

RECEIVED AT
LICENSING OFFICE

23 MAY 2014

TIME.

**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.

I/We TRAGUS GROUP LIMITED

.....
(insert name of applicant)

**apply to transfer the premises licence described below under section 42 of the
Licensing Act 2003 for the premises described in Part 1 below**

Premises licence number

LN/000000541/2012/7

Part 1 - Premises details

**Postal address of premises or, if none, ordnance survey map reference or
description**

Café Rouge
13 High Street, Pinner HA5 5PJ

Post town

Post code

Please give a brief description of the premises

Restaurant/Café Bar/Licensed Premises

Name of current premises licence holder

Café Rouge Limited

Part 2 - Applicant details

In what capacity are you applying for the premises licence to be transferred to you?

Please tick yes

- a) an individual or individuals*
- b) a person other than an individual*
 - i. as a limited company
 - ii. as a partnership

- please complete section (A)
- please complete section (B)
- please complete section (B)

- iii. as an unincorporated association or please complete section (B)
- 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) please confirm:

Please tick yes

- I am carrying on or proposing to carry on a business which involves the use of the premises for licensable activities; or
- I am making the application pursuant to a
 - statutory function or
 - a function discharged by virtue of Her Majesty's prerogative

(A) INDIVIDUAL APPLICANTS (fill in as applicable)

Mr Mrs Miss Ms Other title
(for example, Rev)

Surname

First names

Please tick yes

I am 18 years old or over

Current postal address if different from premises address

Post town

Post code

Daytime contact telephone number

E-mail address
(optional)

SECOND INDIVIDUAL APPLICANTS (fill in as applicable)

Mr Mrs Miss Ms Other title
(for example, Rev)

Surname

First names

Please tick yes

I am 18 years old or over

**Current postal
address if
different from
premises
address**

Post town

Post code

Daytime contact telephone number

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
TRAGUS GROUP LIMITED
Address
163 EVERSOLT STREET, LONDON, NW1 1BU
Registered number (where applicable)
06022528

Description of applicant (for example partnership, company, unincorporated association etc)	
Company	
E-mail address (optional)	

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?

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

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 reasons why not. What steps have you taken to try and obtain the consent?

Please tick yes

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 licence (see section 43 of the Licensing Act 2003)

Please tick yes

I have enclosed the premises licence

YES

If you have not enclosed premises licence referred to above please give the reasons why not.

- I have made or enclosed payment of the fee
- I have enclosed the consent form signed by the existing premises licence holder

- or my statement as to why it is not enclosed
- I have enclosed the premises licence or relevant part of it or explanation
- I have sent a copy of this application to the chief officer of policy today
- I understand that if I do not comply with the above requirement my application will be rejected

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

Part 4 - 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.....

21 May 2014

Date.....

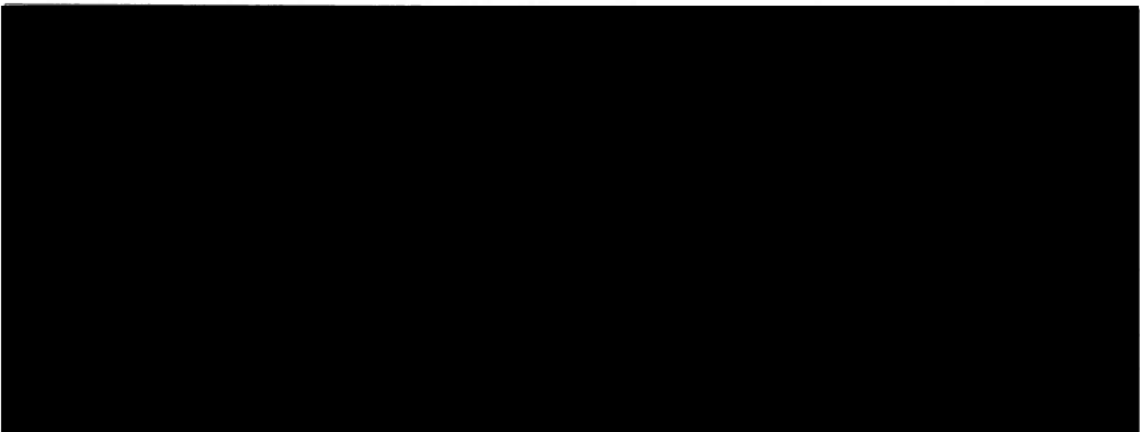
Capacity SOLICITORS AND AUTHORISED AGENTS FOR THE APPLICANT
.....

