

Harrow Council
Application to transfer premises licence
Licensing Act 2003

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

* required information

Section 1 of 6

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 This is the unique reference for this application generated by the system.

Your reference 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.

Yes No

Applicant Details

* First name

* Family name

* E-mail

Main telephone number Include country code.

Other telephone number

Indicate here if you would prefer not to be contacted by telephone

Are you:

Applying as a business or organisation, including as a sole trader

Applying as an individual

A sole trader is a business owned by one person without any special legal structure. Applying as an individual means you are applying so you can be employed, or for some other personal reason, such as following a hobby.

RECEIVED AT
LICENSING OFFICE
15 OCT 2012
TIME

Continued from previous page...

Your Address

Address official correspondence should be sent to.

* Building number or name	<input type="text"/>
* Street	<input type="text"/>
District	<input type="text"/>
* City or town	<input type="text"/>
County or administrative area	<input type="text"/>
* Postcode	<input type="text"/>
* Country	<input type="text" value="United Kingdom"/>

The information given here will be saved and will be pre-filled in future forms.

Section 2 of 6

PREMISES DETAILS

I/we, as named in section 1, apply to transfer the premises licence described below under section 42 of the Licensing Act 2003 for the premises described in section 2 below.

Premises Licence

* Premise licence number

Name Of Current Premises Licence Holder

* Name

Premises Address

Are you able to provide a postal address, OS map reference or description of the premises?

- Address OS map reference Description

Building number or name	<input type="text" value="12 NORTH PARADE"/>
Street	<input type="text" value="MOLLISON WAY"/>
District	<input type="text"/>
City or town	<input type="text" value="QUEENSBURY"/>
County or administrative area	<input type="text"/>
Postcode	<input type="text" value="HA8 5QH"/>
Country	<input type="text" value="United Kingdom"/>

Further Details

Please give a brief description of the premises

Continued from previous page...

Applicant Name

Is the name the same as (or similar to) the details given in section one?

- Yes No

If "Yes" is selected you can re-use the details from section one, or amend them as required. Select "No" to enter a completely new set of details.

First name

Family name

Is the applicant 18 years of age or older?

- Yes No

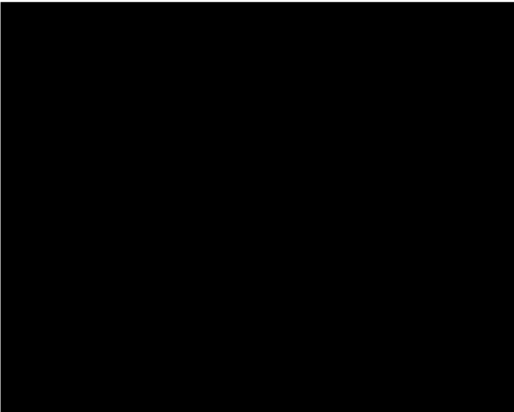
Applicant Postal Address

Is the address the same as (or similar to) the address given in section one?

- Yes No

If "Yes" is selected you can re-use the details from section one, or amend them as required. Select "No" to enter a completely new set of details.

Building number or name
Street
District
City or town
County or administrative area
Postcode
Country




Applicant Contact Details

Are the contact details the same as (or similar to) those given in section one?

- Yes No

If "Yes" is selected you can re-use the details from section one, or amend them as required. Select "No" to enter a completely new set of details.

E-mail
Telephone number
Other telephone number



Section 5 of 6

FURTHER INFORMATION

Are you the holder of the premises licence under an interim authority notice?

- Yes No

Do you wish the transfer to have immediate effect?

- Yes No

Continued from previous page...

Telephone number at the premises if any



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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

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INDIVIDUAL APPLICANT DETAILS

Continued from previous page...

Have you attached the consent form signed by the existing premises licence holder?

Yes No

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)?

Yes No

Have you attached the previous licence?

Yes No

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PAYMENT DETAILS

This fee must be paid to the authority. If you complete the application online, you must pay it by debit or credit card.

This formality requires a fixed fee of £23

ATTACHMENTS

Premises plan electronic

Consent form of premises licence holder electronic

DECLARATION

* I/we understand 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.

