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LICENSING OFFICE  
04 AUG 2014  
TIME

[Insert details including name and address of licensing authority and application reference if any]

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** HOTELS OPERATOR LTD apply to transfer the premises licence described below under section 42 of the Licensing Act 2003 for the premises described in Part 1 below  
*(Insert name of applicant)*

Premises licence number

0509-7R44-4E7B-EPAR

Part 1 - Premises details

Postal address of premises or, if none, Ordnance Survey map reference or description LINDAL HOTEL 2 HINDS ROAD	
Post town HARROW	Post code HA1 1SJ
Telephone number at premises (if any)	

Please give a brief description of the premises  
HOTEL, RESTAURANT & BAR

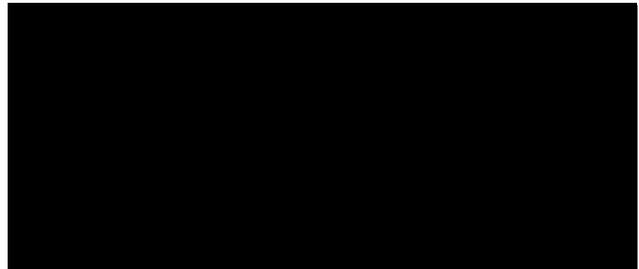
Name of current premises licence holder  
CONVIVIAL MANAGEMENT SERVICES LIMITED

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\*  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  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  First names

I am 18 years old or over  Please tick ✓ yes

Current postal address if different from premises address

Post Town  Postcode

Daytime contact telephone number

E-mail address (optional)

SECOND INDIVIDUAL APPLICANT (if 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  Postcode

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	HOTELS OPERATOR LTD -	CO:- 08833599
Address	LINDAL HOTEL 2 HINDS ROAD HARROW, MIDDLESEX HA1 1SJ	
Registered number (where applicable)		
Description of applicant (for example partnership, company, unincorporated association etc)		
E-mail (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

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.

[Redacted signature]

Date..... 31/07/2014

Capacity..... DIRECTOR.

For joint applications signature of 2<sup>nd</sup> applicant or 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)	
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 CONVIVIAL MANAGEMENT SERVICES LIMITED  
[full name of premises licence holder(s)]

the premises licence holder of premises licence number 0509-7RH4-4E7B-EPAR  
[insert premises licence number]

relating to

LINDAL HOTEL 2 HINDLES ROAD HARROW MIDDLESEX HA1 1SJ  
[name and address of premises to which the application relates]

hereby give my consent for the transfer of premises licence number

0509-7RH4-4E7B-EPAR  
[insert premises licence number]

to

HOTELS OPERATOR LTD  
[full name of transferee]

signed

name  
(please print)

dated



DJ Lee

4-8-14