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

134714

Part 1 - Premises Details

Postal Address of premises or, if none, ordnance survey map reference or description	
Lincoln Road Peterborough	
Post town	**Post code**
	PE4 6LA
Telephone Number (if any) [redacted]	

Description of Premises (please read guidance note 1)
Supermarket

Part 2 - Proposed Supervisor details

Full name of proposed designated premises supervisor

Sara Louise Parr

Nationality

[redacted]

Date of Birth

[redacted]

Place of Birth

[redacted]

Personal licence number of proposed designated premises supervisor and issuing authority of that licence (if any)

[redacted]

Full name of existing designated premises supervisor

Daniel Smart

	Please tick yes
I would like this application to have immediate effect under section 38 of the Licensing Act 2003	Yes
I have enclosed the premises licence or relevant part of it	Yes

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

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 [redacted]

Date **11/08/2026**

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	[redacted]
Fax	
E-MAIL ADDRESS (if you would prefer us to correspond with you by e-mail)	
licensing@lidl.co.uk	

NOTES

1. Describe the premises. For example, the type of premises it is
2. The application form must be signed
3. An applicant's agent (for example solicitor) may sign the form on their behalf provided that they have the actual authority to do so
4. Where there is more than one applicant, both applicants or their respective agents must sign the application form
5. This is the address which we shall use to correspond with you about this application