RECEIVED AT LICENSING OFFICE

16 SEP 2013

TIME.

Application to transfer premises licence to be granted under the Licensing Act 2003

SE READ THE FOLLOWING INSTRUCTIONS FIRST

| If you are 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 Stam (London) Limited | | | | | | |
| (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/000000620/2013/17 | | | | | | |
| Part 1 – Premises details | | | | | | |
| Postal address of premises or, if none, | ordnance survey map reference or | | | | | |
| description The Half Moon Public House | | | | | | |
| 1 Roxeth Hill | | | | | | |
| | | | | | | |
| Post town Harrow, Middlesex | Post code HA2 0JY | | | | | |
| · | 1 000 000 | | | | | |
| Telephone number at premises (if any) | | | | | | |
| Please give a brief description of the pr | emises | | | | | |
| Public house | | | | | | |
| | | | | | | |
| | | | | | | |
| Name of current premises licence holde | | | | | | |
| Home Counties Taverns Limited | ··· | | | | | |
| | | | | | | |
| Part 2 - Applicant details In what capacity are you applying for the part of t | remises 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 o | please complete section (B) | | | | | |
| iv. other (for example a statutory corpo | oration) | | | | | |

| | c) | a recogn | ised club |) | | | | | please complete section (B |) | |
|--------------------|----------------------------------|-------------------------------------|---|----------|------------|----------------|----------|-------|-----------------------------|--------|--|
| | d) | a charity | y | | | | | | please complete section (B |) | |
| | e) | the proprestablish | | an educe | itional | | | | please complete section (B |) | |
| | f) | a health | service body | | | | | | please complete section (B) | | |
| | g) | an individual 2 of the Corespect of | Care Star | ndards A | ct 200 | 0 (c14) | | | please complete section (B |) | |
| | h) | | officer of police of a police force nd and Wales | | | | e | | please complete section (B |) | |
| *lf | you | are applyi | ing as a | person d | lescrib | ed in (a |) or (| b) pl | ease confirm: | | |
| | | | | | | | | | Please tick yes | 3 | |
| = | I | am carryir | ng on or | proposir | ng to ca | arry on | a bus | ines | s which involves | | |
| | | ne use of t | | - | - | • | | | - | | |
| = | | | • | | | | 1100 | , 01 | | | |
| - | 1 | am makin | | | pursus | ant to a | | | | | |
| | | | ory funct | | | | | | | | |
| | | a fund | xtion disc | harged | by virtu | ue of He | er Ma | jesty | r's prerogative | | |
| | | | | | | | | | | | |
| (A) | IND | DIVIDUAL | APPLIC | ANTS (| fill in as | s applic | able) | | | | |
| Mr | Γ | ☐ Mrs | | Miss | П | Ms | П | | Other title | \neg | |
| •••• | _ | | <u> </u> | 1711.00 | | 1710 | Ш | | (for example, Rev) | _ | |
| Sui | mar | ne | | | | Fi | rst n | ame | S | | |
| | | | | · | - | | <u> </u> | | | | |
| | | | - | | | → | | | | _ | |
| i an | n 18 | 3 years ol | d or ove | r | | | | | Please tick yes | | |
| ado difi pre | ires ere mis | | | | | | | | | | |
| adc | ires | s | | | | | | | | | |
| Pos | st to | own [| | | | | Po | st co | ode | | |
| Day | Daytime contact telephone number | | | | | | | | | | |
| | nail tion | address ial) | | | | _ . | | | | 7 | |

| SECOND INDI | IVIDUAL | . APPLIC | ANT (fi | ill in as | applicabl | ie) | |
|---|------------|-------------|-------------|------------|------------|----------|--|
| Mr 🗌 Mrs | ; 🗌 | Miss | | Ms | | | er titleexample, Rev) |
| Surname | | | | F i | irst nam | es | |
| | | | | | | | - |
| I am 18 years o | old or o | ve r | | | | | Please tick yes |
| Current postal address if different from premises address | | | | | | | |
| Post town | | | | | Post c | ode | |
| Daytime contact | ct telepi | hone nur | nber | | | | |
| E-mail address (optional) | F | | | | | | |
| (B) OTHER AP | PLICAN | ITS | | | | | |
| Please provide a please give any (other than a bo concerned. | register | ed numbe | er. In th | e case | of a parti | nership | Where appropriate or other joint venture s of each party |
| Name Stam (London) l | Limited | | *** | | | | · |
| Address Lynwood House 373/375 Station Harrow Middlesex HA1 2AW | Road | | | | | | |
| Registered num 07888751 | ber (who | ∍re applic | able) | | | | |
| Description of a association etc) Limited compan | • • | (for exam | iple par | tnershi | p, compa | ny, unin | icorporated |
| Telephone num | ber (if ar | ıy) | | | | | |

| E-mail address (optional) | |
|--|--------------------------|
| | |
| Part 3 | Please tick yes |
| Are you the holder of the premises licence under an interir | n 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 pr | remises licence holder 🛛 |
| If you have not enclosed the consent form referred to above why not. What steps have you taken to try and obtain the | |
| | |
| | |
| | |
| | |
| | |
| | |
| | Please tick yes |
| If this application is granted I would be position to use the premises during the period for the licensable activity or account authorised by the license (see section 4 Licensing Act 2003) | application ctivities |
| I have analoged the promises linears | Please tick yes |
| I have enclosed the premises licence | |
| If you have not enclosed premises licence referred to above why not. The premises licence has been mislaid. Please find enclosing the fee for a duplicate licence. | |
| bolling the lot a adplicate heetice. | |
| | |
| • | |
| | |
| | |



Consent of premises licence holder to transfer



| I/we How | E COUNTIES TAVERNS LTD |
|--------------------------------|---|
| [full name of | premises licence holder(s)] |
| the premises lice | nce holder of premises licence number [N 00000620 2013] |
| relating to P | ALF MOON, |
| PoxeHt Iname and address | of premises to which the application relates] |
| hereby give my | consent for the transfer of premises licence number |
| LN 000 | 0000620 2013 17 |
| to | |
| STRM [full name of transfer | (LONDON) LIMITED. |
| | |
| | |
| | |
| | • |
| | |
| | · |
| | |
| | |
| | |
| signed | |
| name | _ |
| (please print) | DANIEL BOWE |
| dated | 10.9.13 |