457B Alexandra Avenue, Rayners Lane, Harrow, Middlesex HA2 9RY
Tel: 020 8426 1178 DX 48002 Rayners Lane Fax; 020 8429 3847

Date: 09 October 2013

Your Ref:

Our Ref: LOK 002 0003

Harrow Council
Licences and street trading
PO Box 18
Station Road
Harrow
HA1 2XY

Dear Sirs.

RE: TRANSFER OF PREMISES LICENCE

PROPERTY: 293 NORTHOLT ROAD HARROW MIDDLESEX HA2 8HX

OUR CLIENT: SUGANYA LOKANANTHAN

Please find enclosed the following to process the application:

1. Application to transfer premises licence

- Application to vary a premises licence to specify an individual as designated premises supervisor
- 3. Consent of individual to being specified as premises supervisor
- 4. Consent of Premises Licence Holder to Transfer
- 5. Original Premises Licence
- 6. Cheque for £46.00

We look forward hearing from you with Premises Licence.

Yours faithfully,

Rayi Solicitors

RECEIVED AT LICENSING OFFICE

14 OCT 2013

TIME

[Insert details including name and address of licensing authority and application reference if any] Application to transfer premises licence to be granted 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 in black ink. Use additional sheets if necessary. You may wish to keep a copy of the completed form for your records. IN SUGANYA LOKAMANTHAN ... apply to transfer the premises licence described (Insert name of applicant) below under section 42 of the Licensing Act 2003 for the premises described in Part 1 below Premises licence number Part 1 – Premises details Postal address of premises or, if none, ordnance survey map reference or description NORTHOLT ROAD Post code HARROW SOUTH トイチン 8HXPlease give a brief description of the premises

CONVENIENCE STORE SELLS GROCERIES AND NEWS OFFLICENCE Name of current premises licence holder RASALINGAM RAJARATNAM REGEWED AT ws:MG OFFICE Part 2 - Applicant details 14 OCT 2013 In what capacity are you applying for the premises licence to be transferred to you? TIME Please tick ♥ yes please complete section (A) an individual or individuals* a) b) a person other than an individual * please complete section (B) i. as a limited company please complete section (B) ii, as a partnership please complete section (B) iii. as an unincorporated association or iv. other (for example a statutory corporation) please complete section (B)

c)	a recognised club		please complete section (B)			
d)	a charity		please complete section (B)			
e)	the proprietor of an educational establishment		please complete section (B)			
f)	a health service body		please complete section (B)			
g)	an individual who is registered under Part 2 of the Care Standards Act 2000 (c14) in respect of an independent hospital		please complete section (B)			
h)	the chief officer of police of a police force in England and Wales		please complete section (B)			
*If you	are applying as a person described in (a) or (b) pleas	e confirm	:			
			Please tick ✓ yes			
	a law and the an area area area to come on a buyer	cinoce	=			
	l am carrying on or proposing to carry on a but					
	which involves the use of the premises for lice	nsable ac	tivities; or			
	 I am making the application pursuant to a 					
	o statutory function or		п			
	to the bound for the second for the					
	a function discharged by virtue of He	i i iujeacy	3 pres ogustre			
(A) IND	DIVIDUAL APPLICANTS (fill in as applicable)					
Mr 🔼	Mrs Miss	Ms _	Other title (for example, Rev)			
Surnan	ne Firs	t names	(44 4)			
	OCANANTHAN	\overline{C}	GONYA			
	CERTOMO THAT	<u> </u>	GANYA			
			Please tick ✓ yes			
i arn 18 years old or over						
C	t postal					
addres	t postal s					
if different from						
premis	es address					
Post To	own					
Daytime contact to						
E-mail address (optional)						

SECOND INDIVID	UAL APPLICAN	I (IT applicable)				
Mr Surname	Mrs	Miss	Ms	Other title (for example, Rev)		
l am 18 years old	or over			Please tick ¥ yes		
Current postal address if different from premises address						
Post Town			Postcode [***		
Daytime contact 1	telephone num	ber				
E-mail address (optional)				·····		
(B) OTHER APPLICANTS Please provide name and registered address of applicant in full. Where appropriate please give any registered number. In the case of a partnership or other joint venture (other than a body corporate), please give the name and address of each party concerned. Name						
Address						
Registered number (where applicable)						
Description of app	olicant (for exam	nple partnership, c	ompany, unincorpora	ted association etc)		
Telephone numbe	er, if any		·			
E-mail (optional)			. <u>-</u>			

