



**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~~ PUSHPARANI ARULRAJAH  
(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

834717

**Part 1 – Premises details**

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

171 QUEENS ROAD

Post town

PECKHAM

Post code

SE15 2ND

\* Telephone number at premises (if any)

Please give a brief description of the premises (see note 1)

OFF LICENCE

Name of current premises licence holder

SAWINDAR SINGH SANDHU AND NARESH KUMAR

**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\*

please complete section (A)

b) a person other than an individual \*

i. as a limited company

please complete section (B)

ii. as a partnership

please complete section (B)

iii. as an unincorporated association or

please complete section (B)

address

Post town

Post code

Daytime contact telephone number

E-mail address  
(optional)

**SECOND INDIVIDUAL APPLICANT (fill in as applicable)**

Mr  Mrs  Miss  Ms  Other title   
(for example, Rev)

Surname

First names

Date of birth

I am 18 years old or over

Please tick  yes

Nationality

Current  
residential  
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
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**

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																								
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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?

Consent of premises licence holder to transfer

I/we SAWINDAR SINGH SANDHU AND NARESH KUMAR  
[full name of premises licence holder(s)]

the premises licence holder of premises licence number 834717  
[insert premises licence number]

relating to

171 QUEENS ROAD, PECKHAM, SE15 2ND  
[name and address of premises to which the application relates]

hereby give my consent for the transfer of premises licence number

834717  
[insert premises licence number]

to

PUSHPARANI ABULRASAH  
[full name of transferee].

signed

name  
(please print)

NARESH KUMAR

dated

02/05/2017

02/5/17

**EMPLOYMENT WILL BE LIABLE TO A CIVIL PENALTY UNDER SECTION 15 OF THE IMMIGRATION, ASYLUM AND NATIONALITY ACT 2006 AND PURSUANT TO SECTION 21 OF THE SAME ACT, WILL BE COMMITTING AN OFFENCE WHERE THEY DO SO IN THE KNOWLEDGE, OR WITH REASONABLE CAUSE TO BELIEVE, THAT THE EMPLOYEE IS DISQUALIFIED.**

**IT IS AN OFFENCE, UNDER SECTION 158 OF THE LICENSING ACT 2003, TO MAKE A FALSE STATEMENT IN OR IN CONNECTION WITH THIS APPLICATION. THOSE WHO MAKE A FALSE STATEMENT MAY BE LIABLE ON SUMMARY CONVICTION TO A FINE OF ANY AMOUNT.**

I understand I am not entitled to be issued with a licence if I do not have the entitlement to live and work in the UK (or if I am subject to a condition preventing me from doing work relating to the carrying on of a licensable activity) and that my licence will become invalid if I cease to be entitled to live and work in the UK (please read guidance note 2)

- [Applicable to individual applicants only, including those in a partnership which is not a limited liability partnership] I understand I am not entitled to be issued with a licence if I do not have the entitlement to live and work in the UK (or if I am subject to a condition preventing me from doing work relating to the carrying on of a licensable activity) and that my licence will become invalid if I cease to be entitled to live and work in the UK (please read guidance note 15).

The DPS named in this application form is entitled to work in the UK (and is not subject to conditions preventing him or her from doing work relating to a licensable activity) and I have seen a copy of his or her proof of entitlement to work, if appropriate (please see note 15)

**Part 4 – Signatures** (please read guidance note 3)

**Signature of applicant or applicant's solicitor or other duly authorised agent** (See guidance note 4). **If signing on behalf of the applicant please state in what capacity.**

Signature

[Redacted Signature]

Date

3/5/17

Capacity

**For joint applicants signature of second applicant, second applicant's solicitor or other authorised agent** (please read guidance note 5). **If signing on behalf of the applicant please state in what capacity.**

Signature

Date

Capacity


IT IS AN OFFENCE, UNDER SECTION 158 OF THE LICENSING ACT 2003, TO MAKE A FALSE STATEMENT IN OR IN CONNECTION WITH THIS APPLICATION. THOSE WHO MAKE A FALSE STATEMENT MAY BE LIABLE ON SUMMARY CONVICTION TO A FINE OF ANY AMOUNT.

IT IS AN OFFENCE UNDER SECTION 24B OF THE IMMIGRATION ACT 1971] FOR A PERSON TO WORK WHEN THEY KNOW, OR HAVE REASONABLE CAUSE TO BELIEVE, THAT THEY ARE DISQUALIFIED FROM DOING SO BY REASON OF THEIR IMMIGRATION STATUS. THOSE WHO EMPLOY AN ADULT WITHOUT LEAVE OR WHO IS SUBJECT TO CONDITIONS AS TO EMPLOYMENT WILL BE LIABLE TO A CIVIL PENALTY UNDER SECTION 15 OF THE IMMIGRATION, ASYLUM AND NATIONALITY ACT 2006 AND, PURSUANT TO SECTION 21 OF THE SAME ACT, WILL BE COMMITTING AN OFFENCE WHERE THEY DO SO IN THE KNOWLEDGE, OR WITH REASONABLE CAUSE TO BELIEVE, THAT THE EMPLOYEE IS DISQUALIFIED.

**Part 3 – 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

02/05/17

Capacity

**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

02/05/2017

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

Telephone number (if any)

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