

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 Saman Haroon MEHMUD*(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

DY/51/1261

Part 1 – Premises details

Postal address of premises or, if none, ordnance survey map reference or description Broadway Service Station, 154 South Road	
Post town Stourbridge,	Post code DY8 3RW
Telephone number at premises (if any)	

Please give a brief description of the premises (see note 1) Small grocery store/garage situated in a semi retail / residential area

Name of current premises licence holder Piara Singh Virdee

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* | <input checked="" type="checkbox"/> please complete section (A) |
| b) a person other than an individual * | |
| i. as a limited company/limited liability partnership | <input type="checkbox"/> please complete section (B) |
| ii. as a partnership (other than limited liability) | <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) |
| c) a recognised club | <input type="checkbox"/> please complete section (B) |
| d) a charity | <input type="checkbox"/> please complete section (B) |
| e) the proprietor of an educational establishment | <input type="checkbox"/> 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

MEHMUD

First names

Saman Haroon

Please tick yes

Date of birth

I am 18 years old or over

Nationality:

Born: |

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 residential 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

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 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
<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?

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.

Only the Summary was available at the shop when the applicant took over

- 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
- (electronic applic)
- I have sent a copy of this form to Home Office Immigration Enforcement today
- (electronic applic)
- 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 (See guidance note 4). If signing on behalf of the applicant please state in what capacity.

Signature *T Clarke*

Date 17th April 2023

Capacity Agent on behalf of the applicant

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

Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 6) Tony Clarke, Licensing Consultant, 540 Antrim Road,	
Post town Belfast	Post Code BT15 5GJ
Telephone number (if any) 07388 441 720	
If you would prefer us to correspond with you by e-mail your e-mail address (optional) securelicenses@gmail.com	

Consent of premises licence holder to transfer

I/we Piara Singh Virdee

[full name of premises licence holder(s)]

the premises licence holder of premises licence number DY/51/1261

[insert premises licence number]

relating to

Broadway Service Station, 154 South Road, Stourbridge, DY8 3RW

[name and address of premises to which the application relates]

hereby give my consent for the transfer of premises licence number

DY/51/1261

[insert premises licence number]

to

Saman Haroon MEHMUD

[full name of transferee]

signed

name

(please print)

Piara Singh Virdee

Piara Singh Virdee

dated

17th April 2023

Application to vary a premises licence to specify an individual as designated premises supervisor under the Licensing Act 2003

Before completing this form please read the guidance notes at the end of the form.

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You may wish to keep a copy of the completed form for your records.

I / we **Saman Haroon MEHMUD**

(full name(s) of premises licence holder)

being the premises licence holder, apply to vary a premises licence to specify the individual named in this application as the premises supervisor under section 37 of the Licensing Act 2003

Premises licence number **DY/51/1261**

Part 1 – Premises details

Postal address of premises or, if none, Ordnance Survey map reference or description

Broadway Service Station,
154 South Road

Post town
Stourbridge,

Post code (if known)
DY8 3RW

Telephone number (if any)

Description of premises (please read guidance note 1)

Small grocery store/garage situated in a semi retail/ residential area on a main road.

Part 2- Proposed supervisor details

Full name of proposed designated premises supervisor- Mr Rebar Salar

Nationality-

Place of Birth- ,

Date Of Birth

Mob:

Personal licence number of proposed designated premises supervisor and issuing authority of that licence (if any)
21/000058/LAPER - Sandwell M B C

Full name of existing designated premises supervisor (if any)
Piara Singh Virdee

Please tick yes

I would like this application to have immediate effect under section 38 of the Licensing Act 2003 (please read guidance note 2)

I have enclosed the premises licence or relevant part of it

(If you have not enclosed the premises licence, or relevant part of it, please give reasons why not)

Reasons why I have failed to enclose the premises licence or relevant part of it
The licence was not at the shop when the new owner took over. Only the Summary was available

Please tick yes

- I have made or enclosed payment of the fee
- I will give a copy of this application to the chief officer of police (please read guidance note 3)
(electronic app)
- I have enclosed the consent form completed by the proposed premises supervisor
- I have enclosed the premises licence, or relevant part of it or explanation
- I will notify the existing premises supervisor (if any) of this application (please read guidance note 4)
- I understand that if I do not comply with the above requirements my application will be rejected

It is an offence, under Section 158 of the Licensing Act 2003, to knowingly or recklessly 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 a valid leave to enter or remain in the UK or an adult who is subject to conditions which would prevent that person from taking up 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 by virtue of their immigration status.

Part 3 – Signatures (please read guidance note 5)

Signature of applicant or applicant's solicitor or other duly authorised agent (See guidance note 6). **If signing on behalf of the applicant please state in what capacity.**

Signature *T. Clarke*

.....

Date 17th April 2023

.....

Capacity Agent on behalf of the applicant

.....

For joint applicants signature of 2nd applicant, 2nd applicant's solicitor or other authorised agent (please read guidance note 7). **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 8) Tony Clarke, Licensing Consultant 540 Antrim Road,	
Post town Belfast	Post Code BT15 5GJ
Telephone number (if any) T: 07388 441720	
If you would prefer us to correspond with you by e-mail your e-mail address (optional) securelicenses@gmail.com	

Consent of individual to being specified as premises supervisor

I: *[name of prospective premises supervisor]* Mr Rebar Salar

[home address of prospective supervisor] _____

of: _____

hereby confirm that I give my consent to be specified as the designated premises supervisor in relation to the application for

Variation of Premises Licence under s37 of the Licensing Act 2003

[type of application]

by

[name of applicant]

Saman Haroon MEHMUD

relating to a premises licence

DY/51/1261

[number of existing licence, if any]

for

[name and address of premises to which the application relates]

Broadway Service Station, 154 South Road, Stourbridge, DY8 3RW

and any premises licence to be granted or varied in respect of this application made by

Saman Haroon MEHMUD

[name of applicant]

concerning the supply of alcohol at

Broadway Service Station, 154 South Road, Stourbridge, DY8 3RW

[name and address of premises to which application relates]

I also confirm that I am entitled to work in the United Kingdom and am applying for, intend to apply for or currently hold a personal licence, details of which I set out below.

Personal licence number

21/000009 / LAPER

[insert personal licence number, if any]

Personal licence issuing authority

Sandwell MBC

[insert name and address and telephone number of personal licence issuing authority, if any]

Signed



Name *(please print)*

Mr Rebar Salar

Date

17th April 2023