Part 3		
	Please tick	∨ Yes
Are you the holder of the premises licence under an interim authority notice?		
Do you wish the transfer to have immediate effect?		
If not when would you like the transfer to take effect?	l. ¥	
Day Mont	h Year	<u> </u>
	Please tick	✓ Yes
I have enclosed the consent form signed by the existing premises licence holder		
If you have not enclosed the consent form referred to above please give the reas What steps have you taken to try and obtain the consent?	ons why not.	
		✓ Yes
	Please tick	
If this application is granted I would be in a position to use the premises during the application period for the licensable activity or activities authorised by the license (see section 43 of the Licensing Act 2003)		
application period for the licensable activity or activities authorised by the license		*Yes
application period for the licensable activity or activities authorised by the license	•	Yes G
application period for the licensable activity or activities authorised by the license (see section 43 of the Licensing Act 2003)	Please tick	YYes
application period for the licensable activity or activities authorised by the license (see section 43 of the Licensing Act 2003) I have enclosed the premises licence	Please tick	Yes
application period for the licensable activity or activities authorised by the license (see section 43 of the Licensing Act 2003) I have enclosed the premises licence	Please tick	Yes
application period for the licensable activity or activities authorised by the license (see section 43 of the Licensing Act 2003) I have enclosed the premises licence	Please tick	YYes 📄
application period for the licensable activity or activities authorised by the license (see section 43 of the Licensing Act 2003) I have enclosed the premises licence	Please tick	YYes D
application period for the licensable activity or activities authorised by the license (see section 43 of the Licensing Act 2003) I have enclosed the premises licence	Please tick	Yes
application period for the licensable activity or activities authorised by the license (see section 43 of the Licensing Act 2003) 1 have enclosed the premises licence	Please tick	Yes

 statement as to why it is not enclosed I have enclosed the premises licence of the large sent a copy of this application to 	ed by the existing premises licence holder or my relevant part of it or explanation
IT IS AN OFFENCE, LIABLE ON CONVIC STANDARD SCALE, UNDER SECTION 1 A FALSE STATEMENT IN OR IN CONNI	CTION TO A FINE UP TO LEVEL 5 ON THE 158 OF THE LICENSING ACT 2003 TO MAKE ECTION WITH THIS APPLICATION
Part 4 – Signatures (please read guidance	note 2)
Signature of applicant or applicant's solicitor if signing on behalf of the applicant please sta	or other duly authorised agent (see guidance note 3) ate in what capacity.
Signature Date	m > m > 10 + 10 + 10 + 10 + 10 + 10 + 10 + 10
For joint applications signature of 2 nd applican	nt or 2 nd applicant's solicitor or other authorised on behalf of the applicant please state in what
Signature	
Date	······································
Capacity	**************************************
Contact name (where not previously given) a with this application (please read guidance no	and postal address for correspondence associated ote 5)
Post town	Post code
Telephone number (if any)	
If you would prefer us to correspond with yo	u by e-mail your e-mail address (optional)

Notes for Guidance

- Describe the premises. For example the type of premises it is, its general situation and layout and any other information which would be relevant to the licensing objectives.
- The application form must be signed.
 An applicant's agent (for example solicitor) may sign the form on their behalf provided that they have 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.

Consent of premises licence holder to transfer

I/we Rajaratuam Rasalingam [full name of premises licence holder(s)]
the premises licence holder of premises licence number LN 10000 1043 2010 14 [Insert premises licence number]
relating to
Al Cash & Carry, 293 Northold Rocal, South Harro a [name and address of premises to which the application relates] HAZ 81
hereby give my consent for the transfer of premises licence number
LN 1000001043/2010/4 [insert premises licence number]
to
Selvarajah Lokanantan [full name of transferee].
signed
name (please print) Rajaratuam Rasalingam
dated 05/09/2e12