

**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 **PAVEL SLAVOV HRISTOV**

*(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

WN/14/01909/PRE

**Part 1 – Premises details**

Postal address of premises or, if none, ordnance survey map reference or description <b>INTERNATIONAL MINI - MARKET, (ALSO KNOWN AS SAM EURO STYLE),          373, NEWHAMPTON ROAD WEST,          WHITMORE REANS,          WOLVERHAMPTON.</b>	
Post town <b>WOLVERHAMPTON</b>	Post code <b>WV6 0RX</b>
Telephone number at premises (if any) <b>N/A</b>	

Please give a brief description of the premises  
**THESE SEMI - DETACHED PREMISES ARE A PART OF A BLOCK OF RETAIL UNITS.THEY ARE CURRENTLY TRADING AS AN OFF – LICENCE AND CONVENIENCE STORE, WITH A COMPREHENSIVE RANGE OF FOREIGN PRODUCTS, PARTICULARLY FROM EASTERN EUROPE.THEY ARE LOCATED IN A MIXED RETAIL AND RESIDENTIAL AREA ON A BUS ROUTE WITH FRONTAGE AND SUBSTANTIAL STREET CAR PARKING NEARBY.**

Name of current premises licence holder  
**ZEMNAKO AZAD SALIH**

**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)

Date received: **14/9/15**  please complete section (B)  
 Amount: **23.00**  
 Cash  Cheque   
 Cheque No. **002864**  
 Receipt no: **44135005364**  
 Initial: \_\_\_\_\_  
 Receipt issued by: **EG**



- 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
- 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**  
HRISTOV

**First names**  
PAVEL SLAVOV

**I am 18 years old or over**

Please tick  yes

Current postal address if different from premises address

FLAT A,  
373 NEWHAMPTON ROAD WEST,  
WHITMORE REANS,  
WOLVERHAMPTON,  
WEST MIDLANDS.

Post town

WOLVERHAMPTON

Post code

WV6 0RX.

Daytime contact telephone number

07867 227987

E-mail address (optional)

N/A

**SECOND INDIVIDUAL APPLICANT (fill in as applicable)**

Mr  Mrs  Miss  Ms

Other title

(for example, Rev)

Surname

N/A

First names

N/A

I am 18 years old or over

Please tick  yes

Current postal address if different from premises address

N/A

Post town

Post code

Daytime contact telephone number

E-mail address (optional)

N/A

**(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 N/A
Address N/A
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?

N/A

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.  
N/A

- 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 **8<sup>TH</sup> SEPTEMBER 2015**

Capacity **AUTHORISED AGENT FOR THE APPLICANT.**

**For joint applicants signature of second applicant, second 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 (please read guidance note 5)</b> <b>LICENSED TRADE LEGAL SERVICES LIMITED,</b> <b>REGENT HOUSE,</b> <b>BATH AVENUE,</b> <b>WOLVERHAMPTON,</b> <b>WEST MIDLANDS.</b>	
<b>Post town</b> <b>WOLVERHAMPTON</b>	<b>Post Code</b> <b>WV1 4EG</b>
<b>Telephone number (if any) 01902 810048</b>	
<b>If you would prefer us to correspond with you by e-mail your e-mail address (optional)</b> N/A	

**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.