

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.

RECEIVED AT  
LICENSING OFFICE  
~~08 OCT 2012~~  
TIME 18/10/2012

I/We JUODA BALTA 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 DONT HAVE IT

Part 1 - Premises details

Postal address of premises or, if none, ordnance survey map reference or description <u>30 - HEADSTONE DRIVE HARROW MIDDLESEX.</u>	
Post town <u>HARROW</u>	Post code <u>HA3 5QH</u>
Telephone number at premises (if any) <u>[REDACTED]</u>	

Please give a brief description of the premises  
RESTAURANT

Name of current premises licence holder  
MR. MOHAMMED MUKITH MIAH

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*                | <input type="checkbox"/> please complete section (A)            |
| b) a person other than an individual *          |   |
| i. as a limited company                         | <input checked="" type="checkbox"/> please complete section (B) |
| ii. as a partnership                            | <input type="checkbox"/> please complete section (B)            |
| iii. as an unincorporated association or        | <input type="checkbox"/> please complete section (B)            |
| iv. other (for example a statutory corporation) | <input type="checkbox"/> please complete section (B)            |
| c) a recognised club                            | <input type="checkbox"/> 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 in Wales  please complete section (B)
- ga) a person who is registered under Chapter 2 of Part 1 of the Health and Social Care Act 2008 (within the meaning of that Part) in an independent hospital in England  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**  **Post code**

**Daytime contact telephone number**

E-mail address  
(optional)

[Redacted]

**SECOND INDIVIDUAL APPLICANT** (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**

**Post code**

**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	JUODA BALTA LIMITED
Ad	[Redacted]
Registered number (where applicable)	06816589

Description of applicant (for example partnership, company, unincorporated association etc)	thbuthb	LIMITED COMPANY
Telephone number (if any)		07898 287222
E-mail address (optional)		[REDACTED]

**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
<input type="text"/>	<input type="text"/>	<input type="text"/>

**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 *NEW LESSEE*

If you have not enclosed premises licence referred to above please give the reasons why not.

WE ARE THE NEW LEASE HOLDER OF THE  
PREMISES

- 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

Capacity

*COMPANY DIRECTOR*

**For joint applicants signature of 2<sup>nd</sup> applicant, 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** th utth

**Telephone number (if any)** trhj but

**If you would prefer us to correspond with you by e-mail your e-mail address (optional)**