

[Insert details including name and address of licensing authority and application reference if any]

RECEIVED AT
LICENSING OFFICE

01 JUL 2014

TIME

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 KHESHABHAI CHANDRABHAI PATEL
(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

0902 W4BN-B81W-XJNA

Part 1 – Premises details THE MOON CASH & CARRY

Postal address of premises or, if none, ordnance survey map reference or description <u>425 - 429 ALEXANDRA AVENUE</u>	
Post town <u>HARROW</u>	Post code <u>HA2 9SE</u>
Telephone number at premises (if any)	

Please give a brief description of the premises
GROUND FLOOR CASH & CARRY

Name of current premises licence holder
KHESHABHAI CHANDRABHAI PATEL.

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* 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 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**

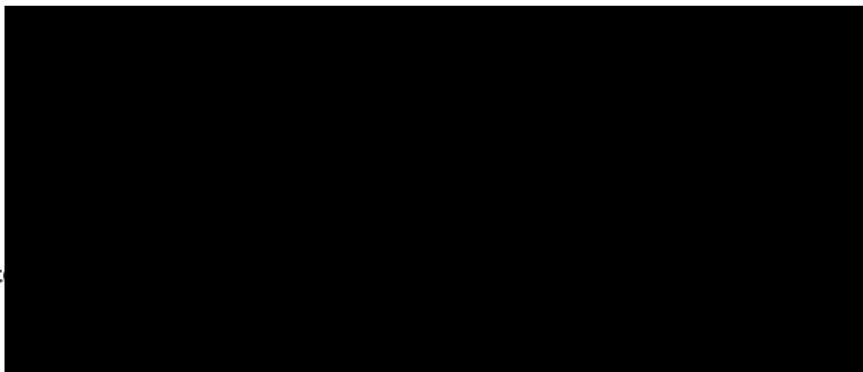
I am 18 years old or over

Current postal address if different from premises address

Post Town

Daytime contact t

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?

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

<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>

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..... 11/7/2014
 Capacity OWNER

For joint applications signature of 2nd applicant or 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
Telephone number (if any)	
If you would prefer us to correspond with you by e-mail your e-mail address (optional)	

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

(full name of
premises licence
holder(s))

~~I/We~~, Rakesh Kantilal Patel

(insert premises
licence number)

the premises licence holder of premises licence number 902W4BNB8MWXJN

(name and
address of
premises to
which the
application
relates)

relating to The Moon Cash & Carry, 425-429 Alexandra Avenue, Rayners Lane HA2
9SE

(insert premises
licence number)

hereby give my consent for the transfer of premises licence number
0902W4BNB8MWXJNR

(full name of
transferee)

to Hiteshbhai Chhotabhai Patel and Jigna Hitesh Patel

Signed _____

Name Rakesh Kantilal Patel

(please print)

Dated _____

18 March 2014