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[Insert details including name and address of licensing authority and application reference if any]

**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 Hermangini Thiagarajah apply to transfer the premises licence described below under section 42 of the Licensing Act 2003 for the premises described in Part 1 below  
(Insert name of applicant)

Premises licence number LN/000003029/2011/2

**Part 1 – Premises details**

Postal address of premises or, if none, ordnance survey map reference or description <u>"Shankar &amp; Co Cash &amp; Carry"</u> <u>231-233 Northolt Road</u>	
Post town <u>South Harrow</u>	Post code <u>HA2 8AN</u>
Telephone number at premises (if any)	

Please give a brief description of the premises  
off licence

Name of current premises licence holder  
Dushyanthan Sambanthapillai

**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\*  please complete section (A)
  - b) a person other than an individual \*
    - i. as a limited company  please complete section (B)
    - ii. as a partnership  please complete section (B)
    - iii. as an unincorporated association or  please complete section (B)
    - iv. other (for example a statutory corporation)  please complete section (B)

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Resubmission

- c) a recognised club  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  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

Postcode

Daytime contact telephone number

E-mail address (optional)

SECOND INDIVIDUAL APPLICANT (if 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

Postcode

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
Address
Registered number (where applicable)
Description of applicant (for example partnership, company, unincorporated association etc)
Telephone number, if any
E-mail (optional)

**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.

*Premises Licence has not been given to me by the previous licensee.*

- 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.....

3/1/13

Capacity

Applicant

For joint applications signature of 2<sup>nd</sup> applicant or 2<sup>nd</sup> 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.....

Capacity

Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 5)	
Post town	Post code
Telephone number (if any)	
If you would prefer us to correspond with you by e-mail your e-mail address (optional)	

**Consent of premises licence holder to transfer**

I/we Dushyanthan Sambanthapillai

*[full name of premises licence holder(s)]*

the premises licence holder of premises licence number LN/000003029/2011/2

*[insert premises licence number]*

relating to

"Shankar & Co Cash & Carry", 231-233 Northolt Road, South Harrow, Middlesex, HA2 8HN

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

hereby give my consent for the transfer of premises licence number

LN/000003029/2011/2

*[insert premises licence number]*

to

Hermangini Thiagarajah

*[full name of transferee]*

signed

name

(please print)

SAMBANTHAPILLAI DUSHYANTHAN

dated

04-01-13.