

073419

**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 SENGAR SADIQ MAJEED EUROPOL PETERBOROUGH LTD.  
(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

072847

**Part 1 – Premises details**

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

UNIT A ASHWOOD HOUSE  
ENTERPRISE WAY BRETTON

Post town PETERBOROUGH

Post code PE3 8YQ

Telephone number at premises (if any) 01733 268660

Please give a brief description of the premises

RETAIL WITH FOCUS ON  
EASTERN EUROPEAN FOOD

Name of current premises licence holder

(SENGAR SADIQ MAJEED) CREW LTD

PETERBOROUGH CITY COUNCIL  
19 MAY 2016  
LICENSING

**Part 2 - Applicant details**

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

a) an individual or individuals\*

Please tick  yes

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 respect of 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
  - 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  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

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)	10167400
Description of applicant (for example partnership, company, unincorporated association etc.)	COMPANY
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
<input type="text"/>	<input type="text"/>	<input type="text"/>

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?

Mr. Sengar Sadiq Majeed is the Director of both Companies. Premises Licence will be transferred from one company to the other. (From GREN LTD to EUROPOL PETERBOROUGH LIMITED)

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

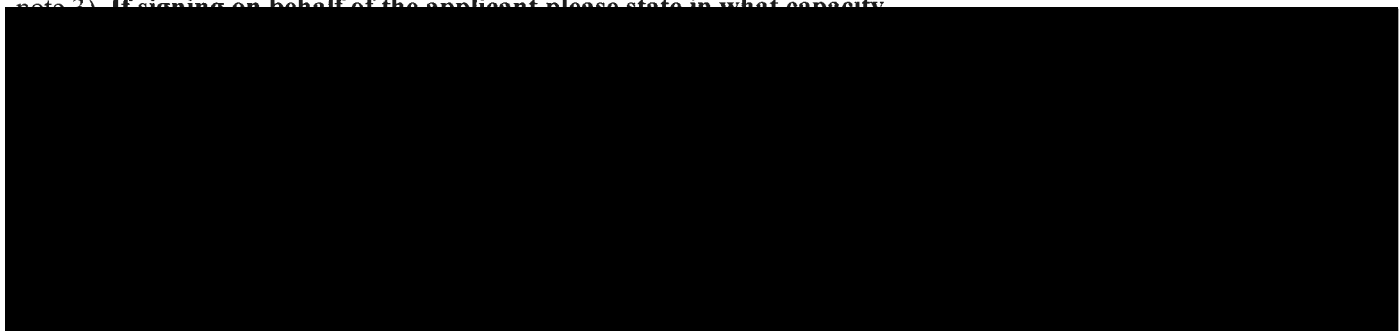
If you have not enclosed premises licence referred to above please give the reasons why not.

- 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 2). *If signing on behalf of the applicant please state in what capacity.*



**For joint applicants signature of second applicant, second 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 (please read guidance note 5)</b>	
<b>Post town</b>	<b>Post Code</b>
<b>Telephone number (if any)</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 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.