

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

required information

Cartina da Ca		
Section 1 of 4		
You can save the form at any t	time and resume it later. You do not need to b	e 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 Headstone Manor and Museum	You can put what you want here to help you track applications if you make ots of them. It is passed to the authority.
Are you an agent acting on be	ehalf of the applicant?	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	Headstone Manor and Museum	
* E-mail	steve.reader@harrowarts.com	
Main telephone number		Include country code.
Other telephone number		
☐ Indicate here if you wou	ıld prefer not to be contacted by telephone	
Are you:		
<ul><li>Applying as a business or organisation, including as a sole trader</li><li>Applying as an individual</li></ul>		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?		Note: completing the Applicant Business section is optional in this form.
Registration number	OC407185	-a war
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	

Continued from previous page		
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	Headstone Manor and Museum	
Street	Pinner View	]
District		
City or town	Harrow	
County or administrative area	Middlesex	
Postcode	HA12XY	
Country	United Kingdom	
Section 2 of 4		
PREMISES DETAILS		
I/we apply to vary a premises I section 37 of the Licensing Act	icence to specify the individual named in this ap 2003.	oplication as the premises supervisor under
* Premises licence number	LN/000009629/2016/1	
Are you able to provide a post	al address, OS map reference or description of t	he premises?
	p reference C Description	ne premises:
Address	model a	
* Building number or name	Headstone Manor and Museum	
* Street	Pinner View	
District		
* City or town	Harrow	
County or administrative area	Middlesex	
Postcode	HA26PX	
* Country	United Kingdom	
Contact Details		
E-mail	steve.reader@harrowarts.com	
Telephone number		
Other telephone number		
Describe the premises. For exar	mple, what type of premises it is	

Continued from previous page	900	
Museum site with great barr	n used as wedding venue	
		market in
Section 3 of 4		
SUPERVISOR		-
Full Name Of Proposed De	signated Premises Supervisor	
* First name	Steven	
* Family name	Reader	
* Nationality		
* Place of birth		
* Date of birth		
	dd mm yyyy	
Personal licence number of		
proposed designated premises supervisor	2014/02086/02SPEN	
Issuing authority of that	Southampton City Council	1
licence	southampton city countri	
Full Name Of Existing Design	gnated Premises Supervisor	
First name	Joanna	
Family name	Quinlan	
* Would you like this applica the Licensing Act 2003?	tion to have immediate effect under section 38 c	of Page 1
<ul><li>Yes</li></ul>	C No	
* Will the premises licence of application?	r relevant part of it be submitted with this	
Yes	C No	
How will the consent form of be supplied to the authority?	the proposed designated premises supervisor	
<ul><li>Electronically, by the p</li></ul>	roposed designated premises supervisor	
As an attachment to th	is variation	
5.6		If the consent form is already submitted, ask
Reference number for conse form (if known)	nt	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	authority. If you complete the application online	, you must pay it by debit or credit card.

