
And any premises licence to be granted or v MARKS & SPENCER SIMPL	LY FOODS L	TD concerning the	supply of alcohol at:-
MARKS & SPENCER, 31	ST AN	US ROAD, HA	frrow hat ind
[insert name and addr	ess of prem	ises to which the a	pplication relates]
also confirm that I am applying for, intend to elow:-			personal licence, details of which I set out
Personal Licence number 4N/00001	3766	t	
Name of Issuing Authority THREE RIVE	RS D15	TRICT COUN	OCIL
signed			
ull name (please print). SEAN DESMO	IND M	CNALLY	
		Date	09-01-17