

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.....SUTHARSINE PERAYERAVAN.....

..... *[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

20/00122/PREMIS

Part 1 – Premises Details

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

LONDIS
ABERDEEN HOUSE
WYCH HILL

Post Town WOKING

Post Code GU22 0EU

Telephone number of premises (if any)

Please give a brief description of the premises

LOCAL CONVENIENCE STORE

Name of current premises licence holder

PE [REDACTED] L [REDACTED]

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)
- iv. other (for example a statutory corporation) please complete section (B)
- c) a recognised club 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
- o Statutory function or
- o 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

PERAYERAVAN

First names

SUTHARSINE

Date of Birth

██████████

I am 18 years old or over (Please tick yes)

Nationality

██████████

Where applicable (if demonstrating a right to work via the Home Office online right to work checking service), the 9-digit 'share code' provided to the applicant by that service (please see note 2 for information)

Current postal address if different from premises address

████████████████████
████████████████████

Post Town

Postcode

Daytime contact telephone number

Email address (optional)

SECOND INDIVIDUAL APPLICANT (if 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

Where applicable (if demonstrating a right to work via the Home Office online right to work checking service), the 9-digit 'share code' provided to the applicant by that service (please see note 2 for information)

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?

THE PREMISES LICENCE HAS NOW BEEN SURRENDERED. THIS IS TO TRANSFER THE SURRENDERED LICENCE

Please tick **Yes**

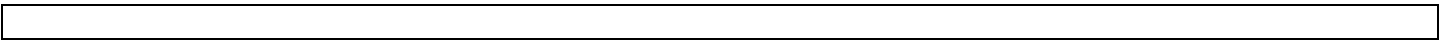
If this application is granted I would be in a position to use the premises during the application period for the licensable activity or activities authorised by the licence (see section 43 of the Licensing Act 2003)

I have enclosed the premises licence

Please tick **Yes**

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

THE PREMISES LICENCE HAS BEEN SURENDERED



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 have sent a copy of this form to Home Office Immigration Enforcement today ✓
- Applicable to all individual applicants, including those in a partnership which is not a limited liability partnership, but not companies or limited liability partnerships] I have included documents, or my Home Office online right to work checking service share code, to demonstrate my entitlement to work in the United Kingdom (please read note 2) ✓

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.

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)

Part 4 – Signatures (please read guidance note 3)

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

SignatureNIRA SURESH.....

Date21/08/2023.....

CapacityLICENSING AGENT.....

For joint applications signature of 2nd applicant or 2nd 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

Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 5)

ARKA LICENSING CONSULTANTS
TRIDENT BUSINESS CENTRE
89 BICKERSTETH ROAD
LONDON

Post town LONDON

Post code SW17 9SH

Telephone number 07803 903 897

If you would prefer us to correspond with you by e-mail your e-mail address (optional)
CONTACT@ARKALICENSING.CO.UK