



RECEIVED AT  
LICENSING OFFICE  
14 OCT 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 VIKI SINGH GOULWARA  
(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/000001098/2012/283

**Part 1 - Premises details**

Postal address of premises or, if none, ordnance survey map reference or description  
14-18 STATION ROAD  
HARROW, MIDDLESEX

Post town \_\_\_\_\_ Post code HAI 2SL

Telephone number at premises (if any)

Please give a brief description of the premises  
CONVENIENCE STORE,

Name of current premises licence holder  
MR. GULJEET SINGH HAKINZADA

**Part 2 - Applicant details**

In what capacity are you applying for the premises licence to be transferred to you?

- |   |   |
|---|---|
|   | <b>Please tick yes</b>  |
| a) an individual or individuals*                | <input checked="" type="checkbox"/> please complete section (A) |
| b) a person other than an individual *          |   |
| i. as a limited company                         | <input 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)            |
| c) a recognised club                            | <input type="checkbox"/> 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 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

GOUHWANA

First names

VIKI SINGH

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)

VICKYSINGHLA@HOTMAIL.CO.UK

**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

Address

Registered number (where applicable)

Description of applicant (for example partnership, company, unincorporated association etc) thbuthb
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**

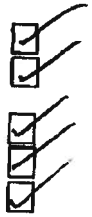
If this application is granted I would be in a position to use the premises during the application period for the licensable activity or activities authorised by the licence (see section 43 of the Licensing Act 2003)

**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 understand that if I do not comply with the above requirements my application will be rejected

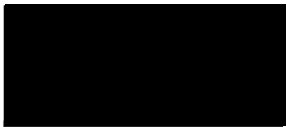


**IT IS AN OFFENCE, LIABLE ON CONVICTION TO A FINE UP TO LEVEL 5 ON THE STANDARD SCALE, UNDER SECTION 158 OF THE LICENSING ACT 2003 TO MAKE A FALSE STATEMENT IN OR IN CONNECTION WITH THIS APPLICATION**

**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



Date

14/10/14

Capacity

**For joint applicants signature of 2<sup>nd</sup> applicant, 2<sup>nd</sup> 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) trhj but

If you would prefer us to correspond with you by e-mail your e-mail address (optional)

Consent of premises licence holder to transfer

I/we Guljeet Singh HAKINZADA  
[full name of premises licence holder(s)]

the premises licence holder of premises licence number LN/000001098/2012/  
[insert premises licence number] -28

relating to

14-18 Station Road HARROW Middlesex  
[name and address of premises to which the application relates] HA12SL

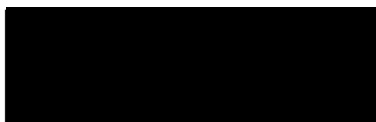
hereby give my consent for the transfer of premises licence number

LN/000001098/2012/283  
[insert premises licence number]

to

Viki Singh GADLWARA  
[full name of transferee]

signed



name  
(please print)

Guljeet Singh HAKINZADA

dated

14/10/14

Consent of individual to being specified as premises supervisor

NIKI SINGH GOULWARA

[full name of prospective premises supervisor]



[home address of prospective premises supervisor]

hereby confirm that I give my consent to be specified as the designated premises supervisor in relation to the application for

DPS [type of application]

by NIKI SINGH GOULWARA [name of applicant]

relating to a premises licence LA/00001078/2012/283 [number of existing licence, if any]

for 14-18 STATION ROAD

HARROW, MIDDLESEX

HA1 2SZ

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

and any premises licence to be granted or varied in respect of this application made

by NIKI SINGH GOULWARA [name of applicant]

concerning the supply of alcohol at COST CUTLER

14-18 STATION ROAD, HARROW, MIDDLESEX

HA1 2SZ

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

I also confirm that I am applying for, intend to apply for or currently hold a personal licence, details of which I set out below.

Personal licence number 03164

[insert personal licence number, if any]

Personal licence issuing authority EALING

[insert name and address and telephone number of personal licence issuing authority, if



signed

NIKI SINGH GOULWARA name (please print)

dated