



PREMISES LICENCE TRANSFER APPLICATION FORM

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

PLEASE READ THE FOLLOWING INSTRUCTIONS FIRST

If you are completing this form by hand please write legibly in block capitals. In all cases ensure that your answers

Before completing this form please read the guidance notes at the end of the form.

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. X INNE MOHSIA KHAN [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 Part 1 - Premises Details Postal address of premises or, if none, ordnance survey map reference or description Unit 1 Wharfside, Rosemont road, Wenblug Wembley, ALPERTON Post Code HAO UPE Telephone number of premises (if any) Please give a brief description of the premises Restauavant/Coffee Shop Name of current premises licence holder

Mr/taved Igbal

∨ Part 2 - Applicant details

In what capacity are you applying for the premises licence to be transferred to you?

	Please tick ✔ Yes					Yes		
	a)	An individu	al or individuals*				please complete section (A)	
	b)	a person ot	her than an indivi	dual*				
		i. as a limite	ed company				please complete section (B)	
		ii. as a partı	nership				please complete section (B)	
		iii. as an un	incorporated asso	ociation or			please complete section (B)	
		iv. other (fo	iv. other (for example a statutory corporation)				please complete section (B)	
	c)	a recognise	cognised club				please complete section (B)	
	d)	a charity					please complete section (B)	
	e)	the propriet	tor of an educational establishment				please complete section (B)	
	f)	a health service body					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						please complete section (B)	
	h) the chief officer of police of a police force in England and Wales						please complete section (B)	
				ibed in (a) or (b) ple	ease confirm:	use of	Please tick ✔ Yes	
	pr	emises for lic	ensable activities;	or				
	1 s	em making the	e application purs	uant to a				
			atutory function of					
			· ·		Majesty's prerogativ	е		
~	(A) INDI	VIDUAL APP	PLICANTS (fill in	as annlicable)				
				as applicable;				
	Mr 🗹		Mrs 🛄	Miss 🔲	Ms 🗌		Other title	
	Surname		First names					
		KHAN			MOHSIN			
	l am 18 years old or over					Please tick ✓ Yes		
	Current postal address QS CHESTER(IEID IZOAD							
	if different from premises address		CEYT	ON CONI	MM			
	Doot To					Z	in (r.)	
	Post Tov	wn			Postcode		10 6EN	
Daytime contact telephone number 07586 937 477								
		E-mail address (optional)						

SECOND INDIVIDUAL APPLICANT (if applicable)							
Mr 🗆	Mrs 🗌	Miss 🗆	Ms 🗌	Other title (for example, Rev)			
Surname			First names				
l am 18 years old or	over		<u> </u>	Please tick ✓ Yes			
Current postal address if different from premises address							
Post Town			Postcode				
Daytime contact tele	phone number						
E-mail address (optional)							
(B) OTHER APPLICA	ANTS						
Please provide name number. In case of a address of each party	partnership or other	ess of applicant in joint venture (other	ı full. Where appropria er than a body corpora	ate please give any registered ate), please give the name and			
Name							
Address							
Registered number (where applicable)							
Description of applicant (for example, partnership, company, unincorporated association etc.)							
Telephone number (if any)							
E-mail address (option	nal)						

Part	3
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Are you the holder of the premises licence under an interim authorit			
Do you wish the transfer to have immediate effect			
If not when would you like the transfer to take effect?	Day	Month	Year
I have enclosed the consent form signed by the existing premises licence			Please tick ✓ Yes
If you have not enclosed the consent form referred to above please give you taken to try and obtain the consent? - CANNOT GET IN TOUCH WITH E HOLDER, HOWEVER WE ARE NOW OF THE PREMISES AND WE IN MRINICK MORTIMER FROM IS WHAT LICENSING THAT WE ACONSENT FORM AND HE IT SOULD BE OK JUST E	XISTI VFOR SREN CA,	NG LIC E LEA MED T POLI NNOT SED	CENSE SE HOLDER CE GET
If this application is granted I would be in a position to use the premises the application period for the licensable activity or activities authorised by licence (see section 43 of the Licensing Act 2003)	during		Please tick ✓ Yes
I have enclosed the premises licence			Please tick ✓ Yes
If you have not enclosed the premises licence referred to above please of the SAME REASON AS ABOV	give the rea	isons why no	

	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	D					
	I have enclosed the premises licence or relevant part of it or explanation	2					
	 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 reject 						
	be rejection will be reject	ted Z					
	IT IS AN OFFENCE, LIABLE ON CONVICTION TO A FINE UP TO LEVEL 5 OF STANDARD SCALE, UNDER SECTION 158 OF THE LICENSING ACT 2003 TO FALSE STATEMENT IN OR IN CONNECTION WITH THIS APPLICATION	N THE O MAKE A					
(P)	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.						
8	Signature M. C.						
	Date 5/04/12						
	Capacity OWner						
1	For joint applications signature of 2 nd applicant or 2 nd applicant's solicitor or other authorise read guidance note 4). If signing on behalf of the applicant please state in what capacity.	sed agent. (Please					
	Signature						
	Date						
	Capacity	9					
	Contact name (where not previously given) and postal address for correspondence assoc application (please read guidance note 5)	iated with this					

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

Post town

Telephone number

Post code

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.
- 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:-

Health, Safety and Licensing Dept
Brent Council
P.O. Box 411
Brent House
349-357 High Road
Wembley,
Middlesex
HA9 6EP

2 020 8937 5359

Fax: 020 8937 5357

Email: hsl@brent.gov.uk

Cheques should be crossed and made payable to L.B.B. Health Safety & Licensing.

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 HAO 2HH

Tel: 020 8733 3206

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