# 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/00000696/2014/4	

Postal Address of premises or, if none, ordna 80-82 The Broadway	
Stanmore	
Post town	Post code
Middlesex Telephone Number (if any)	HA7 4DU

Description of Premises (please read guidance note 1) Supermarket



#### Part 2

## Full name of proposed designated premises supervisor

#### Phillip Andrew Heybourn

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

# 05PH-00AQ-KKNR-A9M4 issued by London Borough of Harrow

Full name of existing designated premises supervisor

I have enclosed the premises licence or relevant part of it

lan Martin

Please tick yes I have made or enclosed the relevant fee  $\checkmark$ I will give a copy of this application to the chief officer of police

(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

• I have enclosed the consent form completed by the proposed premises supervisor 1 I have enclosed the premises licence, or relevant part of it or explanation [] I will give a copy of this form to the existing premises supervisor, if any 2

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** 

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

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 Manager		
For joint applic authorised age capacity	cants Signature of 2nd a ant (see guidance note 4)	applicant or 2nd applicant's sol . If signing on behalf of the app	icitor or other duly licant, please state in what
Signature			
Date			
Capacity			
Contact name with this applic Licensing Dep Lidl UK Gmb	cation (please read guida artment	iven) and postal address for co nce note 5)	rrespondence associated
Locking Cas	tle Business Park		
West Wick			
Post town			Post code
Weston-Sup			BS24 7TG
TELEPHONE N Daytime	UMBERS		
Fax			
E-MAIL ADDRE	SS (if you would prefer	us to correspond with you by e	-mail)

#### 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

Ecylware

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