

\* 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

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

HARPREET Kaur AUJLA

\* Family name

AUJLA

\* E-mail

UK

Main telephone number

Other telephone number

Include country code.

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

Are you:

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 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  No

\* Business name

FLETCHER'S FISH BAR

If your business is registered, use its registered name.

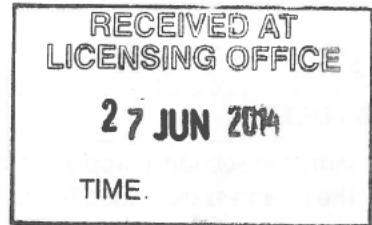
\* VAT number

- 185178869

Put "none" if you are not registered for VAT.

\* Legal status

Please select...



Continued from previous page...

\* Your position in the business

Home country

The country where the headquarters of your business is located.

**Business Address**

If you have one, this should be your official address - that is an address required of you by law for receiving communications.

\* Building number or name

\* Street

District

\* City or town

County or administrative area

\* Postcode

\* Country

**Section 2 of 6**

**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

**Name Of Current Premises Licence Holder**

\* Name

**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

Street

District

City or town

County or administrative area

Postcode

Country

**Further Details**

Please give a brief description of the premises

Continued from previous page...

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

**Details**

Registered number (where applicable)

Description of applicant (for example partnership, company, unincorporated association etc)

Continued from previous page...

**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"/>

**Contact Details**

E-mail	<input type="text"/>
Telephone number	<input type="text"/>
Other telephone number	<input type="text"/>

**Section 5 of 6**

**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

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

**Section 6 of 6**

**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.

Continued from previous page...

This formality requires a fixed fee of £23

## ATTACHMENTS

## AUTHORITY POSTAL ADDRESS

### Address

Building number or name	UNIT 1 DEPOT UNIT 1
Street	FORWARD DRIVE
District	WEAIDSTONE
City or town	HARROW
County or administrative area	
Postcode	HA3 8NT.
Country	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?"

* Full name	[REDACTED]
* Capacity	INDIVIDUAL
Date (dd/mm/yyyy)	26-06-2014.

Full name	
Capacity	
Date (dd/mm/yyyy)	
<input type="button" value="Remove this 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.

Consent of premises licence holder to transfer

I/we KIRPAL SINGH GILL  
[full name of premises licence holder(s)]

the premises licence holder of premises licence number 0509-K3-MT-LK-MQ-TT-HQ  
[insert premises licence number]

relating to

FLETCHER'S FISH BAR 13 PINNICK GREEN PINNICK  
[name and address of premises to which the application relates]

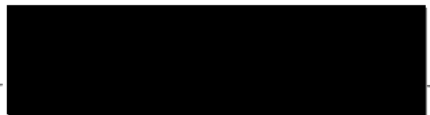
hereby give my consent for the transfer of premises licence number

0509-K3-MT-LK-MQ-TT-HQ  
[insert premises licence number]

to

HARPREET KAUR AJI  
[full name of transferee]

signed  
name  
(please print)



KIRPAL SINGH GILL

dated

25.6.14



P.O. Box 729, Civic Centre  
Station Road, Harrow  
Middlesex, HA1 2DZ

Telephone: 020 8863 5611  
cashiers@harrow.gov.uk  
Website: www.harrow.gov.uk

=====  
Payment Receipt  
=====

Total to Pay	£23.00
Cash Paid	£23.00
Amount Credited	£23.00

=====  
Account Breakdown  
=====

A/C	Miscellaneous
Ref. No.	539840/1788
Your Surname	AUJLA
Amount Credited	£23.00

You can also pay online at  
www.harrow.gov.uk or on our  
24-hour telephone payments  
system by calling 0208 424  
1220

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