

**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.

4 I/We MR. Mohammed A. HASSAN
(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

HOPSO #74

Part 1 – Premises details

Postal address of premises or, if none, ordnance survey map reference or description 61 Queens Road

Hastings

Post town

East Sussex

Post code

TN34 1RE

Telephone number at premises (if any)

[REDACTED]

Please give a brief description of the premises

officers

Name of current premises licence holder

MR. Yasin Ahmed

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*

A ☒ 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)

W201309428

- 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

First names

Hassan Mohammed

Please tick yes

I am 18 years old or over ☒

Current postal address if different from premises address

[Redacted address]

Post town

East Sussex

Post code

[Redacted post code]

Daytime contact telephone number

[Redacted telephone number]

E-mail address (optional)

[Redacted email address]

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
21 02 2014

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.

I am still running the shop until 21-02-14

TO BE RETURNED.

- 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



Date

17-02-2014

Capacity

Premises licenced holder

For joint applicants signature of 2nd applicant, 2nd 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)

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.

HASTINGS BOROUGH COUNCIL

Consent of premises licence holder to transfer

I/we Yasin Ahmed
[full name of premises licence holder(s)]

the premises licence holder of premises licence number HOP 50474,
[insert premises licence number]

relating to

IDEAL MINI MKT 61 QUEENS ROAD, HASTINGS
[name and address of premises to which the application relates]

hereby give my consent for the transfer of premises licence number

HOP 50474,
[insert premises licence number]

to

MOHAMMED A. HASSAN
[full name of transferee].

signed

name
(please print)

dated



Yasin Ahmed

17-02-2014

HASTINGS BOROUGH COUNCIL

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

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I/we MR. Mohammed A. Hassan
(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

HOP50474

Part 1 – Premises details

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

Ideal Mine Market
61 Queens Road

Post town
Hastings

Post code (if known)
TN34 1RE

Telephone number (if any)

Description of premises (please read guidance note 1)

Off licence

WK201309430

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



Date

17-02-2014

Capacity

licens holder

For joint applicants signature of 2nd applicant 2nd 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

East Sussex

Post Code



Telephone number (if any)

If you would prefer us to correspond with you by e-mail your e-mail address (optional) 

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

I MR. Mohammed A Hassan
[full name of prospective premises supervisor]

of

[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

Transfer and change DPS
[type of application]

by

Myself
[name of applicant]

relating to a premises licence 10P50474
[number of existing licence, if any]

for

IDEAL MINI MUR
61 QUEENS RD
HASTINGS TN34. 1RE

[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

myself
[name of applicant]

concerning the supply of alcohol at

IDEAL MINI MKT.

[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

HO 20737
[insert personal licence number, if any]

Personal licence issuing authority

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

Signed



Name (please print)

Mohammed Hassan

Date

17-02-2014