

Harrow

Application to vary a premises licence to specify an individual as designated premises supervisor Licensing Act 2003

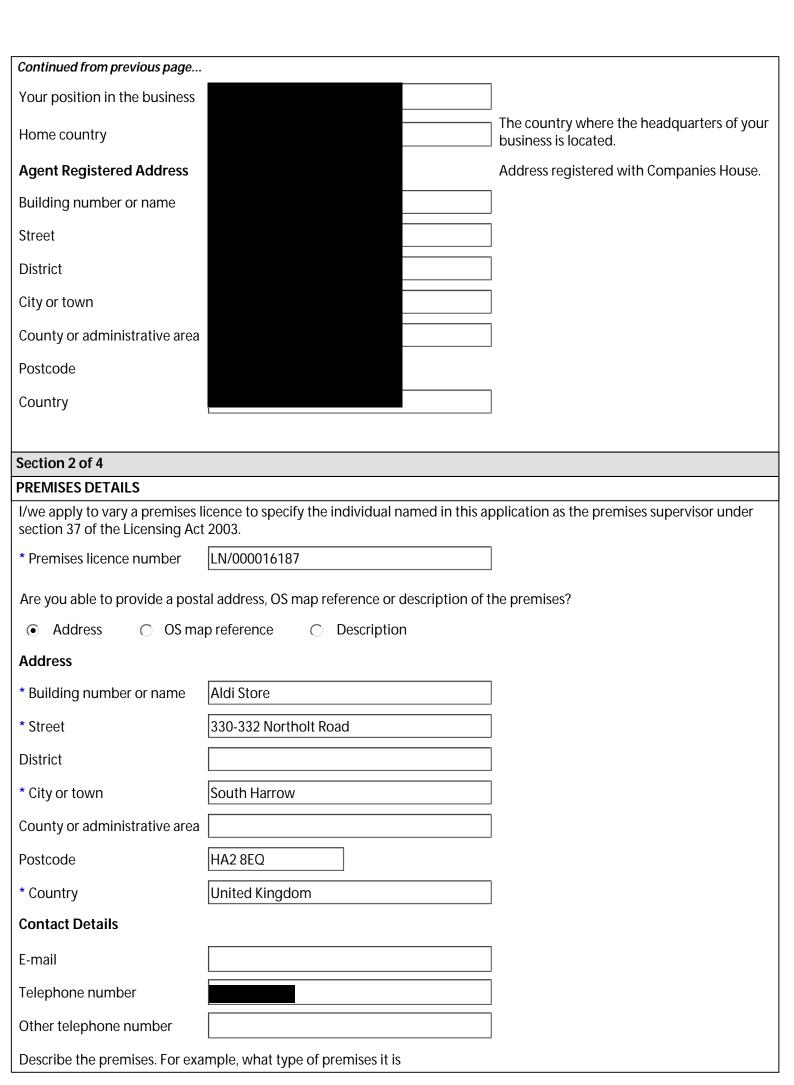
For help contact

<u>licensing@harrow.gov.uk</u> 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 b	pehalf of the applicant?	Put "no" if you are applying on your own
YesNo		behalf or on behalf of a business you own or work for.
Applicant Details		
* First name	Aldi Stores Limited	
* Family name	Aldi Stores Limited	
* E-mail		
Main telephone number		Include country code.
Other telephone number		
☐ Indicate here if the app	olicant would prefer not to be contacted by te	lephone
Is the applicant:		
 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 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	Note: completing the Applicant Business section is optional in this form.
Registration number	2321869	
Business name	Aldi Stores Limited	If the applicant's business is registered, use its registered name.
VAT number -		Put "none" if the applicant is not registered for VAT.
Legal status	Private Limited Company	

Continued from previous page		
Applicant's position in the business		
Home country	United Kingdom	The country where the applicant's headquarters are.
Registered Address		Address registered with Companies House.
Building number or name		
Street	Holly Lane	
District		
City or town	Atherstone	
County or administrative area	Warwickshire	
Postcode	CV9 2SQ	
Country	United Kingdom	
Agent Details		
* First name		
* Family name		
* E-mail		
Main telephone number		Include country code.
Other telephone number		
☐ Indicate here if you would	ld prefer not to be contacted by telephone	
Are you:		
An agent that is a busine	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 actir 	ng as an agent	person without any special regal structure.
Agent Business		
Is your business registered in the UK with Companies House?	YesNo	Note: completing the Applicant Business section is optional in this form.
Registration number		
Business name		If your business is registered, use its registered name.
VAT number -		Put "none" if you are not registered for VAT.
Legal status		



