

£23.00



## PREMISES LICENCE TRANSFER APPLICATION FORM

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.

I/We.....HARSHAL.....DUDHIA.....

..... [insert name of applicant(s)] **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

150416

### Part 1 – Premises Details

Postal address of premises or, if none, ordnance survey map reference or description

CAPITAL FOOD & WINE  
107, WEMBLEY PARK DRIVE  
WEMBLEY PARK, HA9 8HX

Post Town HA9 8HX, WEMBLEY

Post Code HA9 8HX

Telephone number of premises (if any)

02088031413

Please give a brief description of the premises

PREMISES SITUATED ON WEMBLEY PARK DRIVE CORNER

Name of current premises licence holder

MR R KARIA MRS. BHANO KARIA

## 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 checked="" type="checkbox"/> | please complete section (A) |
| b)  | a person other than an individual*  |                                     |                             |
|     | i. as a limited company   | <input 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   | <input type="checkbox"/>            | please complete section (B) |
| e)  | the proprietor of an educational establishment  | <input type="checkbox"/>            | please complete section (B) |
| f)  | a health service body   | <input type="checkbox"/>            | please complete section (B) |
| g)  | a person who is registered under Part 2 of the Care Standards Act 2000 (c14) in respect of an independent hospital in Wales   | <input type="checkbox"/>            | 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 | <input type="checkbox"/>            | please complete section (B) |
| h)  | the chief officer of police of a police force in England and Wales  | <input type="checkbox"/>            | 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

Postcode

Daytime contact telephone number

E-mail address (optional)

**SECOND INDIVIDUAL APPLICANT (if applicable)**

Mr

Mrs

Miss

Ms

Other title  
(for example, Rev)

**Surname**

**First names**

Please tick  Yes

**I am 18 years old or over**

**Current postal address  
if different from  
premises address**

**Post Town**

**Postcode**

**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 case of a partnership or other joint venture (other than a body corporate), please give the name and address of each party concerned.

Name
Address
Registered number (where applicable)
Description of applicant (for example, partnership, company, unincorporated association etc.)
Telephone number (if any)
E-mail address (optional)

**Part 3**

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

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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

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

**Checklist**

Please tick ✓ Yes

- 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.** (Please read guidance note 3). **If signing on behalf of the applicant please state in what capacity.**

Signature ...*Dudhia Harshal m*.....  
 Date *20/06/12*.....  
 Capacity .....

**For joint applications signature of 2<sup>nd</sup> applicant or 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 .....

<b>Contact name (where not previously given) and postal address for correspondence associated with this application</b> (please read guidance note 5)	
<b>Post town</b>	<b>Post code</b>
<b>Telephone number</b>	
<b>If you would prefer us to correspond with you by e-mail your e-mail address (optional)</b>	

## Notes for Guidance

1. Describe the premises. For example the type of premises, its general situation and layout and any other information which could 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.

**Data Protection:** The London Borough of Brent will use this information for the purposes of The Licensing Act 2003 and related purposes. Any member of the public may examine the application form on request. In addition, this information may be disclosed to the Police, The London Fire and Emergency Planning Authority, relevant ward Councillors and other Council departments.

This authority is under a duty to protect the public funds it administers, and to this end may use the information you have provided on this form for the prevention and detection of fraud. It may also share this information with law enforcement agencies and other bodies responsible for auditing or administering public funds for these purposes.

**Please return the completed form and accompanying documents listed in the checklist on page 5 to:-**

Safer Streets (Licensing)  
Brent Council  
Brent House, 3<sup>rd</sup> Floor West  
349-357 High Road  
Wembley,  
Middlesex  
HA9 6EP

☎ 020 8937 5359

Fax: 020 8937 5357

Email: [environmentandprotection@brent.gov.uk](mailto:environmentandprotection@brent.gov.uk)

Cheques should be crossed and made payable to: London Borough of Brent.

**Please follow the instructions in the checklist on page 5 to submit the relevant copies to the responsible authorities. Contact details shown below:**

Chief Officer of Police  
Brent Licensing Department  
Wembley Police Station  
603 Harrow Road  
Wembley  
Middlesex  
HA0 2HH



Tel: 020 8733 3206

<b>Official Use Only.</b>	Fee <input type="checkbox"/>	Licence Holder Consent <input type="checkbox"/>	Premises Licence <input type="checkbox"/>
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