



Harrow Application to transfer premises licence **Licensing Act 2003**

For help contact

licensing@harrow.gov.uk

Telephone: 020 8901 2600

n

		* required information			
Section 1 of 6					
You can save the form at any t	ime 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	half of the applicant?	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	GURMEET SINGH.				
* Family name	LAMBA				
* E-mail					
Main telephone number		lude country code.			
Other telephone number					
☐ Indicate here if you wou	ld prefer not to be contacted by telephone				
Are you:					
Applying as a business of Applying as an individual	or organisation, including as a sole trader	A sole trader is a business owned by one 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					
* Is your business registered in the UK with Companies House?	Yes • No				
* Is your business registered outside the UK?	○ Yes				
* Business name	VILKIS (LONDIS)	If your business is registered, use its registered name.			
* VAT number	NONE Applied for it.	Put "none" if you are not registered for VAT.			
* Legal status	Please select				

* Your position in the husiness	2	7
* Your position in the business	DIRECTOR	 ¬ The country where the headquarters of you
Home country	United Kingdom	business is located.
Business Address		If you have one, this should be your official address - that is an address required of you
* Building number or name		by law for receiving communications.
* Street		
District		
* City or town		
County or administrative area		
* Postcode		
* Country	United Kingdom	7
Section 2 of 6		
PREMISES DETAILS		
2003 for the premises describe Premises Licence	d in section 2 below.	
* Premise licence number	0604DWDJ-WTFK-H	GA.
		GA.
* Premise licence number		GA.
* Premise licence number Name Of Current Premises Li * Name	cence Holder	GA.
* Premise licence number Name Of Current Premises Li * Name Premises Address	cence Holder	
* Premise licence number Name Of Current Premises Li * Name Premises Address Are you able to provide a posta	Cence Holder HARISH RAVAL	
* Premise licence number Name Of Current Premises Li * Name Premises Address Are you able to provide a posta	HARISH RAVAL al address, OS map reference or description of	
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* Premise licence number Name Of Current Premises Li * Name Premises Address Are you able to provide a posta • Address OS ma Building number or name Street District	Cence Holder HARISH RAVAL al address, OS map reference or description of preference O Description VILKIS BUTLER 84 RD HARROW	
* Premise licence number Name Of Current Premises Li * Name Premises Address Are you able to provide a posta • Address OS man Building number or name Street District City or town	Cence Holder HARISH RAVAL al address, OS map reference or description of preference O Description VILKIS BUTLER 84 RD HARROW	
* Premise licence number Name Of Current Premises Li * Name Premises Address Are you able to provide a posta • Address OS ma Building number or name Street District City or town County or administrative area	HARISH RAVAL al address, OS map reference or description of preference C Description VILKIS BUTLER 84 RD HARROW MIDX UK	

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The Shop is situated in the corner of Bowen and				
The Shop is situated in the Corner of Bowen and Butter RD.				
Telephone number at the				
premises if any				
Section 3 of 6				
APPLICATION DETAILS				
In what capacity are you applying for the premises licence to be transferred to you?				
An individual or individuals				
A limited company				
☐ A partnership				
☐ An unincorporated association				
☐ A recognised club				
☐ A charity				
☐ The proprietor of an educational establishment				
☐ A health service body				
A person who is registered under part 2 of the Care Standards Act 2000 (c14) in respect of an independent hospital in Wales				
A person who is registered under Chapter 2 of Part 1 of the Health and Social Care Act 2008 in respect of the carrying on of a regulated activity (within the meaning of that Part) in an independent hospital in England				
☐ The chief officer of police of a police force in England and Wales				
Other (for example a statutory corporation)				
Section 4 of 6				
NON INDIVIDUAL APPLICANTS				
Non Individual Applicant's Name				
Name MR GURMEET SINGH LAMBA				
Details				
Registered number (where applicable)				
Description of applicant (for example partnership, company, unincorporated association etc)				
LAMBA				

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-	ious page				
Address				_	
Building number or	r name				
Street					
District	[6	, ,	
City or town	1				
County or administ	rative area				
Postcode	[
Country	Ī	United Kingdom			
Contact Details					
E-mail	1				
	. [A Second Control of the Control of t			
Telephone number					
Other telephone nu	umber				
		Add an	other applicant		
Section 5 of 6		Add an	other applicant		
Section 5 of 6	ATION	Add an	other applicant		
FURTHER INFORM					
Are you the holder	of the prem		other applicant n interim authority notic	e?	
Are you the holder	of the prem	ises licence under a	n interim authority notic	e?	
Are you the holder Yes O you wish the tra	of the prem No Insfer to have	ises licence under a	n interim authority notic	e?	
Are you the holder	of the prem	ises licence under a	n interim authority notic	e?	
Are you the holder Yes Do you wish the tra Yes	of the prem No Insfer to have	ises licence under a e immediate effect?	n interim authority notic		
Are you the holder Yes Do you wish the tra Yes Have you attached	of the premi No Insfer to have No the consent	ises licence under a e immediate effect?	n interim authority notic		
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This formality requires a fixe	ed fee of £23			
ATTACHMENTS				
AUTHORITY POSTAL ADDI	RESS			
Address				
Building number or name				
Street				
District				
City or town				
County or administrative ar	ea			
Postcode				
Country				
DECLARATION				
licensing act 2003, to mak	fence, liable on conviction to a fine up to level 5 on the standard scale, under section 158 of the e a false statement in or in connection with this application. cates you have read and understood the above declaration			
behalf of the applicant?"	pleted by the applicant, unless you answered "Yes" to the question "Are you an agent acting on			
* Full name				
* Capacity				
Date (dd/mm/yyyy)	01/01/78.			
Full name				
Capacity				
Date (dd/mm/yyyy)	Remove this signatory			
	Add another signatory			
Once you're finished you ne	ed to do the following:			

- 2. Go back to https://www.gov.uk/apply-for-a-licence/premises-licence/harrow/change-3 to upload this file and continue with your application.

Don't forget to make sure you have all your supporting documentation to hand.