

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 HEMIR BARS.

(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/000000981/2012/9810

Part 1 - Premises details

Postal address of premises or, if none, ordnance survey map reference or description THE SHAWL PH
320 NORTHOLT RD, SOUTH HARROW
MIDDLESEX

Post town _____ Post code HA2 8EE

Telephone number at premises (if any) XXXXXXXXXX

Please give a brief description of the premises

PUBLIC HOUSE.

Name of current premises licence holder PAUL HEHIR

Part 2 - Applicant details

In what capacity are you applying for the premises licence to be transferred to you?

- a) an individual or individuals*
- b) a person other than an individual *
 - i. as a limited company
 - ii. as a partnership
 - iii. as an unincorporated association or
 - iv. other (for example a statutory corporation)
- c) a recognised club

Please tick

- please complete section (A)
- please complete section (B)
- please complete section (B)
- please complete section (B)
- please complete section (B)
- please complete section (B)

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TIME.

PAID

d) a charity	<input type="checkbox"/> please complete section (B)
e) the proprietor of an educational establishment	<input type="checkbox"/> please complete section (B)
f) a health service body	<input type="checkbox"/> please complete section (B)
ga) an individual who is registered under Part 2 of the Care Standards Act 2000 (c14) in respect of an independent hospital in Wales	<input type="checkbox"/> please complete section (B)
gb) 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 respect of an independent hospital in England	<input type="checkbox"/> please complete section (B)
h) the chief officer of police of a police force in England and Wales	<input type="checkbox"/> please complete section (B)

*If you are applying as a person described in (a) or (b) please confirm:

	Please tick
• I am carrying on or proposing to carry on a business which involves the use of the premises for licensable activities; or	<input checked="" type="checkbox"/>
• I am making the application pursuant to a	<input type="checkbox"/>
o statutory function or	<input type="checkbox"/>
o a function discharged by virtue of Her Majesty's prerogative	<input type="checkbox"/>

(A) INDIVIDUAL APPLICANTS (fill in as applicable)

Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other title <input style="width: 100px;" type="text"/>
				(for example, Rev)
Surname <input style="width: 400px;" type="text"/>		First names <input style="width: 200px;" type="text"/>		

I am 18 years old or over <input type="checkbox"/>		Please tick
Current postal address if different from premises address <input style="width: 800px;" type="text"/>		
Post town <input style="width: 200px;" type="text"/>	Post code <input style="width: 150px;" type="text"/>	
Telephone number <input style="width: 800px;" type="text"/>		
E-mail address (optional) <input style="width: 800px;" type="text"/>		

SECOND INDIVIDUAL APPLICANT (fill in as applicable)

Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other title <input style="width: 100px;" type="text"/>
				(for example, Rev)
Surname <input style="width: 400px;" type="text"/>		First names <input style="width: 200px;" type="text"/>		

I am 18 years old or over <input type="checkbox"/>		Please tick
Current postal address if different from premises address <input style="width: 800px;" type="text"/>		

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Post town		Post code	
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	HEHIR BARS LTD.		
Address	18 SILVER ST, ENFIELD MIDDX. EN1 3EG.		
Registered number (where applicable)	07368761		
Description of applicant (for example partnership, company, unincorporated association etc.)	COMPANY.		
Telephone number (if any)	[REDACTED]		
E-mail address (optional)	[REDACTED]		

Part 3

Are you the holder of the premises licence under an interim authority notice? Please tick

Do you wish the transfer to have immediate effect?

If not when would you like the transfer to take effect? Day Month Year

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I have enclosed the consent form signed by the existing premises licence holder Please tick

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?

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

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

02/02/14

Capacity

DIRECTOR.

For joint applicants signature of second applicant, second 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)

Notes for Guidance

1. Describe the premises. For example the type of premises it is, its general situation and layout and any other information, which would be relevant to the licensing objectives.
2. The application form must be signed.
3. An applicant's agent (for example solicitor) may sign the form on their behalf provided that they have actual authority to do so.
4. Where there is more than one applicant, both applicants and their respective agents must sign the application form.
5. This is the address, which we shall use to correspond with you about this application.

Note for Customer

The following information is provided for your information only. It is not intended to constitute an offer or recommendation of any investment product or service. Please consult your financial advisor for more information.

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Consent of premises licence holder to transfer

I/We

full name of premises licence holder(s)]

PRESTIGE LABOUR SERVICES LTD.

the premises licence holder of premises licence number

[number of existing premises licence]

LN000000981/2012/9810

relating to

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

THE SHAWL. PM.
320 NORTHOLT RD, SOUT HARROW, MIDDX
HA2 8EE

hereby give my consent for the transfer of premises licence number

[number of existing premises licence]

LN/000000/981/2012/9810

to

[full name of transferee]

HEMIR BARS LTD

Signed

Name

PAUL HEMIR DIRECTOR

Date

02/02/14.

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Consent of premises license holder to transfer

Positive Labors Services

114 P / 2011 / 2011 / 2011

The phone #1
310-407-1111
310-407-1111
310-407-1111

2 m / 2011 / 2011 / 2011

Henry Bays Ltd

[Handwritten signature]

Henry Bays Ltd

114 P / 2011 / 2011 / 2011

