Harrowcouncil

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		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 be	ehalf of the applicant? 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		
* Family name]
* E-mail]
Main telephone number		Include country code.
Other telephone number]
🔲 Indicate here if you wou	Ild prefer not to be contacted by telephone	
Are you:		
 Applying as a business 	or organisation, including as a sole trader	A sole trader is a business owned by one
 Applying as an individu 	al	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		Tonowing a nobby.
Is your business registered in the UK with Companies House?	Yes O 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	

Continued from previous page			
Your position in the business	Licensing Officer		
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	Iceland Foods Limited		
Street	Second Avenue		
District	Deeside Industrial Park		
City or town	Deeside		
County or administrative area	Flintshire		
Postcode	CH5 2NW		
Country	United Kingdom		
Section 2 of 4			
PREMISES DETAILS			
I/we apply to vary a premises li section 37 of the Licensing Act	cence to specify the individual named in this ap 2003.	oplication as the premises supervisor under	
* Premises licence number	LN/00000657/2017/7		
Are you able to provide a posta	al address, OS map reference or description of t	he premises?	
Address OS map reference Description			
Address			
* Building number or name	368		
* Street	Station Road		
District			
* City or town	Harrow		
County or administrative area	Middlesex		
Postcode	HA1 2DE		
* Country	United Kingdom		
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.		
Section 3 of 4		
SUPERVISOR		
Full Name Of Proposed Desi	gnated Premises Supervisor	
* First name	Walter Thineshkumar	
* Family name	Kadramer	
* Nationality		
* Place of birth		
* Date of birth		
Personal licence number of proposed designated premises supervisor	LN/0000/14833/2020/1	
Issuing authority of that licence	Harrow	
Full Name Of Existing Desig	nated Premises Supervisor	
First name	Ashleigh	
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.
existing premises superviser (if any) of this application existing premises supervi		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 application?	relevant part of it be submitted with this	
⊖ Yes	No	
* Reasons why the premises li	cence or relevant part of it will not be submitted v	with this application
Awaiting issue from last varia	tion made	

Continued from previous page How will the consent form of the proposed designated premises supervisor be supplied to the authority? C Electronically, by the proposed designated premises supervisor C As an attachment to this variation 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 E23 DECLARATION . //we understand it is an offence, liable on conviction to a fine under section 158 of the licensing act 2003, to make a false statement in or in connection with this application. //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 PARTNERSHIPS HIT S AN OFFENCE UNDER SECTION 24B OF THE INMIGRATION 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 WINDER SECTION 15 OF THE EMMIGRATION, ASYLUM AND NATIONALITY ACT 2006 AND, PURSUANT TO SECTION 21 OF THE SAME ACT, WILL BE COMMITTING AN OFFENCE WHERE THEY NOW, OR HAVE REASONABLE CAUSE TO BELIEVE, THAT THEY ARE DISQUALIFIED FROM DOING SO BY REASON OF THEIR IMMIGRATION STATUS. THOSE WHO EMPLOY AN ADULT WINDER SECTION 15 OF THE EMMIGRATION, 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 KNOWLEDEC, OR WITH REASONABLE CAUSE TO BELIEVE, THAT THE EMPLOYEE IS DISQUALIFIED. M 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 th		
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behalf of the applicant?"	\boxtimes Ticking this box indicates you have read and understood the above de	eclaration
* Full nome	behalf of the applicant?"	" to the question "Are you an agent acting on

* Full name		
* Capacity	Licensing Officer	
* Date	21 / 09 / 2022 dd mm yyyy	
	Remove this signatory	
Full name		
Capacity		
* Date	dd mm yyyy	
	Remove this signatory	

	Continued from previous page	
	Add another signatory	
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		
1 <u>2</u> <u>3</u> <u>4</u> Next >		

C	cosent of individ	ual to being specified as pre	emises supervisor
I	[full name of prost, per	Theneshkymar	Kadramer
	[iun name of prost, set	e premises supervisorj	
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 Limit ad [name of applicant] JPP-XGPH-LYJ 050 Deee relating to a premises licence [number of existing licence, if any] Iceland 368 Station Read Marrow for 2.0N

[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 Limited

[name of applicant]

concerning the supply of alcohol at

Iceland Harrow 368 Station Road, amow. 2DE

[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/0000/14833/2020/1 -----

Personal licence issuing authority

Harmon Council

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

Signed	
Name (please print)	Walter Radromer
Date	12/09/2022