

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 SAMBHU KUMAR KC & BHUPINDER GHALE RASHMI PANDYA
(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/000002645/2011/4

Part 1 - Premises details

Postal address of premises or, if none, ordnance survey map reference or description
14A THE BROADWALK, PINNER ROAD
NORTH HARROW

Post town HARROW Post code HA2 6ED

Telephone number at premises (if any) [REDACTED]

Please give a brief description of the premises
RESTAURANT.

Name of current premises licence holder
SAMBHU KUMAR KC & BHUPINDER GHALE

Part 2 - Applicant details

In what capacity are you applying for the premises licence to be transferred to you?

- Please tick
- | | |
|---|---|
| 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 | <input type="checkbox"/> please complete section (B) |

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LICENSING OFFICE
15 APR 2014
TIME**

201400025

d) a charity	<input type="checkbox"/>	please complete section (B)
e) the proprietor of an educational establishment	<input type="checkbox"/>	please complete section (B)
f) a health service body	<input type="checkbox"/>	please complete section (B)
ga) an individual who is registered under Part 2 of the Care Standards Act 2000 (c14) in respect of an independent hospital in Wales	<input type="checkbox"/>	please complete section (B)
gb) 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 respect of an independent hospital in England	<input type="checkbox"/>	please complete section (B)
h) the chief officer of police of a police force in England and Wales	<input type="checkbox"/>	please complete section (B)

*If you are applying as a person described in (a) or (b) please confirm:

Please tick

- 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



SECOND INDIVIDUAL APPLICANT (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

Current postal address if different from premises address

Post town		Post code	
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 address (optional)

Part 3

Are you the holder of the premises licence under an interim authority notice? Please tick
 Do you wish the transfer to have immediate effect?
 If not when would you like the transfer to take effect? Day Month Year

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I have enclosed the consent form signed by the existing premises licence holder Please tick
 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?

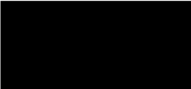
If this application is granted I would be in a position to use the premises during the application period for the licensable activity or activities authorised by the licence (see section 43 of the Licensing Act 2003) Please tick
 I have enclosed the premises licence
 If you have not enclosed premises licence referred to above please give the reasons why not.

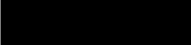
- I have made or enclosed payment of the fee
- I have enclosed the consent form signed by the existing premises licence holder or my statement as to why it is not enclosed
- Ingrate* • I have enclosed the premises licence or relevant part of it or explanation
- I have sent a copy of this application 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 

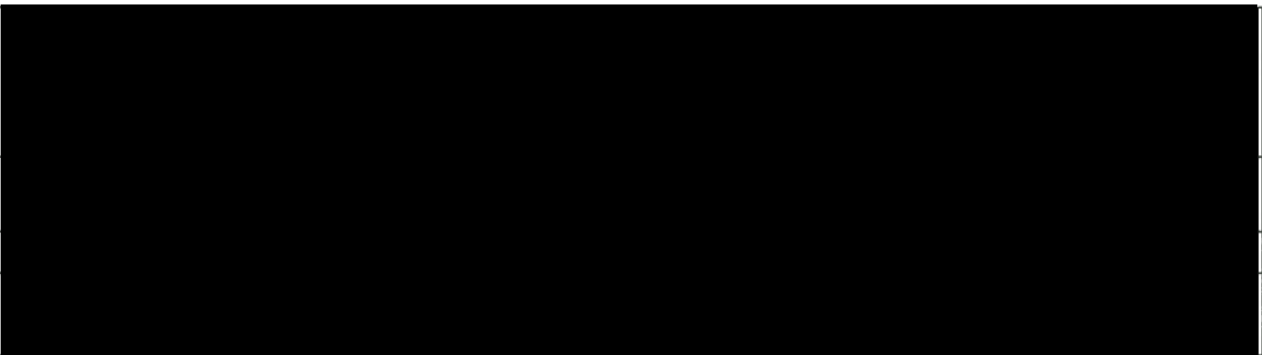
 Date 
 14/9/14
 Capacity LICENSÉE/APPLICANT

For joint applicants signature of second applicant, second 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



Consent of premises licence holder to transfer

I/We

SAMBU KUMAR KC & BHUPINDER GHATA

full name of premises licence holder(s)]

the premises licence holder of premises licence number

LN 000002645/2011/4

[number of existing premises licence]

relating to

ORCHID LOUNGE

[name and address of premises to which the application relates]

hereby give my consent for the transfer of premises licence number

LN/000002645/2011/4

[number of existing premises licence]

to

RASHMI PANDYA

[full name of transferee]

Signed

Name

SAMBU KUMAR KC

Bhupinder Ghata

Date

14/04/14

14/04/14

Consent of premises licence holder to transfer

2/2

Consent of premises licence holder to transfer

I, the undersigned, do hereby consent to the transfer of the premises licence held by me to the following person:

Name of transferee: Mr. John Smith

Address of transferee: 123 Main Street, London, EC1A 1AA

I declare that the transferee is a natural person who is at least 18 years of age and is not disqualified from holding a premises licence.

Signature of licence holder: [Signature]

Date: 15/01/2024

I, the undersigned, do hereby consent to the transfer of the premises licence held by me to the following person:

Name of transferee: Ms. Jane Doe

Address of transferee: 456 High Street, London, EC2A 4DP

Signature of licence holder: [Signature]

Date: 16/01/2024

[Signature]

[Signature]

Name of transferee: Mr. Robert Brown

Name of transferee: Ms. Emily White

[Signature]

[Signature]