

07 DEC 2012

TIME.

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

E.P. (HARROW) LTD
(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/000003712/2010/1

Part 1 - Premises details

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

STANDARD INDIAN TAKEAWAY
302 EASTCOTE LANE

Post town HARROW

Post code HA2 9AH

Telephone number at premises (if any)

Please give a brief description of the premises

~~CUSTOMER~~ SERVICE AREA AT FRONT. REAR KITCHEN

Name of current premises licence holder

SHANKALPA LTD. T/A. STANDARD INDIAN TAKE AWAY

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 type="checkbox"/> please complete section (A) |
| b) a person other than an individual * | |
| i. as a limited company | <input checked="" 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**

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	K.P (HARROW) LTD.
Address	302 EASTCOTE LANE SOUTH HARROW MIDDX. HA2 9AH.
Registered number (where applicable)	8082926

Description of applicant (for example partnership, company, unincorporated association etc)	
thbuthb	COMPANY
Telephone number (if any)	[REDACTED]
E-mail address (optional)	[REDACTED]

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

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?

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

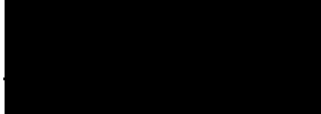
If you have not enclosed premises licence referred to above please give the reasons why not.

- 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 12/11/12

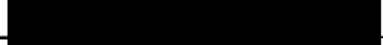
Capacity DIRECTOR

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 12/11/12

Capacity DIRECTOR

Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 5)	
K-P. HARROW LTD 302 EAST COTE LANE	
Post town SOUTH HARROW	Post Code HA2 9AH
Telephone number (if any) trhj but 	
If you would prefer us to correspond by email address (optional)	

Consent of premises licence holder to transfer

I/we Mr. M. THAKOR, SHANKALPA LTD.

[full name of premises licence holder(s)]

the premises licence holder of premises licence number LN/000003712/2010/1

[insert premises licence number]

relating to

STANDARD INDIAN TAKE AWAY

302 EAST COTE LANE, SOUTH HARROW, MIDDLE HAZARD.

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

hereby give my consent for the transfer of premises licence number

LN/000003712/2010/1

[insert premises licence number]

to Mr. C. PATEL

K.P. CHARROW LTD.

[full name of transferee].

signed

name

(please print)

M. THAKOR

dated

17/11/12