

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/000000697/2016/8

Part 1 - Premises Details

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

51-55 High Street

Edgware

Post town

Middlesex

Post code

HA8 7ES

Telephone Number (if any)

Description of Premises (please read guidance note 1)

Supermarket

HARROW COUNCIL
RECEIVED

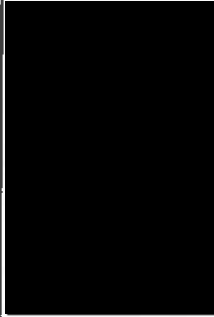
23 FEB 2018

Service Support

Part 2

Full name of proposed designated premises supervisor

Adam Kareem Shafei



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

1168884 issued by Brent Council

Full name of existing designated premises supervisor

Beata Hubisz

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

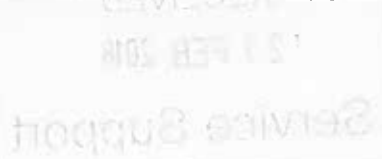
I will give a copy of this application to the chief officer of police

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

22/02/2018

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 ADAM SHAFEEI
[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

Lidl UK GmbH

[name of applicant]

relating to a premises licence LN/000000697/2017/9
[number of existing licence, if any]

for

51-55 High St
Edgware
HAB TES

[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-SS High St
Edgware.

[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

1168884

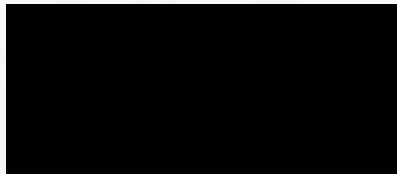
[insert personal licence number, if any]

Personal licence issuing authority

LONDON BOROUGH OF BRENT

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

Signed



Name (please print)

ADAM SHAFEI

Date

19/2/18.