

**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 Uthama Kumara Naidu
(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/000003287/2012

Part 1 – Premises details

Postal address of premises or, if none, ordnance survey map reference or description First Floor, 406 Kenton Lane	
Post town Harrow	Post code HA3 8RQ
[REDACTED]	
[REDACTED]	

Please give a brief description of the premises

Restaurant and Bar

Name of current premises licence holder

Spice London

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* | <input checked="" type="checkbox"/> please complete section (A) |
| b) a person other than an individual * | |
| i. as a limited company | <input type="checkbox"/> please complete section (B) |
| ii. as a partnership | <input type="checkbox"/> please complete section (B) |
| iii. as an unincorporated association or | <input type="checkbox"/> please complete section (B) |
| iv. other (for example a statutory corporation) | <input type="checkbox"/> please complete section (B) |
| c) a recognised club | <input type="checkbox"/> 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 in Wales please complete section (B)
- ga) a person who is registered under Chapter 2 of Part 1 of the Health and Social Care Act 2008 (within the meaning of that Part) in an independent hospital in England 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

Naidu

First names

Uthama Kumara

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 APPLICANT (fill in as applicable)

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

Surname

First names

I am 18 years old or over

Please tick yes

**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
Address
Registered number (where applicable)

Description of applicant (for example partnership, company, unincorporated association etc)
Telephone number (if any)
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

<p>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? The premises has been repossessed due to non payment of rent from the current occupiers. Please attached document proving right for occupation.</p> <p>Once we receive notification as to this application has been accepted we will be applying for a DPS variation.</p>

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

If you have not enclosed premises licence referred to above please give the reasons why not.
As the premises repossessed, we have no access to the licence documents.

Notes for Guidance

1. 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.
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 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.

Application ref: harrow-110517
Licence: Application to transfer premises licence
Applicant email: [REDACTED]
Submitted on: 23/05/2014 08:55
Total fee: £23.00
Payment status: Paid
Capita ref: 017877
Amount paid: **£23.00**
Fee outstanding: £0.00

Application

application form

Supporting documents (2)

Premises plan

Consent form of premises licence holder

Authority Reference

Reference:

If you're encountering a problem and require assistance, please contact us at licensing-authorities@digital.cabine

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