For joint applicants signature of 2nd applicant, 2nd applicant's solicitor or other authorised agent (please read guidance note 4). **If signing on behalf of the applicant please state in what capacity.**

Signature
.....

Date
.....

Capacity
.....



Notes for Guidance

Consent of premises licence holder to transfer

We **Café Rouge ~~Restaurants~~ Limited**

.....
[full name of premises licence holder]

the premises licence holder of premises licence number **LN/000000541/2012/7**

.....
[insert premises licence number]

relating to

Café Rouge 13 High Street, Pinner HA5 5PJ

.....
[name and address of premises to which the application relates]

hereby give my consent for the transfer of premises licence to

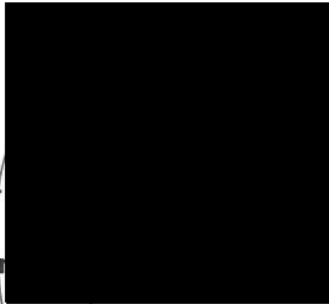
Tragus Group Limited

.....
[full name of transferee]

Signed

Name
(please print)

.....
Jeremy Bar



Job Title

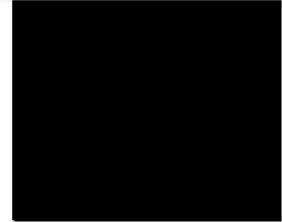
**Solicitor with authority to sign the form of consent on behalf of
the above named premises licence holder**

Dated

19 May 2014

TRAGUS

TO WHOM IT MAY CONCERN



May 2014

I hereby confirm that Jeremy Bark of Berwin Leighton Paisner LLP is authorised by the Board of Directors of the relevant company to sign the consent to transfer to enable any premises licence held by Bella Italia Restaurants Ltd, Café Rouge Restaurants Ltd, Café Rouge Limited, Café Pelican Limited, Heathgate Restaurants Limited, Lawline Investments Limited or Oriel Restaurants Limited to be transferred to Tragus Group Ltd.

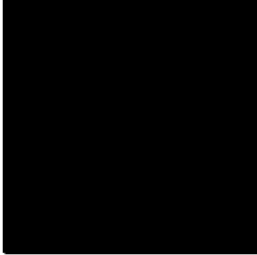


Consent of individual to being specified as premises supervisor

Date of birth: 19/05/1960

I, **Katarzyna, Maria Stecka**
[full name of prospective premises supervisor]

Of



[home address of prospective premises supervisor]

hereby confirm that I give my consent to be specified as the designated premises supervisor in relation to the application for

VARIATION OF DESIGNATED PREMISES SUPERVISOR

[type of application]

by

TRAGUS GROUP LIMITED

[name of applicant]

LN/000000541/2012/7

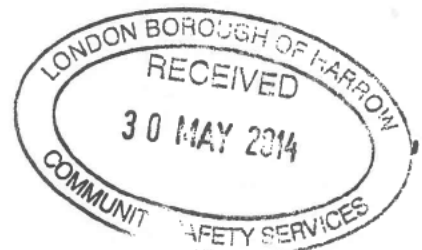
relating to a premises licence

[number of existing licence, if any]

for

**CAFÉ ROUGE
13-13a HIGH STREET
PINNER
HA5 5PJ**

[name and address of premises to which the application relates]



and any premises licence to be granted or varied in respect of this application made by

TRAGUS GROUP LIMITED

[name of applicant]

concerning the supply of alcohol at

**CAFÉ ROUGE
13-13a HIGH STREET
PINNER
HA5 5PJ**

[name and address of premises to which application relates]

I also confirm that I am applying for, intend to apply for or currently hold a personal licence, details of which I set out below.

Personal licence number

LBHIL0195

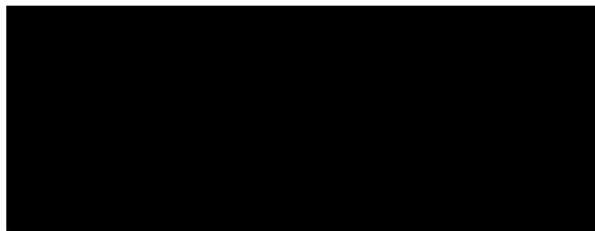
[insert personal licence number, if any]

Personal licence issuing authority

Hillingdon, *Civic Centre, High Street, Uxbridge UB8 3UW*

[insert name and address and telephone number of personal licence issuing authority, if any]

Signed



Name (please print)

KATARZYNA M. STECKA

Date

23/05/2014