

201910004630

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 1 below

Premises Licence Number

LN/000000697/2018/10

Part 1 - Premises details

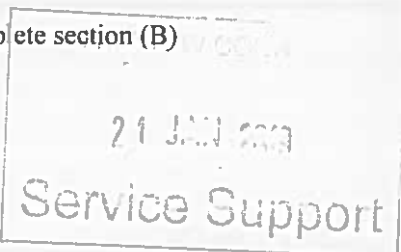
Postal address of premises or, if none, ordnance survey map reference of description 51-55 High Street	
Edgware Middlesex	
Post town	Post code HA8 7ES
Telephone number at premises (if any)	
Please give a brief description of the premises (see note 1) Supermarket	
Name of current premises licence holder 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)



- 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) please confirm:

Please tick  yes

- I am carrying on or proposing to carry on a business which involves the use of the premises for licensable activities; or
- I am making the application pursuant to a
  - statutory function or
  - a function discharged by virtue of Her Majesty's prerogative

**(A) INDIVIDUAL APPLICANTS (fill in as applicable)**

Mr  Mrs  Miss  Ms  Other title   
(for example, Rev)

**Surname**

**First names**

**Date of birth**  
**Nationality**  
**Current residential address if different from premises**

I am 18 years old or over  Please tick  yes

address

Post town

Post code

Daytime contact telephone number

Email address  
(optional)

**SECOND INDIVIDUAL APPLICANT (fill in as applicable)**

Mr  Mrs  Miss  Ms

Other title   
(for example, Rev)

Surname

First names

Date of birth

Nationality

Current residential address if different from premises address

I am 18 years old or over

Please tick  yes

Post town

Post code

Daytime contact telephone 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 give the name and address of each party concerned.

Name	<b>Lidl Great Britain Limited</b>
Address	<b>19 Worples Road Wimbledon London SW19 4JS</b>
Registered number (where applicable)	<b>02816429</b>
Description of applicant (for example partnership, company, unincorporated associated etc.)	<b>Limited Company</b>
Telephone number (if any)	<b>01174 280315</b>
Email address (optional)	<u><a href="mailto:licensing@lidl.co.uk">licensing@lidl.co.uk</a></u>

**Part 3**

Please tick  yes

Are you the holder of the premises licence under an interim 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
01	03	2019

Please tick  yes

I have enclosed the consent form signed by the existing premises licence holder

If you have not enclosed the consent form referred to above please give the reasons why not. What step have you taken to try and obtain the consent?

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 why 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
- 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)**

**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

**For joint applicants signature of second applicants, second applicant's solicitor or other authorised agent (please read guidance note 5). If signing on behalf of the applicant please state in what capacity**

Signature

Date

Capacity

**Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 6)**

**Lidl Great Britain Limited  
Licensing Department  
Palmer Avenue  
Central Park**

**Post town Severn Beach**

**Post code BS35 4DF**

**Telephone number (if any) 01174 280315/ 316**

**If you would prefer us to correspond with you by e-mail your e-mail address (optional)**

[licensing@lidl.co.uk](mailto:licensing@lidl.co.uk)

**Consent of premises licence holder to transfer**

I/we Lidl UK GmbH  
*[full name of premises licence holder(s)]*


the premises licence holder of premises licence number LN/000000697/2018/10  
*[insert premises licence number]*

relating to  
**Lidl UK GmbH**  
**51-55 High Street**

**Edgware**  
**Middlesex**  
**HA8 7ES**  
*[name and address of premises to which the application relates]*

hereby give my consent for the transfer of premises licence number  
LN/000000697/2018/10  
*[insert premises licence number]*

to  
Lidl Great Britain Limited  
*[full name of transferee].*

signed   
name  
(please print) Andrew Wilkins, Head of Licensing, Lidl UK GmbH

dated 17/01/2019