* Date

/ /
dd mm yyyy

Full name

Capacity

Date

/ /
dd mm yyyy

Remove this signatory

Add another signatory

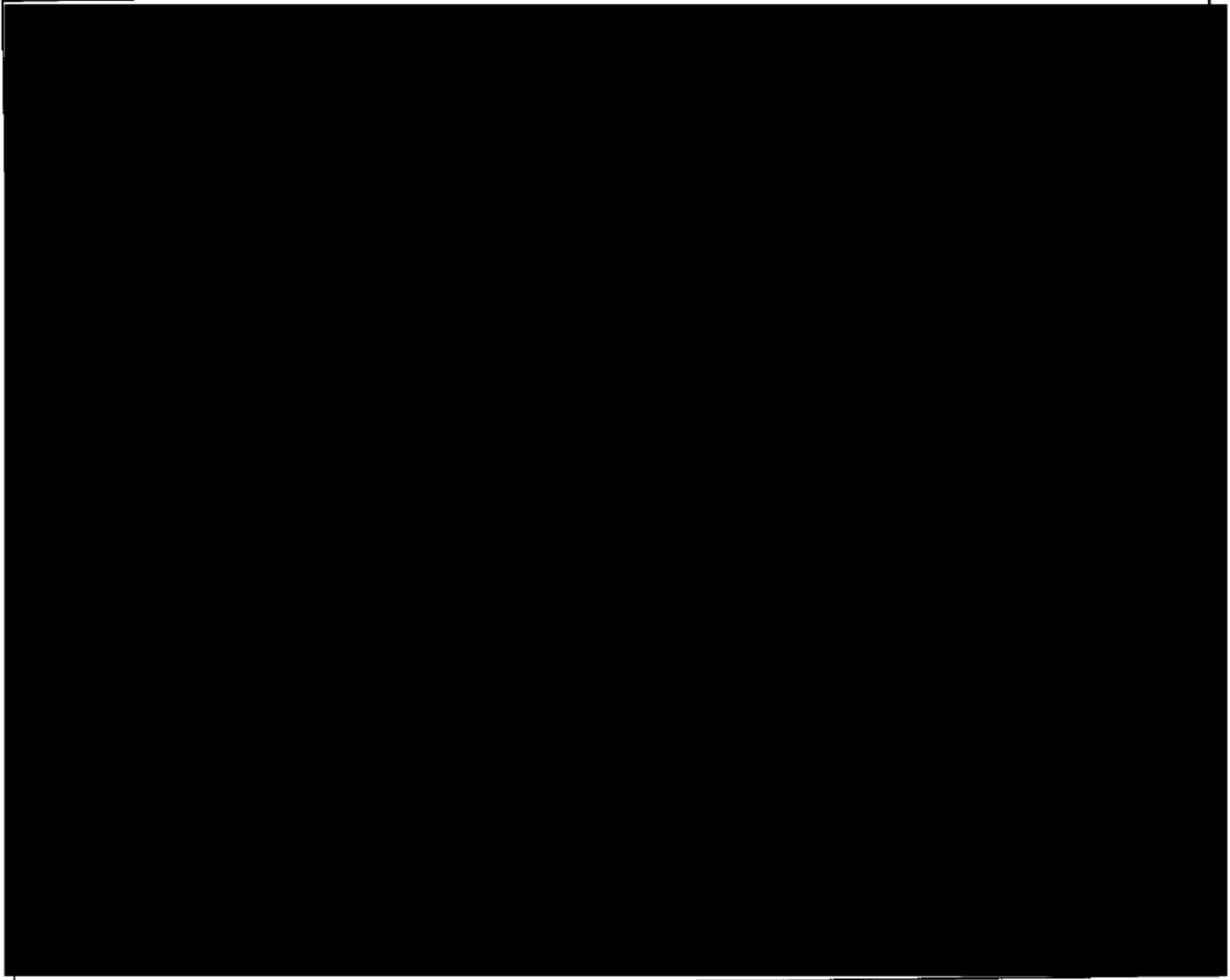
This section should be completed by the applicant, unless you answered "Yes" to the question "Are you an agent acting on behalf of the applicant?"

Digital signature

You can digitally sign the form if you wish, this will be verified and passed to the authority.

When you are satisfied that you have completed the form correctly, save it and continue with the application process. If the online application screen is no longer available in your browser, [click here](#) to resume.

OFFICE USE ONLY



Consent of premises licence holder to transfer

I/we OMRAN KLEIT
(full name of premises licence holder(s))

the premises licence holder of premises licence number LN/000001498/2011/2
(insert premises licence number)

relating to

INTERNATIONAL FOOD CENTRE, 12 NORTH PARADE, MALISON
(name and address of premises to which the application relates)
WAY HAS 5QH

hereby give my consent for the transfer of premises licence number

LN/000001498/2011/2
(insert premises licence number)

to

NEDIM TELAFARLI
(full name of transferee)

signed

name

(please print) OMRAN KLEIT

dated

14/10/2012