

* required information

Section 1 of 6

You can save the form at any time 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

Michael Andreas Michael - Elysian

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 behalf of the applicant?

Yes No

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

Michael Andreas

* Family name

Michael

* E-mail

[Redacted]

Main telephone number

[Redacted]

Include country code.

Other telephone number

[Redacted]

Indicate here if the applicant would prefer not to be contacted by telephone

Is the applicant:

- Applying as a business or organisation, including as a sole trader
 Applying as an individual

A sole trader is a business owned by one person without any special legal structure. Applying as an individual means the applicant is applying so the applicant can be employed, or for some other personal reason, such as following a hobby.



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Address

* Building number or name

* Street

District

* City or town

County or administrative area

* Postcode

* Country

Agent Details

* First name

* Family name

* E-mail

Main telephone number

Other telephone number

Include country code.

Indicate here if you would prefer not to be contacted by telephone

Are you:

- An agent that is a business or organisation, including a sole trader
- A private individual acting as an agent

A sole trader is a business owned by one person without any special legal structure.

Agent Business

* Is your business registered in the UK with Companies House? Yes No

* Registration number

* Business name

* VAT number

* Legal status

* Your position in the business

Home country

If your business is registered, use its registered name.
Put "none" if you are not registered for VAT.

The country where the headquarters of your business is located.

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Agent Registered Address

Address registered with Companies House.

* Building number or name	134 The Barracks, White Cross Business Park
* Street	South Road
District	
* City or town	Lancaster
County or administrative area	
* Postcode	LA1 4XQ
* Country	United Kingdom

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PREMISES DETAILS

I/we, as named in section 1, apply to transfer the premises licence described below under section 42 of the Licensing Act 2003 for the premises described in section 2 below.

Premises Licence

* Premise licence number	LN/000000594
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Name Of Current Premises Licence Holder

* Name	Andreas Michael
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Premises Address

Are you able to provide a postal address, OS map reference or description of the premises?

Address OS map reference Description

Building number or name	11
Street	Stanmore Hill
District	
City or town	Stanmore
County or administrative area	Middlesex
Postcode	HA7 3DP
Country	United Kingdom

Further Details

Please give a brief description of the premises

The premises is a restaurant

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Telephone number at the premises if any

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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)

Please confirm the following:

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

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INDIVIDUAL APPLICANT DETAILS

Applicant Name

Is the name the same as (or similar to) the details given in section one?

- Yes No

If "Yes" is selected you can re-use the details from section one, or amend them as required. Select "No" to enter a completely new set of details.

First name

Family name

Continued from previous page...

Is the applicant 18 years of age or older?

Yes No

Applicant Postal Address

Is the address the same as (or similar to) the address given in section one?

Yes No

If "Yes" is selected you can re-use the details from section one, or amend them as required. Select "No" to enter a completely new set of details.

Building number or name

Street

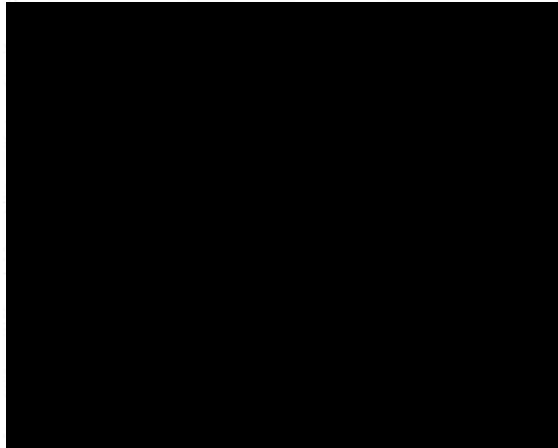
District

City or town

County or administrative area

Postcode

Country



Applicant Contact Details

Are the contact details the same as (or similar to) those given in section one?

Yes No

If "Yes" is selected you can re-use the details from section one, or amend them as required. Select "No" to enter a completely new set of details.

E-mail

Telephone number

Other telephone number

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FURTHER INFORMATION

Are you the holder of the premises licence under an interim authority notice?

Yes No

Do you wish the transfer to have immediate effect?

Yes No

Have you attached the consent form signed by the existing premises licence holder?

Yes No

Please enter your reasons. What steps have you taken to obtain consent?

The existing premises licence holder passed away on the 26th April.

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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)?

Yes No

Have you attached the previous licence?

Yes No

Please enter your reasons

The existing premises licence holder has passed away and his son (the applicant) has been unable to locate the licence. I, the agent, have a copy of the death certificate and attach it to this application as advised to do by a Licensing officer at Harrow Council.

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PAYMENT DETAILS

This fee must be paid to the authority. If you complete the application online, you must pay it by debit or credit card.

This formality requires a fixed fee of £23

ATTACHMENTS

AUTHORITY POSTAL ADDRESS

Address

Building number or name	<input type="text"/>
Street	<input type="text"/>
District	<input type="text"/>
City or town	<input type="text"/>
County or administrative area	<input type="text"/>
Postcode	<input type="text"/>
Country	<input type="text" value="United Kingdom"/>

DECLARATION

* I/we understand 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.

Ticking this box indicates you have read and understood the above declaration

This section should be completed by the applicant, unless you answered "Yes" to the question "Are you an agent acting on behalf of the applicant?"

Continued from previous page...

* Full name

* Capacity

Date (dd/mm/yyyy)

* Full name

* Capacity

Date (dd/mm/yyyy)

Remove this signatory

Add another signatory

Once you're finished you need to do the following:

1. Save this form to your computer by clicking file/save as...
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.