

* required information

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

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 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

Robert

* Family name

Hayes

* E-mail

Main telephone number

Include country code.

Other telephone number

Indicate here if you would prefer not to be contacted by telephone

Are you:

Applying as a business or organisation, including as a sole trader
 Applying as an individual

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

1107406

Business name

Iceland Foods Limited

If your business is registered, use its registered name.

VAT number

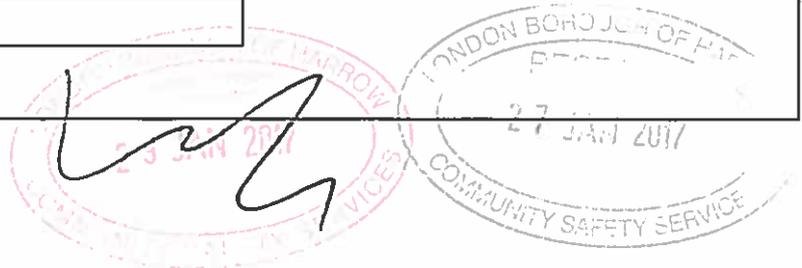
GB

849754470

Put "none" if you are not registered for VAT.

Legal status

Private Limited Company



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Your position in the business

Home country

The country where the headquarters of your business is located.

Registered Address Address registered with Companies House.

Building number or name

Street

District

City or town

County or administrative area

Postcode

Country

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PREMISES DETAILS

I/we 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

Are you able to provide a postal address, OS map reference or description of the premises?

Address OS map reference Description

Address

* Building number or name

* Street

District

* City or town

County or administrative area

Postcode

* Country

Contact Details

E-mail

Telephone number

Other telephone number

Describe the premises. For example, what type of premises it is

Continued from previous page...

Supermarket

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SUPERVISOR

Full Name Of Proposed Designated Premises Supervisor

* First name

* Family name

Personal licence number of proposed designated premises supervisor

Issuing authority of that licence

Full Name Of Existing Designated Premises Supervisor

First name

Family name

* Would you like this application to have immediate effect under section 38 of the Licensing Act 2003?

Yes No

* Will the premises licence or relevant part of it be submitted with this application?

Yes No

How will the consent form of the proposed designated premises supervisor be supplied to the authority?

Electronically, by the proposed designated premises supervisor

As an attachment to this variation

Reference number for consent form (if known)

If the consent form is already submitted, ask 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.

This formality requires a fixed fee of £23

DECLARATION

I/we understand 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.

Continued from previous page...

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?"

* Full name

* Capacity

* Date / /
dd mm yyyy

OFFICE USE ONLY

Applicant reference number

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

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Consent of individual to being specified as premises supervisor

CHARITABLE TRUST (ALSM)
(Full name of prospective premises supervisor)

of



(Address of premises)

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

Island Foods Ltd

(Name of applicant)

relating to a premises licence

LN / 000000658 / 201 / 8
(Number of existing licence, if any)

for

10, Kingsway Circle, Kingsway, London, NW4 9QB
(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

Island Foods Ltd

(name of applicant)

concerning the supply of alcohol at

ISLAND FOODS LTD, KINGSDAY CHURCH, KINGSDAY, LEWIS, NW9 9DB
(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.

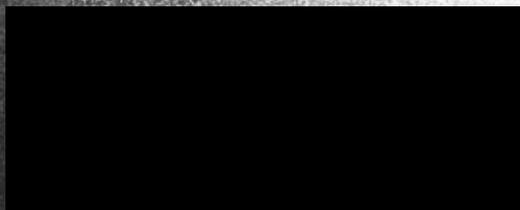
Personal licence number

IN/CDD013773
(enter personal licence number, if any)

Personal licence issuing authority

THREE BIRKS DISTRICT COUNCIL
(enter name and address and telephone number of personal licence issuing authority, if any)

Signature



Name (print name)

CHRISTOPHER WILSON

Date

24/1/2017