

08 AUG 2013

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 SUBRAMANIAM CHANDRA BALAN apply to transfer the premises licence described
(insert name of applicant)
below under section 42 of the Licensing Act 2003 for the premises described in Part 1 below

Premises licence number

LH 000003264/2011/3

Part 1 – Premises details

Postal address of premises or, if none, ordnance survey map reference or description	
<u>NARROW ROAD ALWINE 9 HIGH STREET</u>	
Post town	Post code
<u>WEALDSTONE, HARROW</u>	<u>HA3 5BY</u>
Telephone number at premises (if any)	
[REDACTED]	

Please give a brief description of the premises

AS A COMMUN STORE WITH OFF
LICENCE.

Name of current premises licence holder

SHANMUGANATHAN SATCHITHANATHAN

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

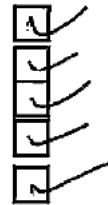
Current postal address if different from premises address

Post Town Postcode

Daytime contact telephone number

E-mail address (optional)



- 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 08-08-13

Capacity OWNER

For joint applications signature of 2nd applicant or 2nd 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)	

Notes for Guidance

1. 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. The application form must be signed.
3. An applicant's agent (for example solicitor) may sign the form on their behalf provided that they have actual authority to do so.
4. Where there is more than one applicant, both applicants or their respective agents must sign the application form.
5. This is the address which we shall use to correspond with you about this application.

Consent of premises licence holder to transfer

I/we SHANMUGANATHAN SATCHITHANANTHAN
[full name of premises licence holder(s)]

the premises licence holder of premises licence number LN/000003204/2011/3
[insert premises licence number]

relating to

HARROW FOOD & WINE 9 HIGH STREET WEALDSTONE
[name and address of premises to which the application relates]

HARROW MIDDLESEX HA3 5BY
hereby give my consent for the transfer of premises licence number

LN/000003204/2011/3
[insert premises licence number]

to

SUBRAMANIAM CHAUDRABALAN
[full name of transferee].

signed

name
(please print)

dated



S. SATCHITHANANTHAN

05/08/13



P.O. Box 729, Civic Centre
Station Road, Harrow
Middlesex, HA1 2DZ

Telephone: 020 8863 5611
cashiers@harrow.gov.uk
Website: www.harrow.gov.uk

=====
Payment Receipt
=====

Total to Pay	£23.00
Cash Paid	£23.00
Amount Credited	£23.00

=====
Account Breakdown
=====

A/C	Miscellaneous
Ref. No.	539840/1788
Your Surname	SATCHITHANATHAN
Amount Credited	£23.00

You can also pay online at
www.harrow.gov.uk or on our
24-hour telephone payments
system by calling 0208 424
1220

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