

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 MR KANESU ATHITHAN, MRS KUNANIJI ATHITHAN

(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

0509-T4F3-9PQW-FQDN

Part 1 – Premises details

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

313A, BYRON ROAD, WEALDSTONE, HARROW, MIDDLESEX

Post town HARROW

Post code HA3 7TE

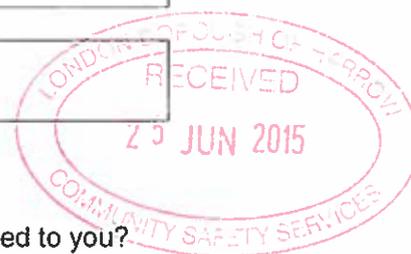
Telephone number at premises (if any)

Please give a brief description of the premises

CONVENIENCE STORE [YOUKINGS SUPERMARKET]

Name of current premises licence holder

VATHANI CHANDRAMOHAN



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

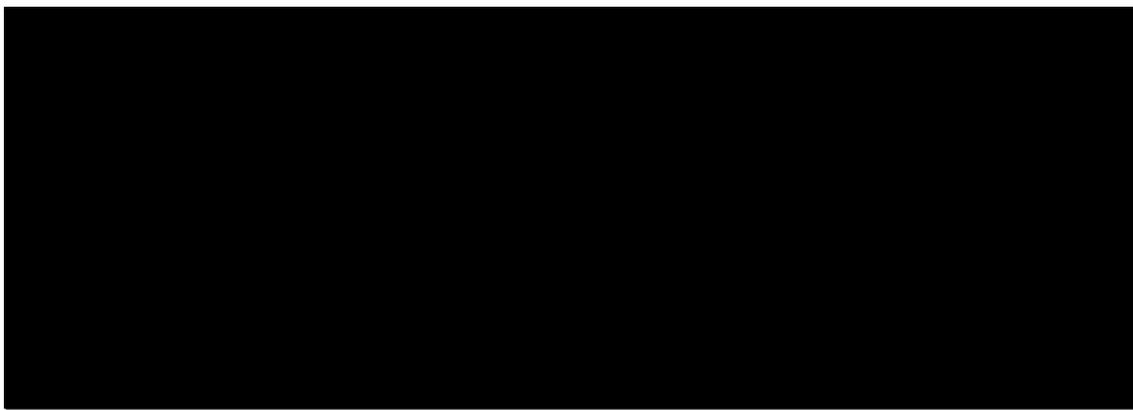
- I am carrying on or proposing to carry on a business which involves the use of the premises for licensable activities; or
- I am making the application pursuant to a
 - statutory function or
 - a function discharged by virtue of Her Majesty's prerogative

(A) INDIVIDUAL APPLICANTS (fill in as applicable)

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

Surname **First names**

I am 18 years old or over **Please tick yes**





SECOND INDIVIDUAL APPLICANT (fill in as applicable)

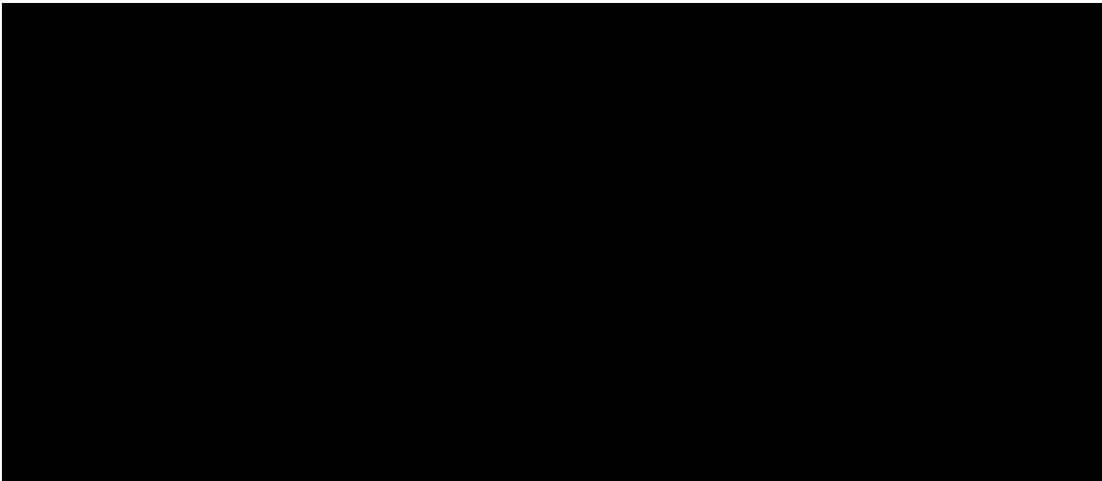
Mr Mrs Miss Ms Other title
(for example, Rev)

Surname
ATHITHAN

First names
KUNANIJI

I am 18 years old or over

Please tick yes



(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)

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 police today
- I understand that if I do not comply with the above requirements 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 

 Date 23/06/2015

 Capacity OWNER

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 23/05/2015

 Capacity OWNER

Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 5)
 MR KANESU ATHITHAN



Consent of premises licence holder to transfer

I/we VATHANI CHANDRAMOHAN

[full name of premises licence holder(s)]

the premises licence holder of premises licence number 0509-T4F3-9PQW-FQDN

[insert premises licence number]

relating to

NITA MINI MARKET, 313A BYRON ROAD, WEALDSTONE, HARROW, HA3 7TE

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

hereby give my consent for the transfer of premises licence number

0509-T4F3-9PQW-FQDN

[insert premises licence number]

to

MR. KANESH ATHITHAN, MRS. KUNANITI ATHITHAN

[full name of transferee].

signed



name

(please print)

V. CHANDRAMOHAN

dated

24/6/15