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 Kandasamy Selvarajah (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/000000848/2011/3 Part 1 - Premises details Postal address of premises or, if none, ordnance survey map reference or description Royal Food & Wine 17 Belmont Circle Post town Harrow Post code HA3 8RF Please give a brief description of the premises General Store and OFF Licence Name of current premises licence holder Nadarajah Sugeetharan 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)

please complete section (B)

b) a person other than an individual *

iii. as an unincorporated association or

iv. other (for example a statutory corporation)

i. as a limited company

ii. as a partnership

c) a recognised club

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Surna	ıme		Fi	rst name	s	
						,
Mr [⊠ Mrs □	Miss [Ms		Other title (for example, Re	v)
(A) IN	DIVIDUAL APPL	ICANTS (fill	in as applic	able)		
	a function d	ischarged by	virtue of He	er Majesty	's prerogative	
	 statutory fur 					
	the use of the pre am making the a			vities; or		
• 1	am carrying on o	or proposing	to carry on	a busines:	s which involves	
,	11 7 0	•	· ·	, (, 1		tick yes
*If vol	are applying as		scribed in (a) or (b) ple	ease confirm:	
h)	the chief officer in England and	•	a police forc	e 🗌	please complete se	ection (B)
ga)	a person who is 2 of Part 1 of th Act 2008 (within in an independe	e Health and the meanin	I Social Care g of that Par	9	please complete se	ection (B)
g)	an individual what 2 of the Care Strespect of an inwales	andards Act	2000 (c14)		please complete se	ection (B)
	a health service	·			please complete se	. ,
f)					please complete se	` ,
e) f)	the proprietor of establishment	i an educado	Паі		Diease complete se	

E-mail address (optional)	
SECOND INDIV	VIDUAL APPLICANT (fill in as applicable)
Mr Mrs	☐ Miss ☐ Ms ☐ Other title ☐ (for example, Rev)
Surname	First names
l am 18 years ol	Please tick yes
Current postal address if different from premises address	
Post town	Post code
Daytime contac	t telephone number
E-mail address (optional)	
(B) OTHER API	PLICANTS
Please provide n	ame and registered address of applicant in full. Where appropriate registered number. In the case of a partnership or other joint venture dy corporate), please give the name and address of each party
Name	
Address	
Registered numb	per (where applicable)

Description of applicant (for example partnership, company, unincorporated association etc)
Telephone number (if any)
E-mail address (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
Please tick yes
I have enclosed the consent form signed by the existing premises licence holder $\ oxinveq$
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
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)

If you have not enclosed premises licence referred to above please give the reasons why not.
As this is an online application I have not enclosed the current licence. However, in receipt of the new documents the old licence will be destroyed.

 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 	
T IS AN OFFENCE, LIABLE ON CONVICTION TO A FINE UP TO LEVEL 5 OI THE STANDARD SCALE , UNDER SECTION 158 OF THE LICENSING ACT 20 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 ager (See guidance note 3). If signing on behalf of the applicant please state in we capacity.	
Date 28 May 2014	
Capacity Authorised Agent	
For joint applicants signature of 2 nd applicant, 2 nd applicant's solicitor or ot authorised agent (please read guidance note 4). If signing on behalf of the applicant please state in what capacity. Signature	her
Date	
Capacity	

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 or their respective agents must sign the application form.
- 5. This is the address which we shall use to correspond with you about this application.

or profits of frontier to transfer
Madarajah Sujee Itaran [full name of promises licence holder(s)]
the premises licence holder of premises licence number [Insert premises licence number]
relating to
[name and address of premises to which the application relates]
hereby give my consent for the transfer of premises licence number
LU / 00000 0 848 / 2011 / 3 [insert premises licence number]
to Kandasany Salvarajah (full name of transferee).
[full name of transferee].
[full name of transferee]. 17 Belmont Circle
HARROW HA3 8RP
HA3 8RP
signed
name (please print) M2: NADAI2N JAI1 SUGE CTAI912 HAN

dated