

Harrow Application to transfer premises licence Licensing Act 2003



TIME

For help contact licensing@harrow.gov.uk Telephone: 020 8901 2600

You can save the form at any time and resume it later. You do not need to be logged in when you resume. System reference Not Currently In Use This is the unique reference for this application generated by the system. Your reference PRE-LIC-TRA-KK-ANGARA You can put what you want here to help you track applications if you make lots of them. It is passed to the authority. Are you an agent acting on behalf of the applicant? Put "no" if you are applying on your own behalf or on behalf of a business you own or work for. Applicant Details First name Shiva Famil Main telephone number Include country code. Other telephone number Indicate here if the applicant would prefer not to be contacted by telephone Is the applicant: A sole trader is a business owned by one person without any special legal structure. Applying as an individual means the applicant is applying so the applicant can be	AMERICA STREET		* required information
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registered in the UK with Companies House? * Is the applicant's business	Applicant Business		
* Business name KK Lounge & Restaurant If the applicant's business is registered, use its registered name. * VAT number Put "none" if the applicant is not registered	registered in the UK with	↑ Yes No	
* Business name KK Lounge & Restaurant its registered name. * VAT number Put "none" if the applicant is not registered		C Yes No	
VALUATION I INONE	* Business name	KK Lounge & Restaurant	_
	* VAT number	None	• • • • • • • • • • • • • • • • • • • •

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* Legal status	Sole Trader		
* Applicant's position in the business	Proprietor		
Home country	United Kingdom	The country where the applicant's headquarters are.	
Applicant Business Address		If the applicant has one, this should be the	
* Building number or name	28 Broadwalk	applicant's official address - that is an address required of the applicant by law for	
* Street	Pinner Road	receiving communications.	
District]	
* City or town	North Harrow]	
County or administrative area	Middlesex		
* Postcode	HA2 6ED		
* Country	United Kingdom]	
Agent Details		1	
* First name	Joshua Simons &]	
* Family name	Associates Ltd]	
* E-mail			
Main telephone number		Include country code.	
Other telephone number			
☐ Indicate here if you wo	ald prefer not to be contacted by telephone		
Are you:			
 An agent that is a busin 	ess or organisation, including a sole trader	A sole trader is a business owned by one person without any special legal structure.	
A private individual acti	ng as an agent		
* Is your business registered in the UK with Companies House?			
* Registration number	8030680]	
* Business name	Joshua Simons & Associates Ltd] If your business is registered, use its registered name.	
* VAT number -	None	Put "none" if you are not registered for VAT.	
* Legal status	Private Limited Company		

Continued from previous page	•	
* Your position in the busines	s Director	
Home country	United Kingdom	The country where the headquarters of you business is located.
Agent Registered Address		Address registered with Companies House.
* Building number or name		
* Street		
District		
* City or town		
County or administrative area		
* Postcode		
* Country		
		_
Section 2 of 6 industrials		
I/we, as named in section 1, ap	oply to transfer the premises licence described	below under section 42 of the Licensing Act
2003 for the premises describe Premises Licence	ed in section 2 below.	
	LN/0000000000/0010/5	7
* Premise licence number Name Of Current Premises L	LN/000002260/2012/5	<u>.</u> l
		 T
* Name Premises Address	Mr Subhash Rao	
	tal address, OS map reference or description o	f the premises?
•	p reference C Description	i die premiees
Building number or name	28 Broadwalk	٦
Street	Pinner Road	- '
District		7
City or town	North Harrow	<u>-</u>
County or administrative area		-
Postcode	HA2 6ED	
Country	United Kingdom	
Further Details		
Please give a brief description		

