

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

Application to transfer premises licence to be 2003	e grante	d under the Licensing Act
PLEASE READ THE FOLLOWING I	NSTRUC	TIONS FIRST
Before completing this form please read the guidance note If you are completing this form by hand please write legibly your answers are inside the boxes and written in black ink. You may wish to keep a copy of the completed form for your may wish to keep a copy of the copy of t	y in block Use addit our record	capitals. In all cases ensure that ional sheets if necessary. s.
(Insert name of applicant) below under section 42 of the Licensing Act 20 Part 1 below		
Premises licence number	0000	3572 / 2010/5
Part 1 – Premises details		
Postal address of premises or, if none, ordnance survey	map refe	rence or description
244 STREATTZEUD ROAD		
Post town //-	Post cod	e
MARROUL		* HA3 913X
Telephone number at premises (if any)		
Please give a brief description of the premises  RESTAURANT / ISAR	-	
Name of current premises licence holder  DASHRATH  PATE	۷	
Part 2 - Applicant details		
In what capacity are you applying for the premises licence	to be tran	sferred to you?
	Please	tick ♥ yes
a) an individual or individuals*		please complete section (A)
<ul> <li>a person other than an individual *</li> <li>i. as a limited company</li> <li>ii. as a partnership</li> </ul>		please complete section (B) 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)

TIME.

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 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 a	are applying as a person described in (a) or (b) p	lease confirm:		
			Please tick Y yes	
	<ul> <li>I am carrying on or proposing to carry on a</li> </ul>	business	L.F	
	which involves the use of the premises for	licensable acti	vities: or	
	·			
	<ul> <li>I am making the application pursuant to a</li> </ul>			
	o statutory function or		ra	
			. 님	
	o a function discharged by virtue of Her Majesty's prerogative			
(A) IND	IVIDUAL APPLICANTS (fill in as applicable)			
Mr 🖊	Mrs Miss	Ms	Other title (for example, Rev)	
Surnam		First names		
<i>[</i>	PATEL	OZ	TENDRA	
<u> </u>				
l am 18	years old or over		Please tick vyes	
Current address				
	ent from			
	s address			
L. attibu	age and me many thinking			
Post Tov	wn .			
. 031 101				
Daytime	e contact te			
E-mail a (options				

SECOND INDIVIDU	AL APPLICANT	「(if applicable)		
Mr Mr	Ars	Miss	Ms First names	Other title (for example, Rev)
l am 18 years old or	r over			Please tick yes
Current postal address if different from premises address				
Post Town	-		Postcode	
Daytime contact te	lephone numb	per		
E-mail address (optional)				
any registered numi	e and register ber. In the cas	e of a partnershi	olicant in full. Where p or other joint ventu ach party concerned.	appropriate please give re (other than a body
Name				
Address				
Registered number	(where applica	ible)		
Description of appli	icant (for exam	iple partnership, c	ompany, unincorpora	ted 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?	h V
Day Mont	h Year
	Please tick ✓ Yes
I have enclosed the consent form signed by the existing premises licence holder	Please Lick * Tes
If you have not enclosed the consent form referred to above please give the reason What steps have you taken to try and obtain the consent?	ons why not.
	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 license (see section 43 of the Licensing Act 2003)	· I
	Please tick Yes
I have enclosed the premises licence	
If you have not enclosed premises licence referred to above please give the reaso	ns 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

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 if signing on behalf of the applicant	solicitor or other duly authorised agent (see guidance note 3). please state in what capacity.
Capacity AGENT	······································
For joint applications signature of 2 <sup>n</sup> agent (please read guidance note 4). I capacity.	<sup>al</sup> applicant or 2 <sup>nd</sup> applicant's solicitor or other authorised If signing on behalf of the applicant please state in what
Signature	
Date	
Capacity	
Contact name (where not previously with this application (please read gu	ly given) and postal address for correspondence associated aidance note 5)
Post town	Post code
Telephone number (if any)	
If you would prefer us to correspon	id with you by e-mail your e-mail address (optional)

## Consent of premises licence holder to transfer

liwe MR DASHARATH PATEL  [full name of premises licence holder(s)]
the premises licence holder of premises licence number $2 / \sqrt{00000572/2010}$
relating to
THERED TURBAN - 244 STREATFIELD ROAD, HARROW HAZ 9BX
[name and address of premises to which the application relates]
hereby give my consent for the transfer of premises licence number
LN/000000572/2010/S. [Insert premises licence number]
to
MR JITENDRA PATEL (GITA ENTERPRISES LTD).
[full name of transferee].
signed
name
(please print) MR DASHARATH PATEL
dated ) <   sl 3