

**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 Aram Salar

*(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/000008026/2017/3

**Part 1 – Premises details**

<b>Postal address of premises or, if none, ordnance survey map reference or description</b> Maja Sklep (Previously know as JR Station Market), 178 Alexandra Avenue.	
<b>Post town</b> Harrow	<b>Post code</b> HA2 9N
<b>Telephone number at premises (if any)</b> [REDACTED]	

<b>Please give a brief description of the premises (see note 1)</b> Off Licence & Convenience Store
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<b>Name of current premises licence holder</b> Hunar Maroof
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**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 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 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**

Salar

**First names**

Aram

Please tick  yes

I am 18 years old or

**Current residential address if different from premises**

**address**



**E-mail address  
(optional)**

**SECOND INDIVIDUAL APPLICANT (fill in as applicable)**

Mr  Mrs  Miss  Ms  Other title   
(for example, Rev)

**Surname**

**First names**

**Date of birth  
Nationality**

**I am 18 years old or over**

Please tick  yes

**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.

Name
Address
Registered number (where applicable)
Description of applicant (for example partnership, company, unincorporated association etc.) Off Licence & Convenience Store
Telephone number (if any)
E-mail address (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 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 issued with 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)

**Signature of applicant or applicant’s solicitor or other duly authorised agent** (See guidance note 4). **If signing on behalf of the applicant please state in what capacity.**

Signature .....  .....

Date 10/05/2017  
.....

Capacity Agent  
.....

**For joint applicants signature of second applicant, second applicant’s solicitor or other authorised agent** (please read guidance note 5). **If signing on behalf of the applicant please state in what capacity.**

Signature  
.....

Date  
.....

Capacity  
.....

<b>Contact name (where not previously given) and postal address for correspondence associated with this application</b> (please read guidance note 6) LQAA H. Cameron Westminster Business Centre	
<b>Post town</b> Hayes	<b>Post Code</b> UB3 1AP
<b>Telephone number (if any)</b> 0208 1234 690 / 075022244	
<b>If you would prefer us to correspond with you by e-mail your e-mail address (optional)</b> hilda@lqaa.co.uk	

**Consent of premises licence holder to transfer**

I/we **Hunar Maroof**

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

the premises licence holder of premises licence number **LN/000008026/2017/3**

*[insert premises licence number]*

relating to

**Maja Sklep, 178 Alexandra Avenue, Harrow, HA2 9BN.**

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

hereby give my consent for the transfer of premises licence number

**LN/000008026/2017/3**

*[insert premises licence number]*

to

**Aram Salar**

*[full name of transferee].*

signed

name

(please print)

**Hunar Maroof**

dated

**02/05/2018**