Continued from previous page
Restaurant with a bar.
Telephone number at the
premises if any
Section 3076
APPLICATION DETAILS
In what capacity are you applying for the premises licence to be transferred to you?
An individual or individuals
A limited company
☐ A partnership
An unincorporated association
A recognised club
☐ A charity
The proprietor of an educational establishment
☐ A health service body
A person who is registered under part 2 of the Care Standards Act 2000 (c14) in respect of an independent hospital in Wales
A person who is registered under Chapter 2 of Part 1 of the Health and Social Care Act 2008 in respect of the carrying on of a regulated activity (within the meaning of that Part) in an independent hospital in England
The chief officer of police of a police force in England and Wales
Other (for example a statutory corporation)
Please confirm the following:
I am carrying on or proposing to carry on a business which involves the use of the premises for licensable activities
☐ I am making the application pursuant to a statutory function
I am making the application pursuant to a function discharged by virtue of Her Majesty's prerogative
Section 4 of 6
INDIVIDUAL APPLICANT DETAILS

Continued from previous page		
Applicant Name		
	imilar to) the details given in section one?	If "Yes" is selected you can re-use the details
● Yes	○ No	from section one, or amend them as required Select "No" to enter a completely new set of details.
First name	Shiva]
Family name	Khatri	
Is the applicant 18 years of ag	ge or older?	
Applicant Postal Address		
Is the address the same as (or	r similar to) the address given in section one?	If "Yes" is selected you can re-use the details from section one, or amend them as
Yes	C No	required. Select "No" to enter a completely new set of details.
Building number or name	28 Broadwalk	
Street	Pinner Road]
District]
City or town	North Harrow]
County or administrative are	Middlesex]
Postcode	HA2 6ED	
Country	United Kingdom]
Applicant Contact Details		
Are the contact details the sa	me as (or similar to) those given in section one?	If "Yes" is selected you can re-use the details from section one, or amend them as
Yes	C No	required. Select "No" to enter a completely new set of details.
E-mail		Tiew set of details.
Telephone number]
Other telephone number]
	Ass southerspale in	`
Seation 5 of 6		
FURTHER INFORMATION	A CONTRACTOR OF STATE	
Are you the holder of the pro	emises licence under an interim authority notice	?
Do you wish the transfer to h	ave immediate effect?	

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Continued from previous page		
Have you attached the consen holder?	t form signed by the existing premises licence	
during the application period f	vould be in a position to use the premises for the licensable activity or activities section 43 of the Licensing Act 2003)?	
Yes No		
Have you attached the previou	ıs licence?	
Yes		
Section 6 of 6		
	ithority. If you complete the application online, you must pay it b	ny dehit or credit card
This formality requires a fixed f		y, debit of cical cala.
ATTACHMENTS		
AUTHORITY POSTAL ADDRES	'S	
Address		
Building number or name		•
Street		
District		
City or town		
County or administrative area		
Postcode		
Country	United Kingdom	
DECLARATION		
	ce, liable on conviction to a fine up to level 5 on the standard sca false statement in or in connection with this application.	ale, under section 158 of the
☐ Ticking this box indicate	es you have read and understood the above declaration	
This section should be complet behalf of the applicant?"	ted by the applicant, unless you answered "Yes" to the question	'Are you an agent acting on
* Full name		
* Capacity		
Date (dd/mm/yyyy)		

Continued from previous page		
Full name		
Capacity		
Date (dd/mm/yyyy)		
	Demonachis Agintality	
	Addignather signationy	

One you're finished you need to do the following:

- 1. Save this form to your computer by clicking to file/save as...
- 2. Go back to https://www.gov.uk/apply-for-a-licence/premises-licence/harrow/change-3 to upload this file and continue with your application

Don't forget to make sure you have all your supporting documentation to hand.

Consent of premises licence holder to transfer

l/we	Subhash Rao		
	[full name of premises licence holder(s)]	- The British of the Control of the	
the premises licence holder of premises licence number		LN/000002260/2012/5	
		[insert premises licence number]	
relat	ing to		
	Angara		
	roadwalk		
	er Road h Harrow		
	liesex		
	6ED		
įnam	e and address of premises to which the application relates)		
here	by give my consent for the transfer of premises licer	nce number	
LN/C	000002260/ 2012/5		
[inser	t premises licence number]		
to			
	a Khatri		
[full n	ame of transferee).	A CONTRACTOR SERVICE AND ASSOCIATE ASSOCIATE SERVICES AND ASSOCIATE ASSOCIATION OF CONTRACTOR AND ASSOCIATION ASSO	
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sign	ed		
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date	ed 28111112		