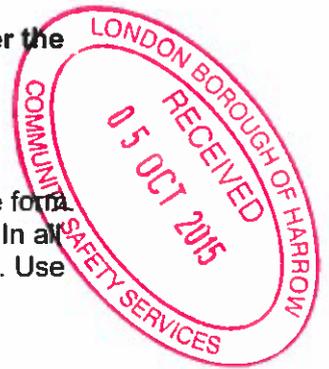


Application to transfer premises licence to be granted under the
Licensing Act 2003



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 SARASWOTI KHETRY CHHETRI
(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/00002260/2015/8

Part 1 – Premises details

Postal address of premises or, if none, ordnance survey map reference or description <u>THE RUBY LOUNGE, 28 BROADWALK, PINNER ROAD,</u>	
Post town	Post code <u>HA2 6ED</u>
Telephone number at premises (if any)	<u>[REDACTED]</u>

Please give a brief description of the premises <u>INDIAN / NEPALESE RESTAURANT</u>
--

Name of current premises licence holder <u>SHEVA KHATRI</u>
--

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 * | |
| 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 | <input type="checkbox"/> please complete section (B) |

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- 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 in Wales please complete section (B)
- ga) 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 an independent hospital in England 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

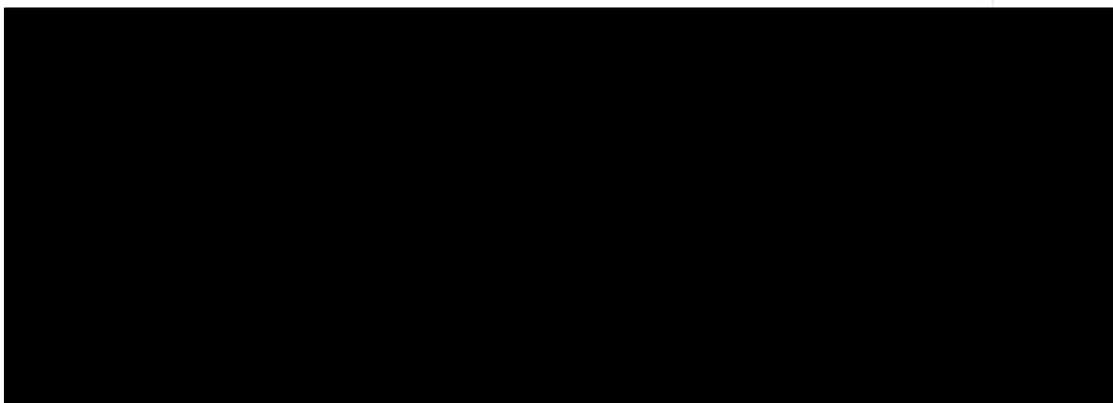
First names

ICHETRY CHHETRI

SARASWOTI

I am 18 years old or over

Please tick yes



E-mail address
(optional)



SECOND INDIVIDUAL APPLICANT (fill in as applicable)

Mr Mrs Miss Ms Other title
(for example, Rev)

Surname	First names
<input type="text"/>	<input type="text"/>

I am 18 years old or over

Please tick yes

Current postal address if different from premises address	<input type="text"/>
--	----------------------

Post town	<input type="text"/>	Post code	<input type="text"/>
------------------	----------------------	------------------	----------------------

Daytime contact telephone number	<input type="text"/>
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E-mail address (optional)	<input type="text"/>
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(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)

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

05/10/2015

Capacity

PROPRIETER

For joint applicants signature of 2nd applicant, 2nd 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 <small>th utrh</small>
Telephone number (if any) <small>trhj</small> but	
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 MR SHIVA KHATRI
(full name of premises licence holder(s))

the premises licence holder of premises licence number LN 000002260/2015-18
(insert premises licence number)

relating to

The Ruby Lounge, 28 Broadwalk Pinner Road HA2-6ED
(name and address of premises to which the application relates)

hereby give my consent for the transfer of premises licence number

LN/000002260/2015/8
(insert premises licence number)

to

SARASWATI KHETRY CHHETRI
(full name of transferee)

signed
name
(please print)



MR SHIVA KHATRI

dated

05-10-15