



**WANDSWORTH COUNCIL**  
Administration Department  
Environmental Services, Public Health  
Town Hall Wandsworth High Street  
London, SW18 2PU

**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.

<b>I/We</b> (Insert name of applicant) HAREET SINGH
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apply to transfer the premises licence described below under section 42 of the Licensing Act 2003 for the premises described in Part 1 below

<b>Premises Licence Number</b>	<b>LN/000000742 / 20012/4</b>
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**Part 1 – Premises Details**

<b>Name of premises</b> NIRU OFF-LICENCE	
<b>Postal address of premises or, if none, ordnance survey map reference or description</b> 1 THE QUADRANT HEADSTONE GARDENS	
<b>Post Town</b> HARROW	<b>Post Code</b> HA2 6PN
<b>Telephone number of premises</b> (if any)	<b>Mobile number</b> (optional)
<b>E-mail address</b> (optional)	<b>Fax number</b> (optional)

<b>Please give a brief description of the premises</b> (please read guidance note 1) LOCK-UP SHOP IN A PARADE OF SHOPS
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<b>Name of current premises licence holder</b> MYLVAGANAM KANAGARAJA SIVARAJAH
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**Part 2 – Applicant Details**

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

Please X

- a) an individual or individuals\*  please complete section (A)
- b) a person other than an individual\*
  - i) as a limited company  please complete section (B)
  - ii) as a partnership  please complete section (B)
  - iii) as an unincorporated association, or  please complete section (B)
  - iv) other (for example a statutory corporation)  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 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 respect of 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 X

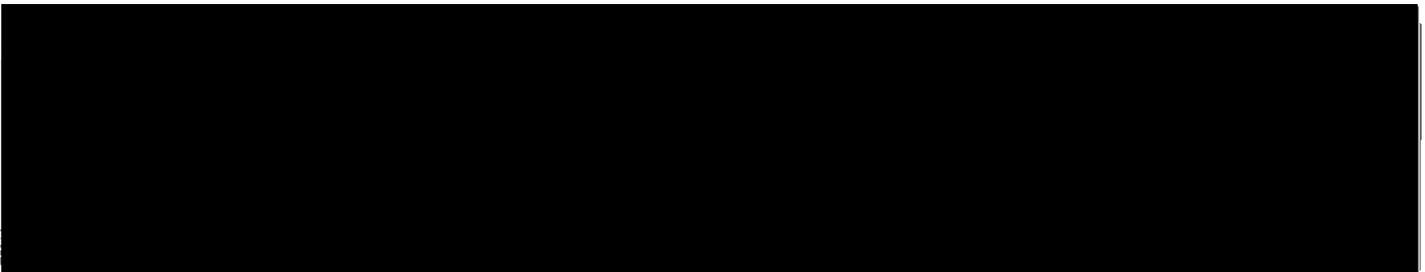
- I am carrying on or proposing to carry on a business which involves the use of the premises for licensable activities; or
- I am making the application pursuant to a
  - Statutory function or
  - A function discharged by virtue of Her Majesty's prerogative

**(A) INDIVIDUAL APPLICANTS** (fill in as appropriate)

Mr  Mrs  Miss  Ms  Other title:

<b>Surname</b> SINGH	<b>First Name(s)</b>
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I am 18 years old or over  Please X



**SECOND INDIVIDUAL APPLICANTS** (fill in as appropriate)

Mr  Mrs  Miss  Ms  Other title:

<b>Surname</b>	<b>First Name(s)</b>
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I am 18 years old or over  Please X

<b>Current postal address if different from premises address</b>		
<b>Post Town</b>		<b>Post Code</b>
<b>Daytime telephone number</b>	<b>Mobile number (optional)</b>	<b>Email address (optional)</b>

**(B) OTHER APPLICANTS**

Please provide name and registered address of applicant in full. Where appropriate please give any registered number. In case of a partnership or other joint venture (other than a body corporate), please give the name and address of each party concerned.

<b>Name</b>	
<b>Address</b>	
<b>Registered number (where applicable)</b>	
<b>Description of applicant (for example, partnership, company, unincorporated association etc.)</b>	
<b>Telephone number (if any)</b>	<b>E-mail address (optional)</b>

**Part 3**

Are you the holder of the premises licence under an interim authority notice? Please X

Do you want the transfer to have immediate effect?

If not when would you like the transfer to take effect?

Day	Month	Year

Please X

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

<b>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?</b>
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Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 5)

**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.

Consent of premises licence holder to transfer

I/we MYLVAGANAM KANAGARAJAH SIVARAJAH

*[full name of premises licence holder(s)]*

the premises licence holder of premises licence number LN/000000742/20012/4

*[insert premises licence number]*

relating to

NIRU OFF LICENCE 1 THE QUARDANT HEADSTOBE GARDENS HARROW HA2 6PN

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

hereby give my consent for the transfer of premises licence number

LN/000000742/20012/4

*[insert premises licence number]*

to

HARJEET SINGH

*[full name of transferee]*

signed

name

(please print)

dated



SIVARAJAH

14/10/2016

Please X

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 X

I have enclosed the premises licence

If you have not enclosed the premises licence referred to above give the reasons why not.

- I have made or enclosed the correct 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 at:  
Licensing Department, Lavender Hill Police Station, 176 Lavender Hill, London SW11 1JX
- I understand that if I do not comply with the above requirements my application will be rejected
- I understand that that if the premises offers gaming (fruit / slot) machines as defined by the Gambling Act 2005 and I wish to continue I am required to make a separate application

**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 solicitors or other duly authorised agent** (see guidance note 3).  
If signing on behalf of the applicant please state in what capacity.

Signature



Print Name YOGINDAR K BAHAL

Date 14/10/2016

Capacity AGENT FOR THE APPLICANT

**For joint applicants signature of second applicant, second applicant’s solicitors or other duly authorised agent** (see guidance note 4). If signing on behalf of the applicant please state in what capacity.

Signature

Print Name

Date

Capacity