Continued from previous pag	je	
This formality requires a fix	ked fee of £23	
DECLARATION		
statement in or in conne I/WE UNDERSTAND THAT STATEMENT IN OR IN CO. SUMMARY CONVICTION IN A PARTNERSHIP WHIC PARTNERSHIPS] IT IS AN O THEY KNOW, OR HAVE RE THEIR IMMIGRATION STA TO EMPLOYMENT WILL B NATIONALITY ACT 2006 A THEY DO SO IN THE KNOW  Ticking this box inc	offence, liable on conviction to a fine under section 158 of the licensing act 2003, to make a faction with this application.  IT IT IS AN OFFENCE, UNDER SECTION 158 OF THE LICENSING ACT 2003, TO MAKE A FALSE NNECTION WITH THIS APPLICATION. THOSE WHO MAKE A FALSE STATEMENT MAY BE LIABLE TO A FINE OF ANY AMOUNT. [APPLICABLE TO INDIVIDUAL APPLICANTS ONLY, INCLUDING THE IS NOT A LIMITED LIABILITY PARTNERSHIP, BUT NOT COMPANIES OR LIMITED LIABILITY OFFENCE UNDER SECTION 248 OF THE IMMIGRATION ACT 1971] FOR A PERSON TO WORK WEASONABLE CAUSE TO BELIEVE, THAT THEY ARE DISQUALIFIED FROM DOING SO BY REASONABLE CAUSE TO BELIEVE, THAT THEY ARE DISQUALIFIED FROM DOING SO BY REASONABLE TO A CIVIL PENALTY UNDER SECTION 15 OF THE IMMIGRATION, ASYLUM AND AND, PURSUANT TO SECTION 21 OF THE SAME ACT, WILL BE COMMITTING AN OFFENCE WHE WLEDGE, OR WITH REASONABLE CAUSE TO BELIEVE, THAT THE EMPLOYEE IS DISQUALIFIED. DISCURLIFIED.	E ON HOSE HEN OF S AS ERE
behalf of the applicant?"  * Full name	Steve Reader	
the con-		
* Capacity  * Date	Operations Manager  22 / 01 / 2018  dd mm yyyy	
	Remove this signatory	
Full name		
Capacity		
* Date		
	dd mm yyyy	
_	Remove this signatory	
	Add another signatory	

OFFICE USE ONLY	
Applicant reference number	DPS Change at Headstone Manor and Museum
Fee paid	
Payment provider reference	
ELMS Payment Reference	
Payment status	
Payment authorisation code	
Payment authorisation date	
Date and time submitted	
Approval deadline	
Error message	
Is Digitally signed	
< Previous 1 2 3 4	Next >





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 t	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?  ( Yes		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	Er mm	
* E-mail	Steve.reader@harrowarts.com		
Main telephone number		Include country code.	
Other telephone number			
☐ Indicate here if you wou	ld prefer not to be contacted by telephone		
Are you:			
<ul><li>Applying as a business or organisation, including as a sole trader</li><li>Applying as an individual</li></ul>		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?	C Yes	Note: completing the Applicant Business section is optional in this form.	
Is your business registered outside the UK?	C 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		

Continued from previous page		
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	Headstone Manor and Museum	address - that is an address required of you by law for receiving communications.
Street	Pinner View	
District		]
City or town	Harrow	]
County or administrative area	Middlesex	
Postcode	HA26PX	
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		er de
* Street		
District		
* City or town		_ = 0
County or administrative area		
Postcode		
* Country	United Kingdom	
I hereby confirm that I give my application, and any premises li at the premises	consent to be specified as the designated premicence 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'
Is the application or variation the connection with being supplied	nat this consent is being submitted in	accined of variation of a premises licence
€ Yes	C No C Don't know	

Continued from previous page	= 11	Reference number of electronic application (if known)	1000
	If the application or variati submitted, ask its applicar 'system reference' or 'your	ion form is already nt for the form's	
Premises Licence Holder			
* Name	Steven Reader		
Address Of Premises			
* Building number or name	Headstone Manor and Museum		
* Street	Pinner View		1.
District		=	1
* City or town	Harrow		
County or administrative area			
Postcode	HA2 6PX		
Premises			
Premise licence number	LN/000009629/2016/1		
* Name of premises	Headstone Manor and Museum		
I also confirm that I am applyi	ng for, intend to apply for or currently hold	a personal 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	Licence Issuing Authority		
Telephone number	02380833001		
Section 3 of 3			
DECLARATION			

Continued from previous page	
I confirm that I am entitled to work in the United Kingdom and am applying for personal licence, details of which I have set out in this form.	r, intend to apply for or currently hold a
Ticking this box indicates you have read and understood the above declar	aration
This section should be completed by the applicant, unless you answered "Yes" to behalf of the applicant?"	o the question "Are you an agent acting on
* Full name	
* Capacity	
Date (dd/mm/yyyy)	
Add another signatory	
Once you're finished you need to do the following:	
1. Save this form to your computer by clicking file/save as	
2. Go back to https://www.gov.uk/apply-for-a-licence/premises-licence/harrow/	change-7 to upload this file and continue
with your application.	
Don't forget to make sure you have all your supporting documentation to be used	