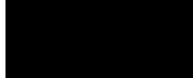


required information

en you resume.
nique reference for this generated by the system.
what you want here to help you ations if you make lots of them. It the authority.
ou are applying on your own behalf of a business you own or
ntry code.
r is a business owned by one
out any special legal structure. an individual means you are you can be employed, or for personal reason, such as hobby.



Continued from previous page		
Your Address		Address official correspondence should be sent to.
* Building number or name		sent to.
* Street		
District		
* City or town		
County or administrative area		
* Postcode		
* Country		
Section 2 of 6		
PREMISES DETAILS		
I/we, as named in section 1, ap 2003 for the premises describe	ply to transfer the premises licence described be ed in section 2 below.	elow under section 42 of the Licensing Act
Premises Licence		
* Premise licence number	0707-KD9P-KJRX-38LP	
Name Of Current Premises L	icence Holder	
* Name	MR. DILIPKUMAR SHAH	
Premises Address		
Are you able to provide a post	al address, OS map reference or description of th	he premises?
Address C OS ma	p reference C Description	
Building number or name	182	
Street	PINNER ROAD	
District	HARROW	
City or town	HARROW	
County or administrative area	HARROW	
Postcode	HA1 4JP	
Country	United Kingdom	
Further Details		
Please give a brief description	of the premises	
	e main road location with a bus stop outside it. I magazines, groceries, beer, wine and spirits.	t provides for local residents as well as

Cartinua I Cart		
Continued from previous page		
Is the applicant 18 years of ag	ge or older?	
CYes CNo		
Applicant Postal Address		
Is the address the same as (or	r similar to) the address given in section one?	If "Yes" is selected you can re-use the details from section one, or amend them as
(Yes	(No	required. Select "No" to enter a completely new set of details.
Building number or name		
Street		
District		
City or town		
County or administrative area		
Postcode		
Country	United Kingdom	
Applicant Contact Details		
Are the contact details the sa	me as (or similar to) those given in section one?	*
(● Yes	∩ No	from section one, or amend them as required. Select "No" to enter a completely new set of details.
E-mail		
Telephone number		
Other telephone number		
	Add another applicant]
Section 5 of 6		
FURTHER INFORMATION		
Are you the holder of the pre	mises licence under an interim authority notice?	
(🕶 Yes 🦵 No		
Do you wish the transfer to ha	ave immediate effect?	
(• Yes (No		
Have you attached the conser holder?	nt form signed by the existing premises licence	
(• Yes (No		

Conti	nued from previous page		
Tele; pren	phone number at the hises if any		
Secti	on 3 of 6		
APPL	ICATION DETAILS		
In wh	at capacity are you applyi	ng for the premises licence to be transferred to	you?
\boxtimes	An individual or individua	als	
	A limited company		
	A partnership		
	An unincorporated assoc	iation	
	A recognised club		
	A charity		
	The proprietor of an educ	ational establishment	
	A health service body		
	· · ·	d under part 2 of the Care Standards Act n independent hospital in Wales	
	Social Care Act 2008 in re	d under Chapter 2 of Part 1 of the Health and spect of the carrying on of a regulated ing of that Part) in an independent hospital in	
	The chief officer of police	of a police force in England and Wales	
	Other (for example a stat	utory corporation)	
Plea	se confirm the following	:	
	I am carrying on or propo the use of the premises fo	osing to carry on a business which involves or licensable activities	
	I am making the applicat	ion pursuant to a statutory function	
	l am making the application pursuant to a function discharged by virtue of Her Majesty's prerogative		
Sect	ion 4 of 6		
IND	VIDUAL APPLICANT DET	AILS	
1	licant Name e name the same as (or sin	nilar to) the details given in section one?	If "Yes" is selected you can re-use the details from section one, or amend them as required.
•	Yes	C No	Select "No" to enter a completely new set of details.
First	name	YIAY	
Fam	ily name	МЕНТА	

Continued from previous page		
during the application period f	vould be in a position to use the premises for the licensable activity or activities section 43 of the Licensing Act 2003)?	
Yes C No		
Have you attached the previou	is licence?	
Yes C No		
Section 6 of 6		
PAYMENT DETAILS		
This fee must be paid to the au	thority. If you complete the application online, you must pay it by debit or credit card.	
This formality requires a fixed f	ee of £23	
DECLARATION		
	ice, liable on conviction to a fine up to level 5 on the standard scale, under section 158 of the false statement in or in connection with this application.	
Ticking this box indicat	es you have read and understood the above declaration	
This section should be comple behalf of the applicant?"	ted by the applicant, unless you answered "Yes" to the question "Are you an agent acting on	
* Full name	VIJAY MEHTA	
* Capacity	COMPANY DIRECTOR	
* Date	24 / 11 / 1962	
	dd mm yyyy	
Full name		
Capacity		
* Date	dd mm yyyy	
	Remove this signatory	
	Add another signatory	
with your application.		

OFFICE USE ONLY

Applicant reference number	SEVEN TILL LATE
Fee paid	
Payment provider reference	
ELMS Payment Reference	
Payment status	
Payment authorisation code	
Payment authorisation date	
Date and time submitted	
Approval deadline	
Error message	
Is Digitally signed	