

[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~~ MR. V. THEEPATHAS..... apply to transfer the premises licence described  
(Insert name of applicant)  
below under section 42 of the Licensing Act 2003 for the premises described in Part 1 below

Premises licence number

0712 - P7YC - LCED - MQEE

### Part 1 – Premises details

Postal address of premises or, if none, ordnance survey map reference or description	
138 GREENFORD ROAD SUDBURYHILL	
Post town	Post code
HARROW	HA 1 3QL
Telephone number at premises (if any)	
[REDACTED]	

Please give a brief description of the premises
PUBLIC HOUSE / RESTAURANT / HOTEL

Name of current premises licence holder
MR. NATHAN THEEBARAJ



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

*Existing Premises licence holder Mr. Nathan Theebaraj has passed away I herewith attach the copy of the hospital letter and death certificate for your reference.*

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 [REDACTED]  
 Date..... 01 JULY 2015  
 Capacity GENERAL MANAGER

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)	