

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 ST ALBANS OPERATING COMPANY LIMITED
(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/000005157/2013/3

Part 1 - Premises details

Postal address of premises or, if none, ordnance survey map reference or description

MURCO
SERVICE STATION
3 STATION ROAD
NORTH HARROW

Post town MIDDLESEX

Post code HA2 6AE ^

HA2 6AA

Telephone number at premises (if any)

Please give a brief description of the premises

SERVICE STATION

Name of current premises licence holder

MURCO PETROLEUM LIMITED

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 type="checkbox"/> please complete section (A) |
| b) a person other than an individual * | |
| i. as a limited company | <input checked="" 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) |

TIME

- 6 OCT 2014

RECEIVED
LICENSING OFFICE
10/10/2014

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 yes

Current postal address if different from premises address

Post town **Post code**

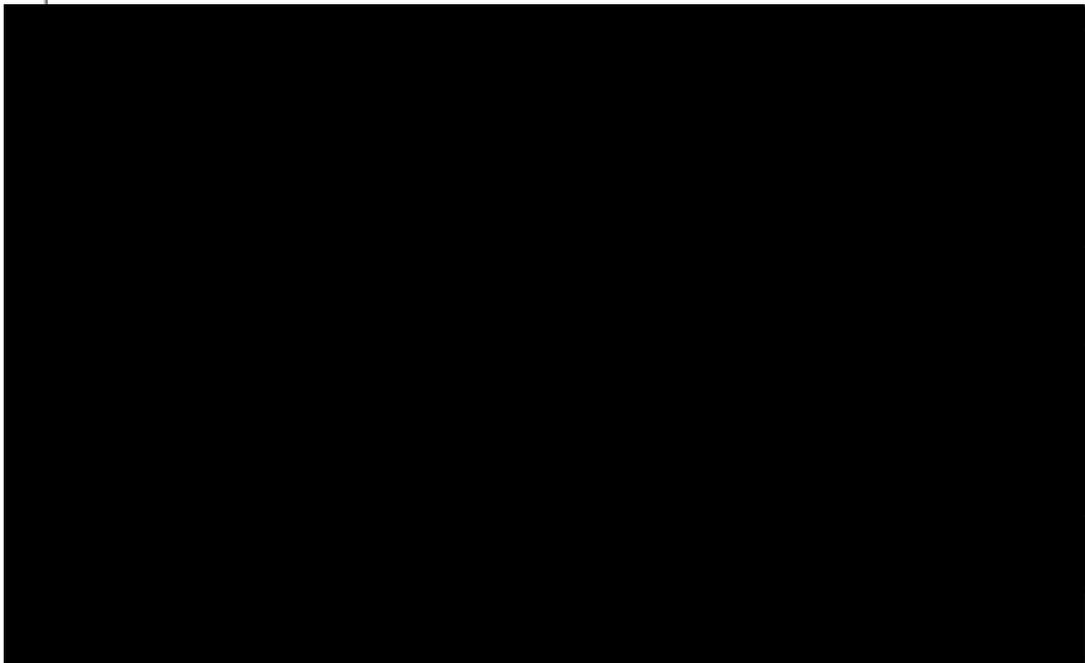
Daytime contact telephone number

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
ST ALBANS OPERATING COMPANY LIMITED

	<input type="text"/>
	<input type="text"/>

- 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 [REDACTED]

Date 29.9.14

Capacity MARKETING ADMINISTRATOR

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)	
ST ALBANS OPERATING COMPANY LIMITED CLOCK HOUSE COURT 5-7 LONDON ROAD	
Post town ST ALBANS	Post Code AL1 1LA
Telephone number (if any) [REDACTED]	
If you would prefer us to correspond with you by e-mail your e-mail address (optional) [REDACTED]	

Consent of premises licence holder to transfer

I/we MURCO PETROLEUM LIMITED

[full name of premises licence holder(s)]

the premises licence holder of premises licence number LN/000005157/2013/3

[insert premises licence number]

relating to

MURCO
SERVICE STATION
3 STATION ROAD
NORTH HARROW
MIDDLESEX
HA2 6AE

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

hereby give my consent for the transfer of premises licence number

LN/000005157/2013/3

[insert premises licence number]

to

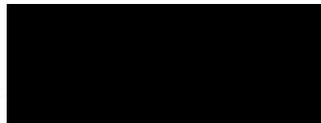
ST ALBANS OPERATING COMPANY LIMITED

[full name of transferee]

signed

name
(please print)

dated



Stephen Brady

25/09/14

[REDACTED]

The following Cheque has been received on 06/10/2014 :

From: for & on behalf of operating co ltd PHH allstar A/C

For: Murco Petroleum Limited

Murco, Service Station, 3 Station Road, North Harrow, HA2 6AE

Amount: £23.00

In respect of Applicant Transfer

St Albans Operating Company Limited



30th September 2014

Dear Sir/Madam,

RE: Premise License Transfer – Murco Service Stations

Please find enclosed the full application, signed consent form, a copy of the current premises license and full fee of £23.00. This is to transfer the license holder for Murco Petroleum Limited to St Albans Operating Company Limited.

I have sent a copy of this application to the relevant contact at the local police station and informed the DPS on the license that we will be transferring to the proposed.

On completion of the transfer please can you remove any trace of the Murco brand from the premise license.

Should you require anything further or have any queries, please do not hesitate to contact me on the details provided below.

With Kind Regards,

Aime Parsons
Marketing Administrator
St Albans Operating Company Limited

