Harroucouncil

## Harrow Application to transfer premises licence Licensing Act 2003

For help contact licensing £harrow.gov.uk Telephone: 020 8901 2600

Section 1 of 6		
You can save the form at any t	ime and resume it later. You do not need to be	logged in when you resume.
System reference	Not Currently In Use	This is the unique reference for this application generated by the system.
Your reference	BRITANNA PUBS LTD	You can put what you want here to help you track applications if you make lots of them. It is passed to the authority.
Are you an agent acting on be	half of the applicant? No	Put "no" if you are applying on your own behalf or on behalf of a business you own or work for.
Applicant Details		
* First name	MAYURAN	]
* Family name	KUHATHASAN	]
* E-mail		]
Main telephone number		Include country code.
Other telephone number		]
🔲 Indicate here if you wou	Id prefer not to be contacted by telephone	
Are you:		
<ul> <li>Applying as a business of</li> <li>Applying as an individual</li> </ul>	or organisation, including as a sole trader al	A sole trader is a business owned by one person without any special legal structure. Applying as an individual means you are applying so you can be employed, or for some other personal reason, such as following a hobby.
Applicant Business		
Is your business registered in the UK with Companies House?	(● Yes ( No	Note: completing the Applicant Business section is optional in this form.
Registration number	10566117	]
Business name	BRITANNIA PUBS LIMITED	] If your business is registered, use its ] registered name.
VAT number -		Put "none" if you are not registered for VAT.
Legal status	Private Limited Company	] ON BOROUGH OF HAR
	<u>:</u>	( 1 5 FEB 2017
		COMMUNITY SAFETY SEE

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Your position in the business	DIRECTOR	
Home country	United Kingdom	The country where the headquarters of your business is located.
Registered Address		Address registered with Companies House.
Building number or name	424-426	
Street	ALEXANDRA AVENUE	
District	HARROW	
City or town	HARROW	
County or administrative area	HARROW	
Postcode	HA2 9TW	
Country	United Kingdom	
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 b d in section 2 below.	elow under section 42 of the Licensing Act
Premises Licence		
* Premise licence number	LN/00000691/2017/7	
Name Of Current Premises Li	cence Holder	
* Name	FLASGALE LIMITED	
Premises Address		
Are you able to provide a post	al address, OS map reference or description of t	he premises?
Address C OS ma	p reference C Description	
Building number or name	424-426	
Street	ALEXANDRA AVENUE	
District	HARROW	
City or town	HARROW	
County or administrative area	HARROW	
Postcode	HA2 9TW	
Country	United Kingdom	
Further Details		
Please give a brief description of the premises		

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BUILDING NAME IS THA MANOF ARAN , WHICH IS A PUB HAVING BAR AREA , SITTING AREA, KITCHEN, GENTS TOILET, LADIES TOILET AND DISABLE TOILET.

### Section 3 of 6

APPL	ICATION DETAILS	
In wh	at capacity are you applying for the premises licence to be transferred to you?	
	An individual or individuals	
$\boxtimes$	A limited company	
	A partnership	
	An unincorporated association	
	A recognised club	
	A charity	
	The proprietor of an educational establishment	
	A health service body	
	A person who is registered under part 2 of the Care Standards Act 2000 (c14) in respect of an independent hospital in Wales	
	A person who is registered under Chapter 2 of Part 1 of the Health and Social Care Act 2008 in respect of the carrying on of a regulated activity (within the meaning of that Part) in an independent hospital in England	
	The chief officer of police of a police force in England and Wales	
	Other (for example a statutory corporation)	
Plea	se confirm the following:	
$\boxtimes$	I am carrying on or proposing to carry on a business which involves the use of the premises for licensable activities	
	I am making the application pursuant to a statutory function	
	I am making the application pursuant to a function discharged by virtue of Her Majesty's prerogative	
Section 4 of 6		
NON	INDIVIDUAL 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.

Continued from previous page		
Non Individual Applicant's Na	ame	
Name		
Details		
Registered number (where applicable)		
Description of applicant (for ex	ample partnership, company, unincorporated a	association etc)
Address		
Is the address the same as (or s	imilar to) the address given in section one?	If "Yes" is selected you can re-use the details
( Yes	( No	from section one, or amend them as 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	
Contact Details		
Are the contact details the sam	ne as (or similar to) those 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.
E-mail		
Telephone number		
Other telephone number		]
	Add another applicant	]
Section 5 of 6		
FURTHER INFORMATION		
Are you the holder of the prer	nises licence under an interim authority notice?	,
C Yes @ No		
Do you wish the transfer to have immediate effect?		
● Yes ← No		

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Have you attached the consent form signed by the existing premises licence holder?	
● Yes ← No	
during the application period	would be in a position to use the premises for the licensable activity or activities e section 43 of the Licensing Act 2003)?
Yes      No	
Have you attached the previo	us licence?
Section 6 of 6	
PAYMENT DETAILS	
This fee must be paid to the a	uthority. If you complete the application online, you must pay it by debit or credit card.
This formality requires a fixed	fee of £23
DECLARATION	
I/we understand 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.	
I Ticking this box indicates you have read and understood the above declaration	
This section should be completed by the applicant, unless you answered "Yes" to the question "Are you an agent acting on behalf of the applicant?"	
* Full name	MAYURAN KUHATHASAN
* Capacity	DIRECTOR
* Date	15     /     02     /     2017       dd     mm     yyyy
Full name	
Capacity	
* Date	dd mm yyyy
	Remove this signatory
	Add another signatory

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Once you're finished you need to do the following:

1. Save this form to your computer by clicking file/save as...

2. Go back to <u>https://www.gov.uk/apply-for-a-licence/premises-licence/harrow/change-3</u> to upload this file and continue with your application.

Don't forget to make sure you have all your supporting documentation to hand.

# OFFICE USE ONLY

Applicant reference number	BRITANNA PUBS LTD
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	
< Previous <u>1</u> <u>2</u> <u>3</u> 4	5 6 Next >

## Consent of premises licence holder to transfer

I/we FLASHGALE LIMITED [full name of premises licence holder(s)]	
the premises licence holder of premises licence number	LN/000000691/2017/7 [insert premises licence number]
relating to	
THE MAN OF ARAN, 424-426 ALEXANDRA AVENUE, [name and address of premises to which the application relates]	HARROW, MIDDLESEX, HA2 9TW
hereby give my consent for the transfer of premises licer	nce number
LN/00000691/2017/7 [insert premises licence number]	
to	
BRITANNIA PUBS LIMITED	

signed	
name (please print)	MICHAEL LAURCLE
dated	12/2/2017

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