

Harrow

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

For help contact

<u>licensing@harrow.gov.uk</u> Telephone: 020 8901 2600

* required information

Section 1 of 4		
	time and resume it later. You do not need to	be lagged 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/VHT/109500.9981	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 b • Yes	pehalf of the applicant?	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	victoria_turner@gosschalks.co.uk	
Main telephone number	01482 324252	Include country code.
Other telephone number		
☐ Indicate here if the app	olicant would prefer not to be contacted by te	lephone
Is the applicant:		
Applying as a businessApplying as an individ	s or organisation, including as a sole trader ual	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?	YesNo	Note: completing the Applicant Business section is optional in this form.
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	

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Applicant's position in the		1
business	Licensing	
		The country where the applicant's
Home country	United Kingdom	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	Gosschalks Solicitors	
* Family name	Gosschalks Solicitors	
* E-mail	victoria_turner@gosschalks.co.uk	
Main telephone number	01482 324252	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 business or organisation, including a sole trader A sole trader is a business owned by one person without any special logal structure.		A sole trader is a business owned by one person without any special legal structure.
 A private individual actir 	ng as an agent	person without any special legal structure.
Agent Business		
Is your business registered in the UK with Companies House?		Note: completing the Applicant Business section is optional in this form.
Is your business registered outside the UK?	○ Yes	
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	Licensing	
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
Building number or name	61	address - that is an address required of you 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 I section 37 of the Licensing Act		application as the premises supervisor under
* Premises licence number	LN/000005928/2017/12	
Are you able to provide a post	al address, OS map reference or description c	f the premises?
AddressOS ma	p reference O Description	
Address		
* Building number or name	Morrisons	
* Street	Unit 1, Trident Point, 19 Pinner Road	
District		
* City or town	Harrow	
County or administrative area		
Postcode	HA1 4FR	
* Country	United Kingdom	
Contact Details		
E-mail	victoria_turner@gosschalks.co.uk	
Telephone number	01482 324252	
Other telephone number		
Describe the premises. For exa	mple, what type of premises it is	

Continued from previous page		
Supermarket		
Coation 2 of 4		
Section 3 of 4 SUPERVISOR		
Full Name Of Proposed Desi	gnated Premises Supervisor	
* First name	Daniel Ross	
* Family name	Farrell	
* Nationality		
* Place of birth		
* Date of birth		
Personal licence number of		
proposed designated premises supervisor	WK20495/070410	
Issuing authority of that licence	Welwyn Hatfield Borough Council	
Full Name Of Existing Designated Premises Supervisor		
First name	Phillip Andrew	
Family name	Taylor	
* Would you like this applicati the Licensing Act 2003?	on to have immediate effect under section 38 of	The premises licence holder can continue the supply of alcohol if, for example, the existing premises supervisor is suddenly
Yes	○ No	indisposed or unable to work.
☑ I will notify the existin	g premises supervisor (if any) of this application	It is sufficient for the licensee to inform the existing premises supervisor in writing, without sharing the specific details of the application.
* Will the premises licence or application?	relevant part of it be submitted with this	
Yes	○ No	
How will the consent form of the supplied to the authority?	he proposed designated premises supervisor	
C Electronically, by the proposed designated premises supervisor		
As an attachment to this	variation	

Continued from previous page	Reference number for consent form (if known)
If the consent form is already so the proposed designated prem supervisor for its 'system refere reference'	nises
Section 4 of 4	
PAYMENT DETAILS	
·	thority. If you complete the application online, you must pay it by debit or credit card.
This formality requires a fixed f	ee of £23
DECLARATION	
I/we understand it is an offen statement in or in connection	ce, liable on conviction to a fine under section 158 of the licensing act 2003, to make a false with this application.
I/WE UNDERSTAND THAT IT IS AN OFFENCE, UNDER SECTION 158 OF THE LICENSING ACT 2003, TO MAKE A FALSE STATEMENT IN OR IN CONNECTION WITH THIS APPLICATION. THOSE WHO MAKE A FALSE STATEMENT MAY BE LIABLE ON SUMMARY CONVICTION TO A FINE OF ANY AMOUNT. [APPLICABLE TO INDIVIDUAL APPLICANTS ONLY, INCLUDING THOSE IN A PARTNERSHIP WHICH IS NOT A LIMITED LIABILITY PARTNERSHIP, BUT NOT COMPANIES OR LIMITED LIABILITY PARTNERSHIPS] IT IS AN OFFENCE UNDER SECTION 24B OF THE IMMIGRATION ACT 1971] FOR A PERSON TO WORK WHEN THEY KNOW, OR HAVE REASONABLE CAUSE TO BELIEVE, THAT THEY ARE DISQUALIFIED FROM DOING SO BY REASON OF THEIR IMMIGRATION STATUS. THOSE WHO EMPLOY AN ADULT WITHOUT LEAVE OR WHO IS SUBJECT TO CONDITIONS AS TO EMPLOYMENT WILL BE LIABLE TO A CIVIL PENALTY UNDER SECTION 15 OF THE IMMIGRATION, ASYLUM AND NATIONALITY ACT 2006 AND, PURSUANT TO SECTION 21 OF THE SAME ACT, WILL BE COMMITTING AN OFFENCE WHERE THEY DO SO IN THE KNOWLEDGE, OR WITH REASONABLE CAUSE TO BELIEVE, THAT THE EMPLOYEE IS DISQUALIFIED.	
☐ Ticking this box indicate	es you have read and understood the above declaration
This section should be complete behalf of the applicant?"	ted by the applicant, unless you answered "Yes" to the question "Are you an agent acting on
* Full name	Gosschalks
* Capacity	Solicitors on behalf of the Applicant
* Date	17 / 12 / 2018 dd mm yyyy
	Remove this signatory
Full name	
Capacity	
* Date	dd mm yyyy Remove this signatory
	Add another signatory

OFFICE USE ONLY		
Applicant reference number	MCJ/VHT/109500.9981	
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		
1 <u>2</u> <u>3</u> <u>4</u>	Next >	

Consent of individual to being specified as premises supervisor

Daniel Ross Farrell	
[full name of prospective prem	ises supervisor]
of	
[home address of prospective premis	res supervisor]
	consent to be specified as the designated premises
Variation of the Designated P	remises Supervisor
[type of application]	
by	
Wm Morrison Supermarkets F	Pic
[name of applicant]	
	LN/00005928/2017/11
relating to a premises licence	[number of existing licence, if any]
for	
Main Store Unit 1 Trident Point 19 Pinner Road Harrow HA1 4FR	
[name and address of premises to wh	nich the application relates]

by	nce to be granted or varied in respect of this application made
Wm Morrison Superm	narkets Plc
[name of applicant]	•••••••••••••••••••••••••••••••••••••••
concerning the supply	of alcohol at
Main Store	
Unit 1 Trident Point	
19 Pinner Road Harrow	
HA1 4FR	
[name and address of prem	ises to which application relates]
I also confirm that I an intend to apply for or below.	n entitled to work in the United Kingdom and am applying for, currently hold a personal licence, details of which I set out
Personal licence numb	er
WK20495/070410	
[insert personal licence num	ber, if any]
Personal licence issuin	g authority
Welwyn Hatfield Borou	ugh Council
[insert name and address an	d telephone number of personal licence issuing authority, if any]
Signed	
Name (please print)	Daniel Ross Farrell
_	
Date	10-12-18