

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 Sheakha Sharif Najhat

(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

LEIPRM1423

Part 1 – Premises details

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

UNI Supermarket
 39 Western Boulevard
 Leicester

Post town Leicester

Post code LE2 7HN

Telephone number at premises (if any)

Please give a brief description of the premises (see note 1)

Convenience Store - Off Licence

Nawzad Sharif-Nazhad

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*

YES

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)
- 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 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 yes
- 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 **MR** Mrs Miss Ms Other title
(for example, Rev)

Surname

Sharif Najhat

First names

Sheakha

Please tick yes
YES

Date of birth

Nationality **British**

Current residential address if different from premises

address

Post town

Leicester

Post code

LE3 3FS

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

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? **yes**

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 **yes**

<p>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?</p>
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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) yes

Please tick yes

I have enclosed the premises licence yes

If you have not enclosed premises licence referred to above please give the reasons why not.

- I have made or enclosed payment of the fee yes
- I have enclosed the consent form signed by the existing premises licence holder or my statement as to why it is not enclosed yes
- I have enclosed the premises licence or relevant part of it or explanation yes
- I have sent a copy of this application to the chief officer of police today yes
- I have sent a copy of this form to Home Office Immigration Enforcement today yes

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

.....

Date 09-04-2021

.....

Capacity Agent on behalf of 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 Agent on behalf of applicant

.....

Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 6)

AC Consultancy - Tony Close

.....

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. **Right to work/immigration status for individual applicants and applications from partnerships which are not limited liability partnerships:**

A licence may not be held by an individual or an individual in a partnership which is not a limited liability partnership who:

- does not have the right to live and work in the UK; or
- is subject to a condition preventing him or her from doing work relating to the

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 [REDACTED]

Date 09-04-2021

Capacity Agent on behalf of 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 Agent on behalf of applicant

Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 6) AC Consultancy - Tony Close [REDACTED]	
Post town [REDACTED]	Post Code [REDACTED]
Telephone number (if any) [REDACTED]	
If you would prefer us to correspond with you by e-mail your e-mail address (optional) [REDACTED]	

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. Right to work/immigration status for individual applicants and applications from partnerships which are not limited liability partnerships:

A licence may not be held by an individual or an individual in a partnership which is not a limited liability partnership who:

- does not have the right to live and work in the UK; or
- is subject to a condition preventing him or her from doing work relating to the

Consent of premises licence holder to transfer

I/we Nawzad Sharif-Nazhad
[full name of premises licence holder(s)]

the premises licence holder of premises licence number LEIPRM1423
[insert premises licence number]

relating to


UNI Supermarket, 39 Western Boulevard, Leicester LE2 7HN
[name and address of premises to which the application relates]

hereby give my consent for the transfer of premises licence number

LEIPRM1423
[insert premises licence number]

to

Sheakha Sharif Najhat
[full name of transferee]

signed 
name
(please print) Nawzad Sharif-Nazhad

dated 07-04-2021

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 **Sheakha Sharif Najhat**

(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

LEIPRM1423

Part 1 – Premises details

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

UNI Supermarket, 39 Western Boulevard, Leicester

Post town

Leicester

Post code (if known)

LE2 7HN

Telephone number (if any)

██████████

Description of premises (please read guidance note 1)

Convenience store with Off Licence

Part 2

Full name of proposed designated premises supervisor
Sheakha Sharif-Najhat

Nationality [REDACTED]

Place of birth [REDACTED]

Date of birth [REDACTED]

Personal licence number of proposed designated premises supervisor and issuing authority of that licence (if any)
LEIPRS3528 Leicester City Council

Full name of existing designated premises supervisor (if any)
Nawzad Sharif-Nazhad

Please tick yes

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

I have enclosed the premises licence or relevant part of it yes

(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

Please tick yes

- I have made or enclosed payment of the fee y
- I will give a copy of this application to the chief officer of police y
- I have enclosed the consent form completed by the proposed premises supervisor y
- I have enclosed the premises licence, or relevant part of it or explanation y
- I will give a copy of this form to the existing premises supervisor, if any y
- I understand that if I do not comply with the above requirements my application will be rejected y

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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 09-04-2021

.....

Capacity Agent for applicant

.....

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 Agent for applicant

.....

Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 5)

Tony Close - AC Consultancy

.....

Post town

.....

Post Code

.....

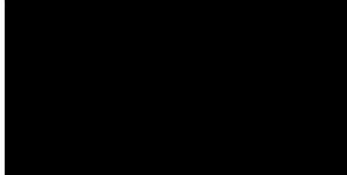
Telephone number (if any) [REDACTED]
If you would prefer us to correspond with you by e-mail your e-mail address (optional) [REDACTED]

Consent of individual to being specified as premises supervisor

Sheakha Sharif Najhat

I

[full name of prospective premises supervisor]



[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

Change of DPS at UNI Supermarket

[type of application]

by

Sheakha Sharif Najhat

[name of applicant]

relating to a premises licence LEIPRM1423

[number of existing licence, if any]

UNI Supermarket
39 Western Boulevard
Leicester
LE2 7HN

f

[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

Sheakha Sharif Najhat

[name of applicant]

concerning the supply of alcohol at

UNI Supermarket
39 Western Boulevard
Leicester
LE2 7HN

[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

LEIPRS 3528

[insert personal licence number, if any]

Personal licence issuing authority

Leicester City Council

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

Signed

Sheakha Sharif Najhat

Name (please print)

09-04-2021

Date

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

Sheakha Sharif Najhat

[name of applicant]

concerning the supply of alcohol at

UNI Supermarket
39 Western Boulevard
Leicester
LE2 7HN

[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.

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

Signed

Sheakha Sharif Najhat

Name (please print)

09-04-2021