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# Harrow Application to vary a premises licence to specify an individual as designated premises supervisor Licensing Act 2003

For help contact

licensing@harrow.gov.uk Telephone: 020 8901 2600

Section 1 of 4		
You can save the form at any	time and resume it later. You do not need to	be logged in when you resume.
System reference	Not Currently In Use	This is the unique reference for this application generated by the system.
Your reference	DPS Change at Harrow Arts Centre	You can put what you want here to help you track applications if you make lots of them. It is passed to the authority.
Are you an agent acting on be	ehalf of the applicant? No	Put "no" if you are applying on your own behalf or on behalf of a business you own or work for.
Applicant Details		
* First name	Harrow Council	
* Family name	Harrow Arts Centre	
* E-mail	steve.reader@harrowarts.com	
Main telephone number	07716085435	Include country code.
Other telephone number	07716085435	
📋 Indicate here if you wou	Ild prefer not to be contacted by telephone	
Are you:		
<ul> <li>Applying as a business</li> <li>Applying as an individu</li> </ul>	or organisation, including as a sole trader al	A sole trader is a business owned by one person without any special legal structure. Applying as an individual means you are applying so you can be employed, or for some other personal reason, such as following a hobby.
Applicant Business		
Is your business registered in the UK with Companies House?	(● Yes ( No	Note: completing the Applicant Business section is optional in this form.
Registration number	OC407185	
Business name	Harrow Council	If your business is registered, use its registered name.
VAT number -	222421318	Put "none" if you are not registered for VAT.
Legal status	Public Body	
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Your position in the business	Operations Manager	
Home country	United Kingdom	The country where the headquarters of your business is located.
Registered Address		Address registered with Companies House.
Building number or name	Harrow Arts Centre	
Street	171 Uxbridge Road	
District		
City or town	Hatch End	
County or administrative area	Middlesex	
Postcode	HA54EA	
Country	United Kingdom	
Section 2 of 4	······································	
PREMISES DETAILS		
I/we apply to vary a premises li section 37 of the Licensing Act	cence to specify the individual named in this ap 2003.	oplication as the premises supervisor under
* Premises licence number	LN/00000625/2009/5	
Are you able to provide a posta	al address, OS map reference or description of t	he premises?
Address C OS ma	p reference C Description	
Address		
* Building number or name	Harrow Arts Centre	
* Street	171 Uxbridge Road	
District		
* City or town	Hatch End	
County or administrative area	Middlesex	
Postcode	HA54EA	
* Country	United Kingdom	
Contact Details		
E-mail	steve.reader@harrowarts.com	
Telephone number	07716085435	
Other telephone number		
Describe the premises. For example,	mple, what type of premises it is	

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Arts Centre, community, Theatre			
Arts Centre, community, meatre			
Section 3 of 4			
SUPERVISOR			
Full Name Of Proposed Desig	gnated Premises Supervisor		
* First name	Steven	]	
* Family name	Reader	]	
* Nationality			
* Place of birth		]	
* Date of birth			
	dd mm yyyy		
Personal licence number of	r		
proposed designated premises supervisor	2014/02086/02SPEN	j	
Issuing authority of that licence	Southampton City Council		
Full Name Of Existing Design	nated Premises Supervisor		
First name	Joanna		
Family name	Quinlan		
* Would you like this application the Licensing Act 2003?	on to have immediate effect under section 38 o	f	
Yes	∩ No		
* Will the premises licence or r application?	elevant part of it be submitted with this		
( Yes	C No		
How will the consent form of the proposed designated premises supervisor be supplied to the authority?			
Electronically, by the proposed designated premises supervisor			
C As an attachment to this variation			
Reference number for consent		If the consent form is already submitted, ask	
form (if known)		the proposed designated premises supervisor for its 'system reference' or 'your	
		reference'	
Section 4 of 4			
PAYMENT DETAILS			
This fee must be paid to the au	thority. If you complete the application online,	you must pay it by debit or credit card.	

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This formality requires a fixed fee of £23

## **ATTACHMENTS**

#### **AUTHORITY POSTAL ADDRESS**

Address			
Building number or name		]	
Street		]	
District		]	
City or town			
County or administrative area			
Postcode			
Country	United Kingdom		

### DECLARATION

I/WE UNDERSTAND THAT 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. (APPLICABLE TO INDIVIDUAL APPLICANTS ONLY, INCLUDING THOSE IN A PARTNERSHIP WHICH IS NOT A LIMITED LIABILITY PARTNERSHIP, BUT NOT COMPANIES OR LIMITED LIABILITY

PARTNERSHIPS] 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.

