

**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 Lidl 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/000000697/2015/7**

**Part 1 - Premises Details**

**Postal Address of premises or, if none, ordnance survey map reference or description**

**51-55 High Street**  
**Edgware**

<b>Post town</b> <b>Middlesex</b>	<b>Post code</b> <b>HA8 7ES</b>
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**Telephone Number (if any)**

**Description of Premises (please read guidance note 1)**

**Supermarket**

**Part 2**

**Full name of proposed designated premises supervisor**

**Beata Hubisz** [REDACTED]

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

**467882 issued by Brent Council**

**Full name of existing designated premises supervisor**

**Ernest Komla Anipa**

**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**

[Empty box for reasons why failed to enclose licence]

**Please tick yes**

I have made or enclosed the relevant fee

I will give a copy of this application to the chief officer of police

I have enclosed the consent form completed by the proposed premises supervisor

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

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**

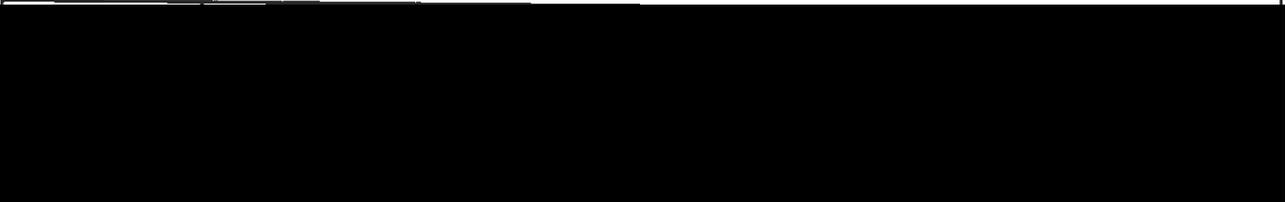
**Part 3 - Signatures (please read guidance note 2)**

**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** 06/12/2016  
**Capacity** Licensing Manager

**For joint applicants Signature of 2nd applicant or 2nd applicant's solicitor or other duly authorised agent (see guidance note 4). If signing on behalf of the applicant, please state in what capacity**

**Signature** \_\_\_\_\_  
**Date** \_\_\_\_\_  
**Capacity** \_\_\_\_\_

<b>Contact name (where previously not given) and postal address for correspondence associated with this application (please read guidance note 5)</b> Licensing Department Lidl UK GmbH Locking Castle Business Park West Wick	
<b>Post town</b> Weston-Super-Mare	<b>Post code</b> BS24 7TG
<b>TELEPHONE NUMBERS</b> 	

**NOTES**

1. Describe the premises. For example, the type of premises it is
2. The application form must be signed
3. 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

I X Beata Hubisz  
[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

DPS variation  
[type of application]

by

Wd UK GmbH  
[name of applicant]

relating to a premises licence UN10000006971 2015/7  
[number of existing licence, if any]

for

SI-SS High St  
Edgware  
HA8 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 Lidl UK GmbH

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*[name of applicant]*

concerning the supply of alcohol at

SI-SS High St  
Edgware  
HAG 7ES

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*[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

467882

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*[insert personal licence number, if any]*

Personal licence issuing authority

Brent Council

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

Signed

X



Name (please print)

X

BEATA KUBISZ

Date

31/2/16