

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/000000698/2015/10

Part 1 - Premises Details

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

69 Bridge Street

Pinner

Post town

Middlesex

Post code

HA5 3HZ

Telephone Number (if any)

Description of Premises (please read guidance note 1)

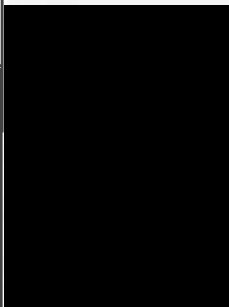
Supermarket



Part 2

Full name of proposed designated premises supervisor

Lewis Richardson



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

15/038672 issued by Central Bedfordshire District Council

Full name of existing designated premises supervisor

Ian Martin

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 providing reasons for not enclosing the premises licence or relevant part of it.

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

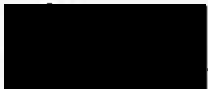
I understand that if I do not comply with the above requirements my application will be rejected

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

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.

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 05/12/2017 _____
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

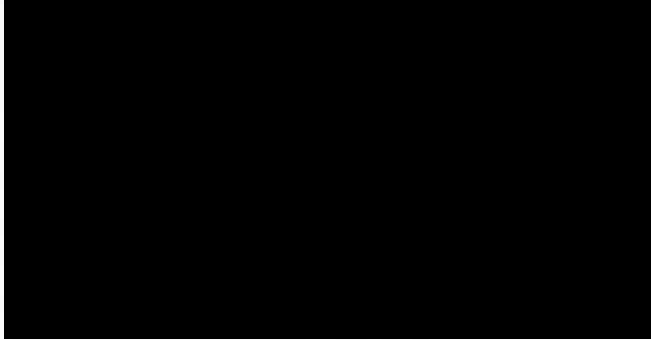
Signature _____
Date _____
Capacity _____

Contact name (where previously not given) and postal address for correspondence associated with this application (please read guidance note 5)	
Licensing Department Lidl UK GmbH Locking Castle Business Park West Wick	
Post town Weston-Super-Mare	Post code BS24 7TG
TELEPHONE NUMBERS	
Daytime	01934 523121
Fax	01934 523178
E-MAIL ADDRESS (if you would prefer us to correspond with you by e-mail)	
licensing@lidl.co.uk	

Consent of individual to being specified as premises supervisor

I LEWIS RICHARDSON
[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

Ops variation
[type of application]

by

Lidl UK GmbH

.....
[name of applicant]

relating to a premises licence

15/0886724 LN/000000698/2015/10
[number of existing licence, if any]

for

69 BRIDGE STREET
PINNER
MIDDLESEX
HA5 3HZ.

L10L Pinner

.....
[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

69 BROOKE STREET
PINNOR
MIDDLESEX
HA5 3HZ

[name and address of premises to which application relates]

I also confirm that I am entitled to work in the United Kingdom and am applying for, intend to apply for or currently hold a personal licence, details of which I set out below.

Personal licence number

15/038672

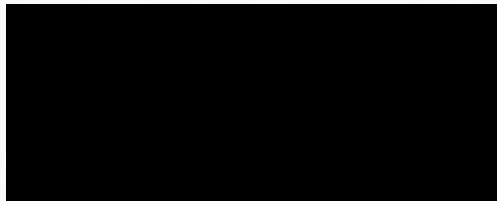
[insert personal licence number, if any]

Personal licence issuing authority

Central Bedfordshire D.C.

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

Signed



Name (please print)

LEWIS RICHARDSON

Date

16/11/17