

**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 Gurbakhash Kaur

*(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/51/0219

**Part 1 – Premises details**

<b>Postal address of premises or, if none, ordnance survey map reference or description</b> NAIK MINI MARKET, 3 NEW STREET, DUDLEY, DY1 1LY	
<b>Post town</b>	<b>Post code</b>
<b>Telephone number at premises (if any)</b> 01384 240 792	

<b>Please give a brief description of the premises</b> retail shop
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<b>Name of current premises licence holder</b> gurnaik singh
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**Part 2 - Applicant details**

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

- |   | <b>Please tick yes</b>  |
|---|---|
| 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)            |
| c) a recognised club                            | <input type="checkbox"/> 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:

**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** KAUR **First names** Gurbakhash

**Please tick yes**

I am 18 years old or over

**Current postal address if different from premises address** 10 Inkberrow Close, Oldbury, West Midlands, B69 1DU

**Post town**  **Post code**

**Daytime contact telephone number** 0121 544 0736

**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)
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  

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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?

**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.

The Authority has not re-issued the Premises Licence as yet.

- 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) **applicant please state in what capacity.**

Signature ..... *CURBI* **G. KAUR** ..... *G. Kaur* .....  
 Date ..... **TO SIGN.** .....  
 Capacity ..... *App* .....

**For joint applicants s authorised agent (ple applicant please stat** **applicant's solicitor or other signing on behalf of the**

Signature .....  
 Date .....  
 Capacity .....

<b>Contact name (where not previously given) and postal address for correspondence associated with this application</b> (please read guidance note 5) ADRIAN CURTIS OF KENNETH CURTIS & CO 88 ALDRIDGE ROAD, PERRY BARR	
<b>Post town</b> BIRMINGHAM	<b>Post Code</b> B42 2TP
<b>Telephone number (if any)</b> 0121 356 1161	
<b>If you would prefer us to correspond with you by e-mail your e-mail address (optional)</b>	

Consent of premises licence holder to transfer

I/we GURNAIK SINGH

[full name of premises licence holder(s)]

the premises licence holder of premises licence number dy/51/0219

[insert premises licence number]

relating to

NAIK MINI MARKET, 3 NEW STREET, DUDLEY, DY1 1LY

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

hereby give my consent for the transfer of premises licence number

dy/51/0219

[insert premises licence number]

to

Gurbakhash Kaur

[full name of transferee].

signed

G. Kaur

GURNAIK SINGH

name

(please print)

GURBAKHASH KAUR GURNAIK SINGH

dated

7-12-09

7-12-09

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

**PLEASE READ THE FOLLOWING INSTRUCTIONS FIRST**

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

I / we Gurbakhash Kaur

*(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/51/0219

**Part 1 – Premises details**

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

NAIK MINI MARKET, 3 NEW STREET, DUDLEY, DY1 1LY

**Post town**

**Post code (if known)**

**Telephone number (if any)**

**Description of premises** (please read guidance note 1)

retail shop

**Part 2**

**Full name of proposed designated premises supervisor**  
Gurbakhash Kaur

**Personal licence number of proposed designated premises supervisor and issuing authority of that licence (if any)**  
007954 Sandwell 0121 569 6628

**Full name of existing designated premises supervisor (if any)**  
Mr G Hullalt

**Please tick yes**

I would like this application to have immediate effect under section 38 of the Licensing Act 2003

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 Authority has not re-issued the Premises Licence as yet.

**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
- 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 give a copy of this form to the existing premises supervisor, if any
- 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 3 – 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 ..... *GURBAKHASH KAUR G. Kaur* .....

Date ..... *7-12-09* .....

Capacity ..... *Applicant* .....

**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 .....

<b>Contact name (where not previously given) and postal address for correspondence associated with this application</b> (please read guidance note 5) KENNETH CURTIS & CO 88 ALDRIDGE RD, PERRY BARR, BIRMINGHAM, B42 2TP	
<b>Post town</b>	<b>Post Code</b>
<b>Telephone number (if any)</b> 0121 356 1161	
<b>If you would prefer us to correspond with you by e-mail your e-mail address (optional)</b>	

**Guidance notes**

1. Describe the premises. For example the type of premises it is.
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.

**Consent of individual to being specified as premises supervisor**

Gurbakhash Kaur

I .....  
*[full name of prospective premises supervisor]*

of

10 Inkberrow Close, Oldbury, West Midlands, B69 1DU

.....  
*[home address of prospective premises supervisor]*

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

DPS VARIATION APPLICATION

.....  
*[type of application]*

by

Gurbakhash Kaur

.....  
*[name of applicant]*

relating to a premises licence .....  
*[number of existing licence, if any]*

for

NAIK MINI MARKET, 3 NEW STREET, DUDLEY, DY1 1LY

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

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

Gurbakhash Kaur

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*[name of applicant]*

concerning the supply of alcohol at

NAIK MINI MARKET, 3 NEW STREET, DUDLEY, DY1 1LY

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

I also confirm that I am applying for, intend to apply for or currently hold a personal licence, details of which I set out below.

Personal licence number

007954

-----  
*[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

G. Kaur

Name (please print)

GURBAKHASH KAUR

Date

7-12-09