Application to vary a premises licence to specify an individual as designated premises supervisor 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. 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 written or typed in black ink. Use additional sheets if necessary. You may wish to keep a copy of the completed form for your records.

I/ we LidI UK GmbH

being the premises licence holder, apply to vary a premises licence to specify the individual named in the application as the premises supervisor under section 37 of the Licensing Act 2003

Premises Licence Number		
LN/00000697/2009/5		

Part 1 - Premises Details	
Postal Address of premises or, if none, orc	Inance survey map reference or description
51-55 High Street	
Edgware	
Post town	Post code
Middlesex	
	HA8 7ES
Telephone Number (if any)	

Description of Premises (please read guidance note 1) Supermarket



Full name of proposed designated premises supervisor

Part 2

lan Martin

Personal licence number of proposed designated premises supervisor and issuing authority of that licence (if any)

LN/000007908/2015/1 issued by London Borough of Harrow

Full name of existing designated premises supervisor

Desmond Osei Prempeh

Please tick yes

I would like this application to have immediate effect under section 38 of the Licensing Act 2003

I have enclosed the premises licence or relevant part of it

(If you have not enclosed the premises licence, or relevant part of it, please give reasons why not)

Reasons why I have failed to enclose the premises licence or relevant part of it

	Please tick yes
I have made or enclosed the relevant fee	2
I will give a copy of this application to the chief officer of police	2
I have enclosed the consent form completed by the proposed premises supervisor	L
I have enclosed the premises licence, or relevant part of it or explanation	<u> </u>
I will give a copy of this form to the existing premises supervisor, if any	
I understand that if I do not comply with the above requirements my application will be	rejected 🖸

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

Part 3 - Signatures (please read guidance note 2)

Signature of applicant or applicant's solicitor or other duly authorised agent (see guidance note 3). If signing on behalf of the applicant, please state in what capacity

Signature				
Date	30/06/2015			
Capacity	Licensing Ma	anager		
For joint appli authorised age capacity	cants Signature ent (see guidance	of 2nd applicant or 2nd e note 4). If signing on b	applicant's sol ehalf of the app	icitor or other duly licant, please state in what
Signature	<u> </u>			
Date				
Capacity				
Licensing Dep Lidl UK Gmb	artment	au guidance note 5)	address for co	rrespondence associated
Weston-Supe	er-Mare			Post code BS24 7TG
TELEPHONE N Daytime				
Fax	SS (if you would	prefer us to correspon	d with you by a	mail)
				-iiiaii <i>)</i>

NOTES

- 1. Describe the premises. For example, the type of premises it is
- The application form must be signed
 An applicant's agent (for example solicitor) may sign the form on their behalf provided that they have the actual authority to do so
- 4. Where there is more than one applicant, both applicants or their respective agents must sign the
- 5. This is the address which we shall use to correspond with you about this application

Consent of individual to being specified as premises supervisor

MARTIN IAN L [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 **Premises Licence** _____ [type of application] by LidI UK GmbH [name of applicant] LN 00006697 200915 [number of existing licence, if any] relating to a premises licence for SI-SS High St Edgware HAB 7ES

[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

Lidl UK GmbH

[name of applicant]

concerning the supply of alcohol at

SI-55+ligh St

Ecguacie

HA8 765

[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

[insert personal licence number, if any]

Personal licence issuing authority

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

Signed	
Name (please print)	IAN MARTIN
Date	30/6/15