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 JAZ HARROW LTD (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/000000838/2013/344				
Part 1 – Premises details				
Postal address of premises or, if none, ordnance survey map reference or description				
MRGA PIZZA & GRILL				
239 IMPERIAL DRIVE				
NORTH HARROW HAZTHE				
Post town HARROW Post code HAZ THE				
Telephone number at premises (if any) 0203 620 9975				
Please give a brief description of the premises (see note 1) FAST FOOD (ESTIMANT)				
148/ 1-001) (ESICI				
Name of current premises licence holder PALW ASHA SARI				
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 *

iii. as an unincorporated association or

i. as a limited company

ii. as a partnership

please complete section (B) N BOROUGH OF HARD ANTONION OF BOROUGH OF BOR

please complete section (B)

please complete section (B)

iv, other (for ex	ample a statutory corpo		please complete section (B)		
c) a recognised	c) a recognised club			please complete section (B)	
d) a charity				please complete section (B)	
e) the proprietor	of an educational esta	blishment		please complete section (B)	
f) a health servi	ce hody			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)	
I of the Health	o is registered under C and Social Care Act 20 Part) in respect of an i and	08 (within the		please complete section (B)	
h) the chief offic England and Wa	eer of police of a police des	e force in		please complete section (B)	
*If you are applying	g as a person described	in (a) or (b) plea	se con	ıfirm:	
				Please tick ☑ yes	
	ng on or proposing to onises for licensable acti		s whi	ch involves the use	
 I am makir 	g the application pursu	iant to a			
o statutory function or a function discharged by virtue of Her Majesty's prerogative					
(A) INDIVIDUAL	APPLICANTS (fill i	n as applicable)			
Mr Mrs	☐ Miss ☐	Ms	İ	Other title (for example, Rev)	
Surname		First n	ames		
Date of birth Nationality Current residential address if different from premises	I aı	m 18 years old or	r over	Please tick ② yes	

(*)

address			
			*
			× ,
d			
Post town		Post code	
Daytime contact to	elenhane number		
E-mail address (optional)			
SECOND INDIVI	DUAL APPLICANT (fill in a	s applicable)	
Mr	☐ Miss ☐ M	s 🗆	Other title [(for example, Rev)
Surname		First names	
			Please tick ☑ yes
Date of birth	I am 18 yea	rs old or over	
Nationality Current			
residential 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.

J42 HARROW LID
Address 239 IMPÉRIAL DRIVE
MORTH HARROW
HA2 WE
Registered number (where applicable) 10968346
Description of applicant (for example partnership, company, unincorporated association etc.)
LTD COMPNAY
Telephone number (if any) 02036209915
E-mail address (optional) megatizzagnill@hotmail
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
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? Con Sent did not provided of the last when the previous of the last when the previous of the last we have provided the last when have provided the last agreement of the provided.

	Please tick ✓ yes
If this application is granted I would be in a position to use the premises during (application period for the licensable activity or activities authorised by the licensection 43 of the Licensing Act 2003)	
E.	Please tick ☑ yes
I have enclosed the premises licence	
We never provided the of the current liesens from the licesusey	

- 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 have sent a copy of this form to Home Office Immigration Enforcement today

IT IS AN OFFENCE, UNDER SECTION 158 OF THE LICENSING ACT 2003, TO MAKE A FALSE STATEMENT IN OR IN CONNECTION WITH THIS APPLICATION. THOSE WHO MAKE A FALSE STATEMENT MAY BE LIABLE ON SUMMARY CONVICTION TO A FINE OF ANY AMOUNT.

IT IS AN OFFENCE UNDER SECTION 24B OF THE IMMIGRATION ACT 1971] FOR A PERSON TO WORK WHEN THEY KNOW, OR HAVE REASONABLE CAUSE TO BELIEVE, THAT THEY ARE DISQUALIFIED FROM DOING SO BY REASON OF THEIR IMMIGRATION STATUS. THOSE WHO EMPLOY AN ADULT WITHOUT LEAVE OR WHO IS SUBJECT TO CONDITIONS AS TO EMPLOYMENT WILL BE LIABLE TO A CIVIL PENALTY UNDER SECTION 15 OF THE IMMIGRATION, ASYLUM AND NATIONALITY ACT 2006 AND, PURSUANT TO SECTION 21 OF THE SAME ACT, WILL BE COMMITTING AN OFFENCE WHERE THEY DO SO IN THE KNOWLEDGE, OR WITH REASONABLE CAUSE TO BELIEVE, THAT THE EMPLOYEE IS DISQUALIFIED.

I understand I am not entitled to be issuedwith a licence if I do not have the entitlement to live and work in the UK (or if I am subject to a condition preventing me from doing work relating to the carrying on of a licensable activity) and that my licence will become invalid if I cease to be entitled to live and work in the UK (please read guidance note 2)

Part 4 – Signatures (please read guidance note 3)

note 4). If signing on be	half of the applicant pl	ease state in wha	it capacity.
Signature		•••••	
Date	uliol2012 Direct	H	
Capacity	Direct	or	
For joint applicants signauthorised agent (please state in what capacity.	nature of second applic e read guidance note 5).	cant, second app If signing on bel	licant's solicitor or other nalf of the applicant please
Signature			
Date			
		*******	***************************************
Capacity			
		*****************	•••••••••
Contact name (where n associated with this app			for correspondence
Post town		Post Code	
Telephone number (if a	ny)		
If you would prefer us t	o correspond with you	by e-mail your o	e-mail address (optional)

Signature of applicant or applicant's solicitor or other duly authorised agent (See guidance

Notes for Guidance

- 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. Right to work/immigration status for individual applicants and applications from partnerships which are not limited liability partnerships:

A licence may not be held by an individual or an individual in a partnership which is not a limited liability partnership who:

- · does not have the right to live and work in the UK; or
- · is subject to a condition preventing him or her from doing work relating to the