

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 or typed 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

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

Premises Licence Number

LN/000011040/2019/3

Part 1 - Premises Details

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

Store C St Ann's Shopping Centre

Harrow

Post town

Post code

HA1 1AS

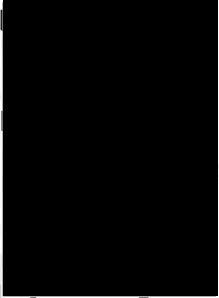
Telephone Number (if any)

Description of Premises (please read guidance note 1)

Supermarket

Part 2 - Proposed Supervisor details

Full name of proposed designated premises supervisor
John Marc Anthony Shetcliffe



Personal licence number of proposed designated premises supervisor and issuing authority of that licence (if any)
LN/201700655 issued by St Albans City & District Council

Full name of existing designated premises supervisor
Rebecca Louise Bough

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

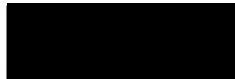
- I have made or enclosed payment of the fee
- I will give a copy of this application to the chief officer of police
- I have enclosed the consent form completed by the proposed premises supervisor
- I have enclosed the premises licence, or relevant part of it or explanation
- I will notify the existing premises supervisor (if any) of this application
- I understand that if I do not comply with the above requirements my application will be rejected

IT IS AN OFFENCE UNDER SECTION 158 OF THE LICENSING ACT 2003 TO KNOWINGLY OR RECKLESSLY MAKE A FALSE STATEMENT IN OR IN CONNECTION WITH THIS APPLICATION. THOSE WHO MAKE A FALSE STATEMENT MAY BE LIABLE ON SUMMARY CONVICTION TO 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 A VALID LEAVE TO ENTER OR REMAIN IN THE UK OR AN ADULT WHO IS SUBJECT TO CONDITIONS WHICH WOULD PREVENT THAT PERSON FROM TAKING UP 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 BY VIRTUE OF THEIR IMMIGRATION STATUS.


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 24/09/2019
Capacity Licensing Manager

For joint applicants Signature of 2nd applicant or 2nd 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 _____
Capacity _____

Contact name (where previously not given) and postal address for correspondence associated with this application (please read guidance note 5) Licensing Department Lidl Great Britain Limited Lidl Distribution Centre, Palmer Avenue Central Park	
Post town Severn Beach	Post code BS35 4DF
TELEPHONE NUMBERS	
Daytime 	
Fax	
E-MAIL ADDRESS (if you would prefer us to correspond with you by e-mail) licensing@lidl.co.uk	

Consent of individual to being specified as premises supervisor

I John Marc Anthony Shetdliffe
[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

Sale of Alcohol - DRS variation
[type of application]

by

Lidl Great Britain Limited

[name of applicant]

relating to a premises licence LN1000011040/2019/13
[number of existing licence, if any]

for 1740 Harrow on the Hill LIDL
unit C, St. Ann's Shopping centre
St. Harrow
HAI IAS

[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

Lidl Great Britain Limited

[name of applicant]

concerning the supply of alcohol at

unit C, St Annis Shopping centre
Marrow
HA1 1AS

[name and address of premises to which application relates]

I also confirm that I am entitled to work in the United Kingdom and am applying for, intend to apply for or currently hold a personal licence, details of which I set out below.

Personal licence number

LN 2017 00655

[insert personal licence number, if any]

Personal licence issuing authority

ST ALBANS DISTRICT COUNCIL DISTRICT COUNCIL OFFICES
[insert name and address and telephone number of personal licence issuing authority, if any]

CIVIC CENTRE ST PETERS STREET ST ALBANS
HERTFORDSHIRE AL1 3JE

Signed



Name (please print)

John Shetcliffe

Date

12/9/19.