

PLEASE READ THE FOLLOWING INSTRUCTIONS FIRST

Before completing this form please read the guidance no	otes at the end of the form.
If you are completing this form by hand please write leg	ibly in block capitals. In all cases ensure
that your answers are inside the boxes and written in bla	
You may wish to keep a copy of the completed form for	
I'We THE WHITE BRASSERIE	- Co, LTD. Wardenburg
(Insert name of applicant)	
apply to transfer the premises licence described below	w under section 42 of the Licensing Act
2003 for the premises described in Part 1 below	
	petally in telegral treatment and
Premises licence number	000006614 2013 1
Parallel Salar and a second and a first and	
The state of the s	Institute of the control of the first terminates
Part 1 – Premises details	- Sportley I as Surjection
Postal address of premises or, if none, ordnance surv	ey map reference or description
THE HARE	
BROOKS HILL	SAS GI
HARROW WE	AL)
Post town A A C () Post	code HAZ 65)
(NILON	(142 00)
Telephone number at premises (if any)	and the later addresses of the description of the
W	
Please give a brief description of the premises	
PUBLIC HOW	o dequesy function or
1000-1100	36 . The red base residues to the state of the
Table 1	AND THE PROPERTY OF THE PARTY O
Name of current premises licence holder	
SGAN PATMUC	MCNICHOLAR
17-24 p-1000-01 p 2000	
Part 2 - Applicant details	
In what capacity are you applying for the premises lice	nce to be transferred to you?
	Please tick ☑ yes
a) an individual or individuals*	please complete section (A)
par Kl delt engel	
b) a person other than an individual *	th/s
i. as a limited company	please complete section (B)
	D please complete section (D)
ii. as a partnership	please complete section (B)
iii. as an unincorporated association or	please complete section (B)
in. as an anniverperated assertation of	LICENSING OFFICE

02 JUL 2014

TIME

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 Care Standards Act 2000 (c14) in respect of an independent hospital in Wales	the please complete section (B)
ga) a person who is registered under Chapter 2 of 1 of the Health and Social Care Act 2008 (within meaning of that Part) in respect of an independent hospital in England	the 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 l of the premises for licensable activities; or 	business which involves the use
I am making the application pursuant to a	
o statutory function or o a function discharged by virtue of H	Her Majesty's prerogative
(A) INDIVIDUAL APPLICANTS (fill in as application)	able)
Mr Mrs Miss Ms	Other title (for example, Rev)
Surname	First names
est Auto-19	
I am 18 years old or over	Please tick ☑ yes
Current postal address if different from premises address	gudent en la companya

Post town		Post code		1275 N 1
\				100
Daytime contact telephone	number			
			rolden	
E-mail address (optional)		72-15	5871F	
		h _i		
SECOND INDIVIDUAL AI	PPLICANT (fill in a	s applicable)		
Mr Mrs	Miss M	s	Other title (for exam	pple, Rev)
Surname		First names		
I am 18 years old or over	tion of the state	r muau robin.	Plea	se tick ☑ yes
Current postal address if different from premises address		ME C. Sad	M 82 ⁸ , 11 11 18	-1 Westing and the op-
Post town		Post code		
Daytime contact telephone	number			
E-mail address (optional)	en est eve a value e	Art di terroken	mal mestro all has s	o con page con supulsion of the contract of th
(B) OTHER APPLICANT Please provide name and registered number. In the cas please give the name and add	istered address of app e of a partnership or	other joint ventur	nere apprope (other tha	oriate please give any an a body corporate),
Name THE WHIT	E BLASSE	Con	Pany	W

Address 106-108 HIGH STREET	
T EDDINGTON	1
TWII 8JD	
Registered number (where applicable)	1
07118269	
Description of applicant (for example partnership, company, unincorporated association etc.)	
COMPANY	
Telephone number (if any)	
E-mail address (optional)	
	Ti
Part 3 Please tick ☑ yes	S
Are you the holder of the premises licence under an interim authority notice?]
Do you wish the transfer to have immediate effect?	1
If not when would you like the transfer to take effect? Day Month Year	
	S
Day Month Year	s }
Day Month Year	3

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

1 loads flow	E yes
I have enclosed the premises licence	U
If you have not enclosed premises licence referred to above please give the reasons why no	t.
1. 161 57 10 6120. 1	
Agent Quality server 1 200 Chair	
 - January and Applications of the property of the	
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	다 다
 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 STANDARD SCALE, UNDER SECTION 158 OF THE LICENSING ACT 2003 TO 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 guid note 3). If signing on behalf of the applicant please state in what capacity. Signature	lance
organitate	
Date / T/C	
	••
Capacity SOLLI CITURS FOR APPLICANT	
For joint applicants signature of second applicant, second applicant's solicitor or othe authorised agent (please read guidance note 4). If signing on behalf of the applicant ple state in what capacity.	
Signature	

Date	798 7 80 -		all or Lancy	
Capacity	Clais is supply			1

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

	SEAN PATRICK McNICHOLAS		
	[full name of premises licence holder(s)]		
the premises licence holder of premises licence number		LN/000006614/2013/1	
		[insert premises licence number]	

relating to

The Hare Public House Brookshill Harrow Weald Middlesex HA3 6SD

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

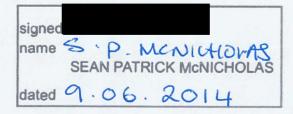
hereby give my consent for the transfer of premises licence number

LN/00006614/2013/1

[insert premises licence number] to

The White Brasserie Company Limited

[full name of transferee].



FM.JW.WHI425.04.Consent to Transfer.1-09.06.14