

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 in black ink. Use additional sheets if necessary.

You may wish to keep a copy of the completed form for your records.

I / we Iceland Foods Ltd

(full name(s) of premises licence holder)

being the premises licence holder, apply to vary a premises licence to specify the individual named in this application as the premises supervisor under section 37 of the Licensing Act 2003

Premises licence number

LN/000001810/2009/1

Part 1 – Premises details

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

348 Rayners Lane

Post town

Harrow

Post code (if known)

HA5 5EF

Telephone number (if any)

[REDACTED]

Description of premises (please read guidance note 1)

A retail supermarket-type premises providing customers with a wide range of foodstuffs, goods and other services including the sale of alcoholic products for consumption off the premises.

Part 2

Full name of proposed designated premises supervisor Aaron Dickson
--

Personal licence number of proposed designated premises supervisor and issuing authority of that licence (if any) Chiltern District Council 10/00279/LAPER

Full name of existing designated premises supervisor (if any) Mark Pallett
--

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

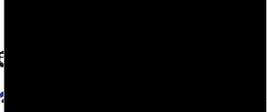
Please tick yes

- . I have made or enclosed payment of the 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

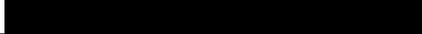
Part 3 – Signatures (please read guidance note 2)

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 28/07/15
Capacity Authorised signatory for and on behalf of Iceland Foods Ltd

For joint applicants signature of 2nd applicant 2nd applicant’s solicitor or other authorised agent (please read guidance note 4). 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 5) Licensing Department Iceland Foods Ltd Second Avenue Deeside Industrial Park Deeside Flintshire	
Post town Deeside	Post Code CH5 2NW
Telephone number (if any) 	
If you would prefer us to correspond with you by e-mail your e-mail address (optional) 	

Guidance notes

1. Describe the premises. For example the type of premises it is.
2. The application form must be signed.
3. An applicant’s agent (for example solicitor) may sign the form on their behalf provided that they have actual authority to do so.
4. Where there is more than one applicant, both applicants or their respective agents must sign the application form.
5. This is the address which we shall use to correspond with you about this application.

Consent of individual to being specified as premises supervisor

I ADWA DICKSON
[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

Variation of Designated Premises Supervisor

.....
[type of application]

by

Iceland Foods Ltd

.....
[name of applicant]

relating to a premises licence LN/000001810/2013/6
[number of existing licence, if any]

for

ICELAND, 348 RAYNERS LANE
HARROLD
MIDDLESEX
HA5 5DX

.....
[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

Iceland Foods Ltd

[name of applicant]

concerning the supply of alcohol at

ICELAND
348 RAYNERS LANE
H220 →
M100L6SGX
HAS 50X

[name and address of premises to which application relates]

I also confirm that I am applying for, intend to apply for or currently hold a personal licence, details of which I set out below.

Personal licence number

10 / 00279 / LAP6R

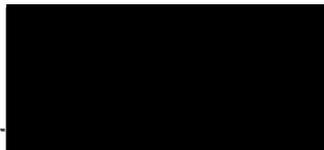
[insert personal licence number, if any]

Personal licence issuing authority

CHILTERN DISTRICT COUNCIL

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

Signed



Name (please print)

A DICKSON

Date

11 / 7 / 15