Ticking this box indicates you have read and understood the above declaration

This section should be completed by the applicant, unless you answered "Yes" to the question "Are you an agent acting on behalf of the applicant?"

## Signature Of Applicant Or Applicant's Solicitor

* Full name	
* Capacity	
Date (dd/mm/vvvv)	

Joint Applicants, Signature Of Second Applicant Or Second Applicants Solicitor			
Full name			
Capacity			
Date (dd/mm/yyyy)			

Remove this signatory	
Add another signatory	



Harrow Consent to be designated Licensing Act 2003 For help contact licensing@harrow.gov.uk

Telephone: 020 8901 2600

		* required information
Section 1 of 3		
You can save the form at any	ime and resume it later. You do not need to be	logged in when you resume.
System reference	Not Currently In Use	This is the unique reference for this application generated by the system.
Your reference	Steve Consent	You can put what you want here to help you track applications if you make lots of them. It is passed to the authority.
Are you an agent acting on behalf of the applicant? CYes		Put "no" if you are applying on your own behalf or on behalf of a business you own or work for.
Applicant Details		
* First name	Steve	]
* Family name	Reader	]
* E-mail	Steve.reader@harrowarts.com	]
Main telephone number	07716085435	Include country code.
Other telephone number		]
📋 Indicate here if you wou	Id prefer not to be contacted by telephone	
Are you:		
Applying as a business or organisation, including as a sole trader		A sole trader is a business owned by one person without any special legal structure.
<ul> <li>Applying as an individu</li> </ul>	al	Applying as an individual means you are applying so you can be employed, or for some other personal reason, such as following a hobby.
Applicant Business		
Is your business registered in the UK with Companies House?	← Yes   ● No	Note: completing the Applicant Business section is optional in this form.
Is your business registered outside the UK?	⊂ Yes           ● No	
Business name	Harrow Council	If your business is registered, use its registered name.
VAT number	222421318	Put "none" if you are not registered for VAT.
Legal status	Public Body	]

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Your position in the business	Operations Manager	]
Home country	United Kingdom	The country where the headquarters of your business is located.
Business Address		If you have one, this should be your official
Building number or name	Harrow Arts Centre	address - that is an address required of you by law for receiving communications.
Street	171 Uxbridge Road	
District		
City or town	Hatch End	
County or administrative area	Middlesex	
Postcode	HA54EA	
Country	United Kingdom	
Section 2 of 3		
CONSENT		
Name Of Proposed Premises	Supervisor	
* First name	Steve	
* Family name	Reader	
Address Of Proposed Premise	es Supervisor	
* Building number or name		
* Street		
District		
* City or town		
County or administrative area		
Postcode		
* Country	United Kingdom	
I hereby confirm that I give my application, and any premises I at the premises	consent to be specified as the designated prem icence to be granted or varied in respect of this	nises supervisor in relation to the following application concerning the supply of alcohol
* Type of application	Variation of a premises license for DPS	For instance 'Application for a premises licence' or 'Variation of a premises licence'
	hat this consent is being submitted in d electronically to the authority	
Yes	C No C Don't know	

Continued from previous page		Reference number of
		electronic application (if known)
	If the application or variation f submitted, ask its applicant for	
	'system reference' or 'your refe	
Premises Licence Holder		
* Name	Steven Reader	
Address Of Premises		
* Building number or name	Harrow Arts Centre	
* Street	171 Uxbridge Road	
District		
* City or town	Hatch End	
County or administrative area		]
Postcode	HA54EA	
Premises		
Premise licence number	LN/00000625/2009/5	
* Name of premises	Harrow Arts Centre	
I also confirm that I am applyir	ng for, intend to apply for or currently hold a pe	rsonal licence, details of which I set out below
Personal licence number	2014/02086/02SPEN	]
Personal licence issuing authority name	Southampton City Council	
Address Of Personal Licence	Issuing Authority	
Building number or name	Southampton City Council	
Street	Civic Centre	
District		
City or town	Southampton	
County or administrative area	Hampshire	
Postcode	SO147LY	
Contact Details Of Personal I	icence Issuing Authority	
Telephone number	02380833001	
Section 3 of 3		
DECLARATION		

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	o work in the United Kingdom and am applying for, intend to apply for or currently hold a hich I have set out in this form.
Ticking this box indicat	es you have read and understood the above declaration
This section should be comple behalf of the applicant?"	ted by the applicant, unless you answered "Yes" to the question "Are you an agent acting on
* Full name	
* Capacity	
Date (dd/mm/yyyy)	
	Add another signatory
with your application.	-