

* required information

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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

RJT.JB 84773. 12959

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

ASDA STORES LIMITED

* Family name

ASDA STORES LIMITED

* E-mail

[REDACTED]

Main telephone number

[REDACTED]

Include country code.

Other telephone number

[REDACTED]

Indicate here if the applicant would prefer not to be contacted by telephone

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

No

Note: completing the Applicant Business section is optional in this form.

Registration number

00464777

Business name

ASDA STORES LIMITED

If the applicant's business is registered, use its registered name.

VAT number

GB

36201792

Put "none" if the applicant is not registered for VAT.

Legal status

Private 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

ASDA HOUSE

Street

GREAT WILSON STREET

District

SOUTHBANK

City or town

LEEDS

County or administrative area

Postcode

LS11 5AD

Country

United Kingdom

Agent Details

* First name

GOSSCHALKS LLP

* Family name

* 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:

- An agent that is a business or organisation, including a sole trader
- A private individual acting as an agent

A sole trader is a business owned by one person without any special legal structure.

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.

Registration number

OC431300

Business name

GOSSCHALKS LLP

If your business is registered, use its registered name.

VAT number

GB

433613472

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

Legal status

Limited Liability 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 Registered Address		Address registered with Companies House.
Building number or name	GOSSCHALKS LLP	
Street	QUEENS GARDENS	
District		
City or town	HULL	
County or administrative area	EAST YORKSHIRE	
Postcode	HU1 3DZ	
Country	United Kingdom	

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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

129167

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

ASDA

* Street

VIERSEN PLATZ

District

* City or town

PETERBOROUGH

County or administrative area

Postcode

PE1 1ET

* Country

United Kingdom

Contact Details

E-mail

[REDACTED]

Telephone number

[REDACTED]

Other telephone number

[REDACTED]

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

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SUPERMARKET

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SUPERVISOR

Full Name Of Proposed Designated Premises Supervisor

* First name

CHRISTOPHER

* Family name

FIELDING

* Nationality

[REDACTED]

[REDACTED]

dd

mm

yyyy

Personal licence number of
proposed designated
premises supervisor

[REDACTED]

[REDACTED]

Full Name Of Existing Designated Premises Supervisor

First name

LAUDIE

Family name

DENMA

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

Yes

No

The premises licence holder can continue the supply of alcohol if, for example, the existing premises supervisor is suddenly 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 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

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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. The DPS named in this application
form is entitled to work in the UK (and is not subject to conditions preventing him or her from doing work relating to a
licensable activity) and I have seen a copy of his or her proof of entitlement to work, if appropriate.

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

07 / 07 / 2025
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	RJT.JB 84773. 12959
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	<input type="checkbox"/>

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