

03 11 2007
for a change



Lancaster
Application to transfer premises licence
Licensing Act 2003

For help contact
licensing@lancaster.gov.uk
Telephone: 01524 582033

* required information

Section 1 of 6

You can save the form at any time and resume it later. You do not need to be logged in when you resume.

System reference This is the unique reference for this application generated by the system.

Your reference You can put what you want here to help you track applications if you make lots of them. It is passed to the authority.

Are you an agent acting on behalf of the applicant?

- Yes No

Put "no" if you are applying on your own behalf or on behalf of a business you own or work for.

Applicant Details

* First name

* Family name

* E-mail

Main telephone number Include country code.

Other telephone number

Indicate here if the applicant would prefer not to be contacted by telephone

Is the applicant:

- Applying as a business or organisation, including as a sole trader
- Applying as an individual

A sole trader is a business owned by one person without any special legal structure. Applying as an individual means the applicant is applying so the applicant can be employed, or for some other personal reason, such as following a hobby.

Applicant Business

Is the applicant's business registered in the UK with Companies House? Yes No

Is the applicant's business registered outside the UK? Yes No

Note: completing the Applicant Business section is optional in this form.

Business name If the applicant's business is registered, use its registered name.

VAT number Put "none" if the applicant is not registered for VAT.

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Legal status

Applicant's position in the business

Home country

The country where the applicant's headquarters are.

Applicant Business Address

If the applicant has one, this should be the applicant's official address - that is an address required of the applicant by law for receiving communications.

Building number or name

Street

District

City or town

County or administrative area

Postcode

Country

Agent Details

* First name

* Family name

* E-mail

Main telephone number

Include country code.

Other telephone number

Indicate here if you would prefer not to be contacted by telephone

Are you:

An agent that is a business or organisation, including a sole trader

A sole trader is a business owned by one person without any special legal structure.

A private individual acting as an agent

Agent Business

Is your business registered in the UK with Companies House? Yes No

Note: completing the Applicant Business section is optional in this form.

Registration number

Business name

If your business is registered, use its registered name.

VAT number

Put "none" if you are not registered for VAT.

Legal status

Continued from previous page...

Your position in the business

Home country

The country where the headquarters of your business is located.

Agent Registered Address

Address registered with Companies House.

Building number or name

Street

District

City or town

County or administrative area

Postcode

Country

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PREMISES DETAILS

I/we, as named in section 1, apply to transfer the premises licence described below under section 42 of the Licensing Act 2003 for the premises described in section 2 below.

Premises Licence

* Premise licence number

Name Of Current Premises Licence Holder

* Name

Premises Address

Are you able to provide a postal address, OS map reference or description of the premises?

Address OS map reference Description

Building number or name

Street

District

City or town

County or administrative area

Postcode

Country

Further Details

Please give a brief description of the premises

Continued from previous page...

Mognies is a city centre restaurant and takeaway serving fast food. It has a late night refreshment licence.

Telephone number at the premises if any

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APPLICATION DETAILS

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

- An individual or individuals
- A limited company
- A partnership
- An unincorporated association
- A recognised club
- A charity
- The proprietor of an educational establishment
- A health service body
- A person who is registered under part 2 of the Care Standards Act 2000 (c14) in respect of an independent hospital in Wales
- A person who is registered under Chapter 2 of Part 1 of the Health and Social Care Act 2008 in respect of the carrying on of a regulated activity (within the meaning of that Part) in an independent hospital in England
- The chief officer of police of a police force in England and Wales
- Other (for example a statutory corporation)

Please confirm the following:

- I am carrying on or proposing to carry on a business which involves the use of the premises for licensable activities
- I am making the application pursuant to a statutory function
- I am making the application pursuant to a function discharged by virtue of Her Majesty's prerogative

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INDIVIDUAL APPLICANT DETAILS

Continued from previous page...

Applicant Name

Is the name the same as (or similar to) the details given in section one?

- Yes No

If "Yes" is selected you can re-use the details from section one, or amend them as required. Select "No" to enter a completely new set of details.

First name

Family name

Is the applicant 18 years of age or older?

- Yes No

Applicant Postal Address

Is the address the same as (or similar to) the address given in section one?

- Yes No

If "Yes" is selected you can re-use the details from section one, or amend them as required. Select "No" to enter a completely new set of details.

Building number or name

Street

District

City or town

County or administrative area

Postcode

Country

Applicant Contact Details

Are the contact details the same as (or similar to) those given in section one?

- Yes No

If "Yes" is selected you can re-use the details from section one, or amend them as required. Select "No" to enter a completely new set of details.

E-mail

Telephone number

Other telephone number

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FURTHER INFORMATION

Are you the holder of the premises licence under an interim authority notice?

- Yes No

Do you wish the transfer to have immediate effect?

- Yes No

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Have you attached the consent form signed by the existing premises licence holder?

Yes No

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)?

Yes No

Have you attached the previous licence?

Yes No

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PAYMENT DETAILS

This fee must be paid to the authority. If you complete the application online, you must pay it by debit or credit card.

This formality requires a fixed fee of £23

ATTACHMENTS

AUTHORITY POSTAL ADDRESS

Address

Building number or name	TOWN HALL
Street	DALTON SQUARE
District	
City or town	LANCASTER
County or administrative area	LANCASHIRE
Postcode	LA1 1PJ
Country	United Kingdom

DECLARATION

* I/we understand 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.

Ticking this box indicates you have read and understood the above declaration

This section should be completed by the applicant, unless you answered "Yes" to the question "Are you an agent acting on behalf of the applicant?"

* Full name	JOHN HALEWOOD-DODD
* Capacity	SOLICITOR-AGENT
Date (dd/mm/yyyy)	03-02-2017

Consent of premises licence holder to transfer

1 FEB 2017

I/~~we~~ SIRAJ PATEL

[full name of premises licence holder(s)]

the premises licence holder of premises licence number

LAPLNA 0090

[insert premises licence number]

relating to

MOGNIES TAKEAWAY AND RESTAURANT, 66 PENNY STREET, LANCASTER
[name and address of premises to which the application relates]

hereby give my consent for the transfer of premises licence number

LAPLNA 0090

[insert premises licence number]

to

SAVERA SIRAJ PATEL

[full name of transferee].

signed



name
(please print)

Siraj Patel.

dated

31/1/2017.