

Details entered: 3 February 2010 at 11:59 by Susan Chadwick  
 Date requested: Reason:  
 Date received: 02/02/2010  
 Appointment date: Appointment time:  
 Result: Result Date:  
 Name: Number:  
 Date commences: Date expires:

Notes:



**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 SADIQ PATEL  
 (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 102006-002

**Part 1 – Premises details**

Postal address of premises or, if none, ordnance survey map reference or description <u>49 NEWCHURCH RD RAMTENSALL 1</u>	
Post town <u>RAMTENSALL</u>	Post code <u>BB4 7PX</u>
Telephone number at premises (if any) <u>N/A</u>	

Please give a brief description of the premises  
OFF licence Convenience Store

Name of current premises licence holder  
HASMAT PATEL

02 FEB 2010  
 GIRO 10638

**Part 2 - Applicant details**

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

- |   |   |
|---|---|
| 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)            |

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- 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  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:

- 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

Please tick yes

(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  Post code

Daytime contact telephone number

E-mail address (optional)

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**SECOND INDIVIDUAL APPLICANT (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  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)

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**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

**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 premises licence referred to above please give the reasons why not.

⊕

WHEN I took over the SHOP there was NO premises licence ~~to give~~.

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

Signature S. P. A.  
 Date 12/11/09 S.P. 2/2/2010  
 Capacity Self Employed

**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 .....  
 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) _____	

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**Notes for Guidance**

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

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

Rossendale Borough Council  
Licensing Unit  
Town Centre Offices Telephone: 01706 238 648  
Lord Street  
Rawtenstall e-mail: [licensing@rossendalebc.gov.uk](mailto:licensing@rossendalebc.gov.uk)  
Rossendale  
BB4 7LZ

Cheques should be crossed and made payable to Rossendale Borough Council. The application fee is £23.00.

A copy of this application must be sent to:

Divisional Commander  
Lancashire Constabulary  
Colne Police Station  
Craddock Road Telephone: 01282 472 383 / 6  
Colne  
BB8 0JU