Continued from previous page		
Supermarket retailing alcoho	l for sale off the premises.	
Section 3 of 4		
SUPERVISOR		
Full Name Of Proposed Desi	gnated Premises Supervisor	
* First name	Adrian	
* Family name	Bordanc	
Personal licence number of		
proposed designated premises supervisor	LBHIL4104	
Issuing authority of that licence	Hillingdon Council	
5 H.M		
Full Name Of Existing Design		
First name	Gary	
Family name	Denham-Smith	
•	on to have immediate effect under section 38 of	The premises licence holder can continue the supply of alcohol if, for example, the
the Licensing Act 2003?	C. No.	existing premises supervisor is suddenly
Yes	○ No	indisposed or unable to work.
☑ I will notify the existing	g 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 application?	relevant part of it be submitted with this	
Yes	○ No	
How will the consent form of be supplied to the authority?	the proposed designated premises supervisor	
C Electronically, by the pro	pposed designated premises supervisor	
 As an attachment to this 	variation	

Continued from previous page	Reference number for consent form (if known)
If the consent form is already su the proposed designated prem supervisor for its 'system refere reference'	ises
Section 4 of 4	
PAYMENT DETAILS	
This fee must be paid to the aut	thority. If you complete the application online, you must pay it by debit or credit card.
This formality requires a fixed fe	ee of £23
DECLARATION	
 I/we understand it is an offend statement in or in connection 	ce, liable on conviction to a fine under section 158 of the licensing act 2003, to make a false with this application.
STATEMENT IN OR IN CONNECT SUMMARY CONVICTION TO A IN A PARTNERSHIP WHICH IS IT PARTNERSHIPS] IT IS AN OFFE THEY KNOW, OR HAVE REASO THEIR IMMIGRATION STATUS. TO EMPLOYMENT WILL BE LIA NATIONALITY ACT 2006 AND,	S AN OFFENCE, UNDER SECTION 158 OF THE LICENSING ACT 2003, TO MAKE A FALSE CTION WITH THIS APPLICATION. THOSE WHO MAKE A FALSE STATEMENT MAY BE LIABLE ON FINE OF ANY AMOUNT. [APPLICABLE TO INDIVIDUAL APPLICANTS ONLY, INCLUDING THOSE NOT A LIMITED LIABILITY PARTNERSHIP, BUT NOT COMPANIES OR LIMITED LIABILITY INCE UNDER SECTION 24B OF THE IMMIGRATION ACT 1971] FOR A PERSON TO WORK WHEN INABLE CAUSE TO BELIEVE, THAT THEY ARE DISQUALIFIED FROM DOING SO BY REASON OF THOSE WHO EMPLOY AN ADULT WITHOUT LEAVE OR WHO IS SUBJECT TO CONDITIONS AS UBLE TO A CIVIL PENALTY UNDER SECTION 15 OF THE IMMIGRATION, ASYLUM AND PURSUANT TO SECTION 21 OF THE SAME ACT, WILL BE COMMITTING AN OFFENCE WHERE DGE, OR WITH REASONABLE CAUSE TO BELIEVE, THAT THE EMPLOYEE IS DISQUALIFIED.
☐ Ticking this box indicate	es you have read and understood the above declaration
This section should be complet behalf of the applicant?"	ed by the applicant, unless you answered "Yes" to the question "Are you an agent acting on
* Full name	
* Capacity	Solicitors for the Applicant
* Date	24 / 10 / 2023 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		
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 2 3 4	Next >	

Consent of individual to being specified as premises supervisor

	Adrian Samuel Bordan	С
1	[full name of prospective premis	ses supervisor]
of		
[home	e address of prospective premise	s supervisor]
	by confirm that I give my rvisor in relation to the appl	consent to be specified as the designated premises lication for
200		as premises supervisor (Section 37 Licensing Act
by		
Aldi	i Stores Limited	
[name	of applicant]	
relati	ng to a premises licence	[number of existing licence, if any]
for		
Sou	i -332 Northolt Road uth Harrow 2 8EQ	
 [name	and address of premises to whic	th the application relates]

and any premises licence by	e to be granted or varied in respect of this application made
Aldi Stores Limited	
[name of applicant]	
concerning the supply of	alcohol at
Aldi 330-332 Northolt Road South Harrow HA2 8EQ	
[name and address of premise	es to which application relates]
	entitled to work in the United Kingdom and am applying for, urrently hold a personal licence, details of which I set out
Personal licence number LBHIL4104	
[insert personal licence number	r, if any]
Personal licence issuing	authority
Hillingdon Council	
[insert name and address and	telephone number of personal licence issuing authority, if any]
Signed	
Name (please print)	ADRIAN-SAMUEL BORDANC
Date	22.10.2023