Application to transfer premises licence to be granted 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 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 Great Britain Limited (insert name of applicant) apply to transfer the premises licence described below under section 43 of the Licensing Act 2003 for the premises described in Part I below Premises Licence Number LN/000000696/2018/12 Part 1 - Premises details Postal address of premises or, if none, ordnance survey map reference of description 80-82 The Broadway Stanmore Middlesex Post town Post code HA7 4DU Telephone number at premises (if any) Please give a brief description of the premises (see note 1) Supermarket Name of current premises licence holder Lidl UK GmbH Part 2 - Applicant Details In what capacity are you applying for the premises licence to be transferred to you? Please tick ✓ yes a) an individual or individuals* please complete section (A) b) a person other than an individual* i as a limited company/ limited liability partnership please complete section (B) ii as a partnership (other than limited liability please complete section (B) iii as an unincorporated association or please complete section-(B)

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iv other (for example statutory corporation)	please complete section (B)	
c) a recognised club	please complete section (B)	
d) a charity	please complete section (B)	
e) the proprietor of an educational establishment	please complete section (B)	
f) a health service body	please complete section (B)	
g) an individual who is registered under Part 2 of the Care Standards Act 2000 (c14) in respect of an independent hospital in Wales	please complete section (B)	
ga) a person who is registered under Chapter 2 of Part 1 of the Health and Social Care Act 2008 (within the meaning of that Part) in respect of an independent hospital in England	please complete section (B)	
* If you are applying as a person described in (a) or (b) pl	lease confirm:	
	Please tick yes	
 I am carrying on or proposing to carry on a b of the premises for licensable activities; or 	ousiness which involves the use	V
I am making the application pursuant to a		
 statutory function or a function discharged by virt 	tue of Her Majesty's prerogative	
(A) INDIVIDUAL APPLICANTS (fill in as applicable)		
Mr Mrs Miss Ms	Other title (for example, Rev)	
Surname F	First names	(4)
	E	
Date of birth I am Nationality	Please tick Note: The second of the second	✓yes
Current residential address if different from premises		

address			
Post town		Post code	
Daytime contact tele	phone number		
Email address optional)			40
SECOND INDVIDU	AL APPLICANT (fill in a	as applicable)	
Mr Mrs	Miss Ms		Other title (for example, Rev)
Surname		First names	
Date of birth Nationality Current esidential ddress if lifferent from oremises ddress		I am 18 years old or o	Please tick ✓ yes
Post town		Post code	
aytime contact telep	hone number		
Email address optional)			

(B) OTHER APPLICANTS

Please provide name and registered address of applicant in full. Where appropriate please give any registered number. In the case of a partnership or other joint venture (other than a body corporate), please given the name and address of each party concerned.

Name Lidl Great Britain Limited	
Address	*=
19 Worple Road	
Wimbledon	
London SW19 4JS	
SW 19 435	
Registered number (where applicable)	
02816429	
Description of applicant (for example partnership, comp	any, unincorporated associated etc.)
Limited Company	
Telephone number (if any) 01174 280315	
Email address (optional) licensing@lidl.co.uk	
Part 3 Are you the holder of the premises licence under an interior	Please tick ✓ yes m authority notice?
Do you wish the transfer to take immediate effect?	
If not when would you like the transfer to take effect?	
	Day Month Year 0 1 0 3 2 0 1 9
	Please tick yes
I have enclosed the consent form signed by the existing p	remises licence holder
If you have not enclosed the consent form referred to aborstep have you taken to try and obtain the consent?	ve please give the reasons why not. What

	Please tick yes
If this application is granted I would be in a position to use the premises during the application period for the for licensable activity or activities authorised by the licence (see section 43 of the Licensing Act 2003)	
	Please tick ✓ yes
I have enclosed the premises licence	/
If you have not enclosed the premises licence referred to above please give the reasons wh	ıy not
I have made or enclosed payment of the fee	
 I have enclosed the consent form signed by the existing premises licence holder or my statement as to why it is not enclosed 	
• I have enclosed the premises licence or relevant part of it or explanation	✓
• I have sent a copy of this application to the chief officer of police today	V
I have sent a copy of this form to Home Office Immigration Enforcement today	✓
• [Applicable to all individual applicants, including those in a partnership which is not a limited liability partnership, but not companies or limited liability	
partnerships] I have included documents demonstrating my entitlement to work in the United Kingdom (please read note 2)	

IT IS AN OFFENCE, UNDER SECTION 158 OF THE LICENSING ACT 2003, TO MAKE A FALSE STATEMENT IN OR IN CONNECTION WITH THIS APPLICATION. THOSE WHO MAKE A FALSE STATEMENT MAY BE LIABLE ON SUMMARY CONVICTION TO A FINE OF ANY AMOUNT.

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.

I understand I am not entitled to be issued with a licence if I do not have the entitlement to live and work in the UK (or if I am subject to a condition preventing me from doing work relating to the carrying on of a licensable activity) and that my licence will become invalid if I cease to be entitled to live and work in the UK (please read guidance note 2)

Part 4 - Signatures (please read guidance note 3)

Ciamatuma

Signature of applicant or 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	17/01/2019	
Capacity	Licensing Consultant	
	ngent (please read guidance note	pplicants, second applicant's solicitor or other e 5). If signing on behalf of the applicant please
Signature		
Date		
Capacity		
	ne (where not previously given with this application (please rea	n) and postal address for correspondence ad guidance note 6)
Lidl Great I	Britain Limited	
Licensing D		
Palmer Ave	•	
Central Par		
Post town	Severn Beach	Post code BS35 4DF
Telephone r	number (if any)	01174 280315/ 316
If you would	l prefer us to correspond with	you by e-mail your e-mail address (optional)
licensing@li	dl.co.uk	

Consent of premises licence holder to transfer

I/we	Lidl UK GmbH	s licence holder(s)]	
the premises li	cence holder of pr	emises licence number	LN/00000696/2018/12 [insert premises licence number]
relating to Lid! UK GmbH 80-82 The Bro			
Stanmore Middlesex HA7 4DU [name and addres	s of premises to which	the application relates]	
		ansfer of premises licence	number
		LN/000000696/2018/12	
[insert premises li	cence number]		
to			
		Lidl Great Britain Limite	d
[full name of trans	feree].	70	
signed name			
(please print)	Andrew Wilkins,	Head of Licensing, Lidl UK	GmbH
dated	17/01/2019		