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

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	MCJ/VHT/109500.11041	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?		Put "no" if you are applying on your own behalf or on behalf of a business you own or work for.	
• Yes O M	lo	WOLK TOL.	
Applicant Details			
* First name	Wm Morrison Supermarkets PLC		
* Family name	Wm Morrison Supermarkets PLC]	
* E-mail]	
Main telephone number		Include country code.	
Other telephone number			
Indicate here if the appl	icant would prefer not to be contacted by telep	hone	
Is the applicant:			
Applying as a business of	or organisation, including as a sole trader	A sole trader is a business owned by one	
 Applying as an individual 		person without any special legal structure. Applying as an individual means the applicant is applying so the applicant can be employed, or for some other personal reason, such as following a hobby.	
Applicant Business			
Is the applicant's business registered in the UK with Companies House?	Yes O No	Note: completing the Applicant Business section is optional in this form.	
Registration number	00358949		
Business name	Wm Morrison Supermarkets PLC	If the applicant's business is registered, use its registered name.	
VAT number GB	343475355	Put "none" if the applicant is not registered for VAT.	
Legal status	Public Limited Company		

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Applicant's position in the business	Licensing	
Home country	United Kingdom	The country where the applicant's headquarters are.
Registered Address		Address registered with Companies House.
Building number or name	Hilmore House	
Street	Gain Lane	
District		
City or town	Bradford	
County or administrative area		
Postcode	BD3 7DL	
Country	United Kingdom	
Agent Details		
* First name	Gosschalks Solicitors	
* Family name	Gosschalks Solicitors	
* E-mail		
Main telephone number		Include country code.
Other telephone number		
Indicate here if you would be a set of the set of th	Ild prefer not to be contacted by telephone	
Are you:		
• An agent that is a busin	ess or organisation, including a sole trader	A sole trader is a business owned by one person without any special legal structure.
 A private individual act 	ng as an agent	
Agent 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	Gosschalks Solicitors	If your business is registered, use its registered name.
VAT number GB	433613472	Put "none" if you are not registered for VAT.
Legal status	Partnership	

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Your position in the business	Licensing	
Home country	United Kingdom	The country where the headquarters of your business is located.
Agent Business Address		If you have one, this should be your official
Building number or name	61	address - that is an address required of you by law for receiving communications.
Street	Queens Gardens	
District		
City or town	Hull	
County or administrative area		
Postcode	HU1 3DZ	
Country	United Kingdom	
Section 2 of 4		
PREMISES DETAILS		
I/we apply to vary a premises li section 37 of the Licensing Act		application as the premises supervisor under
* Premises licence number	LN/000005928/2019/14	
Are you able to provide a post	al address, OS map reference or description o	f the premises?
	p reference O Description	
Address		
* Building number or name	Morrisons	
* Street	Unit 1, Trident Point, 19 Pinner Road	
District		
* City or town	Harrow	
County or administrative area		
Postcode	HA1 4FR	
* Country	United Kingdom	
Contact Details		
E-mail		
Telephone number		
Other telephone number		
Describe the premises. For exa	mple, what type of premises it is	_

Continued from previous page		
Supermarket		
Section 3 of 4		
SUPERVISOR		
Full Name Of Proposed Desig	gnated Premises Supervisor	
* First name	Dipak	
* Family name	Gandhi	
	dd mm yyyy	
Personal licence number of		
proposed designated premises supervisor	LN/00008258/2015/1	
Issuing authority of that licence	Harrow Council	
Full Name Of Eviating Design	acted Dromines Cumon liner	
Full Name Of Existing Design		
First name	Daniel Ross	
Family name	Farrell	
* Would you like this application to have immediate effect under section 38 of the Licensing Act 2003?		The premises licence holder can continue the supply of alcohol if, for example, the existing premises supervisor is suddenly
• Yes	⊖ No	indisposed or unable to work.
☑ I will notify the existing premises supervisor (if any) of this application		It is sufficient for the licensee to inform the existing premises supervisor in writing, without sharing the specific details of the application.
* Will the premises licence or r application?	elevant part of it be submitted with this	
• 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		

Continued from previous page	Reference number for consent	
If the consent form is already s the proposed designated prer supervisor for its 'system refer reference'	nises	
Section 4 of 4		
PAYMENT DETAILS		
This fee must be paid to the au This formality requires a fixed	uthority. If you complete the application online, you must pay it by debit or credit card. fee of £23	
DECLARATION		
statement in or in connection		
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.		
Icking this box indica	tes 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	Gosschalks	
* Capacity	Solicitors on behalf of the Applicant	
* Date	06 / 01 / 2020	
	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	MCJ/VHT/109500.11041	
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		
1 <u>2</u> <u>3</u> <u>4</u>	Next >	