



PREM4

Entertainment Licensing, Leeds City Council, Civic Hall, Leeds, LS1 1UR

**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 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.

~~1774/003~~ **ARMAN AMIRI** (Insert name(s) of applicant)
apply to transfer the premises licence under section 42 of the Licensing Act 2003 for the premises described in Part 1 below

Premises licence number **PREM/01774/V01**

Part 1 – Premises Details

Postal address of premises or, if none, ordnance survey map reference or description
**IBIZA BAR (STARLIGHT BAR) UNIT 10
SHAFTSBURY PARADE, HAREHILLS LANE.**

Post town **LEEDS** Post code **LS9 6PJ**

Telephone number at premises (if any)

Please give a brief description of the premises
THE PREMISES OF THE PLACE IS CURRENTLY A BAR. WHICH THE BAR IS LOCATED UPSTAIRS. AROUND THE PREMISES ARE SHOPS AND STORES DOWNSTAIRS.

ENTERTAINMENT LICENSING
12 DEC 2011
RECEIVED

Name of current premises licence holder
MR NAWAZ KHAN

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* 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 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) A person 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 in respect of the carrying on of a regulated activity (within the meaning of the Part) in 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

AMIRI

ARMAN

Please tick Yes

I am 18 years old or over

Current postal address if different from premises address

29 APPLETON COURT

Post Town

LEEDS

Postcode

LS9 7RS

Daytime contact telephone number

07516924466

Email address (optional)

ARMAN_AMIRI81@YAHOO.CO.UK

SECOND INDIVIDUAL APPLICANT (IF APPLICABLE)

Mr Mrs Miss Ms Other title (for example, Rev)

Surname

First names

Please tick Yes

I am 18 years old or over

Current postal address if different from premises address

Post Town

Postcode

Daytime contact telephone number

Email address (optional)

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)


I have enclosed the premises licence

- 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 (£5,000) 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 7-12-2011

Capacity

For joint applications signature of 2nd applicant or 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 if not the applicant

Contact Name (where not previously given) and 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)	

Entertainment Licensing, Leeds City Council, Civic Hall, Leeds, LS1 1UR.

Consent of premises licence holder to transfer

I/we [NAWAZ UMIAN] the premises licence holder
full name of premises licence holder(s)

of premises licence number [PREM/01774/V02] relating to
insert premises licence number

[IBILA BAR (STARLIGHT BAR)]
name and address of premises to which the application relates

hereby give my consent for the transfer of premises licence number

[PREM/01774/V02] to
insert premises licence number

[MR ARMAN AMIRI]
full name of transferee

[Signature] signed

NAWAZ UMIAN name (please print)

7-12-11 dated