London Borough of Harrow, Licensing & Street Trading, Civic Centre PO Box 18, Station Road, HARROW, HA1 2BR

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.

We Yum! III (UK) 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 0510-977Y-EPAN-GWX3 Premises licence number Part 1 - Premises details Postal address of premises or, if none, ordnance survey map reference or description 420 Alexandra Avenue Rayners Lane Post code HA2 9TW Post town Harrow Telephone number at premises (if any) Please give a brief description of the premises Restaurant received at LICENSING OFFICE Name of current premises licence holder 0 7 NOV 2012 Pizza Hut (UK) Limited TIME Part 2 - Applicant Details In what capacity are you applying for the premises licence to be transferred to you? Please tick yes an individual or individuals * please complete section (A) a) П a person other than an individual * b)

i.

ii.

C)

d)

as a limited company

as an unincorporated association or

other (for example a statutory corporation)

as a partnership

a recognised club

a charity

please complete section (B)

 \square

e)	the proprietor of	of an educational	establishment		•	nplete section (B)			
f)	a health service	health service body				nplete section (B)			
g)	a person who is registered under Part 2 of Care Standards Act 2000 (c14) in respect independent hospital in Wales		in respect of an		·	nplete section (B)			
ga)	a person who is registered under Chapter 2 Part 1 of the Health and Social Care Act 20 (within the meaning of that Part) in independent hospital in England				please cor	nplete section (B)			
h)	the chief officer of police of a police force in England and Wales				please cor	mplete section (B)			
		s a person descril	bed in (a) or (b) p	lease o	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									
		tory function or				닏			
	a fur	nction discharged	by virtue of Her N	lajesty	r's prerogati	ve 📙			
(A) INDIVIDUAL APPLICANTS (fill in as applicable)									
Мr	Mrs	Miss	Ms		r Title (for nple, Rev)				
Surna	ame		First na	mes					
I am 1	18 years old or	over			☐ Plea	ase tick yes			
Current postal address if different from premises address									
addre from	ess if differe premis	ent							
addre from	ess if differe premis	ent			Postcode				
addre from addre Post Town	ess if differe premis ess	ent			Postcode				
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Post Town Dayti E-ma (option	ess if differe premisess ime contact tele iii address	ent es	if applicable)		Postcode				
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addre from addre Post Town Dayti E-ma (optic SECC	ess if differe premisess ime contact tele ill address onal) OND INDIVIDUA Mrs ame 18 years old or ess if differe premises	ent es ephone number AL APPLICANT (i Miss over	Ms	Othe	er Title (for nple, Rev)	ase tick yes			
Address from address Found (options) SECO Mr Surnal am Current address from	ess if differencess Imme contact televial address onal) DND INDIVIDUA Mrs ame 18 years old or ent posess if differencess	ent es ephone number AL APPLICANT (i Miss over	Ms	Othe	er Title (for nple, Rev)	ase tick yes			

	E-mail address (optional)					
	(B) OTHER APPLIC	CANTS				
	please give any re	me and registered address of applicant in full. Wh gistered number. In the case of a partnership or oth dy corporate), please give the name and address	er joint venture			
	Name Yum! III (UK) Limite	d				
	Address 32 Goldsworth Road Woking Surry GU21 6JT	d				
	Registered number (where applicable) 08012651					
Description of applicant (for example, partnership, company, unincorporated as Private Limited Company		association etc.)				
-	Telephone number	(if any)				
r	E-mail address (opt	ional)				
	Part 3		Please tick yes			
	Are you the holder o	of the premises licence under an interim authority notice?				
	Do you wish the trai	nsfer to have immediate effect?	$\overline{\checkmark}$			
	f not when would ye	ou like the transfer to take effect? Day Mon	ith Year			
		<u> </u>	Please tick yes			
	have enclosed the	consent form signed by the existing premises licence hole	der 🔽			
1	f you have not encl What steps have yo	osed the consent form referred to above please give the rule taken to try and obtain the consent?	easons why not.			
			Please tick yes			
i	application period fo	granted I would be in a position to use the premises durin or the licensable activity or activities authorised by the lice	g the 📝 nce (see			
:	section 43 of the Lic	ensing Act 2003)	Please tick yes [√]			
	Have enclosed the	premises illustrate	V			

If you have not enclosed premises licence referred to above please give the reasons why not.					
o e e					
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 	<u> </u>				
 I have enclosed the premises licence or relevant part of it or explanation 	\square				
 I have sent a copy of this application to the chief officer of police today 	$\overline{\mathbf{A}}$				
 I understand that if I do not comply with the above requirements my application will be rejected 	V				
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					
Date 6 November 2012					
Capacity Solicitors and Agents for Applicant					
For joint applicants signature of 2 nd applicant, 2 nd 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					
g					
Date					
Capacity					
Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 5)	,				
associated with this application (please read guidance note 5)					
ess (option	nal)				

Consent of Premises Licence Holder to Transfer

I/We PIZZA HUT (UK) LIMITED (full name of Premises Licence Holder(s))	-
The premises Licence Holder of premises Licence number	0510-977Y-EPAN- GWX3 (insert premises licence number)
Relating to Pizza Hut 420 Alexandra Avenue Rayners Lan	e Harrow HA2 9TW
(Name and address to which the Application relates)	
Hereby give my consent for the Transfer of Premises Licence	Number 0510-977Y-EPAN- GWX3
To YUM! III (UK) LIMITED	(illisant prantises ilicence number)
(Full name of Transferee)	
Signed	

Name (Please Print)

Dated

MARK FOX

3 /5/12