

**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 Aura Create Limited

(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

001728

Part 1 – Premises details

Postal address of premises or, if none, ordnance survey map reference or description OJ'S 64-68 High Street.	
Post town Hornchurch. Essex	Post code RM12 4UW
Telephone number at premises (if any) 01708 621366	

Please give a brief description of the premises Public House

Name of current premises licence holder Galecrest Limited

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* | <input type="checkbox"/> please complete section (A) |
| b) a person other than an individual * | |
| i. as a limited company | <input checked="" 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 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 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:

- 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

Please tick yes

(A) INDIVIDUAL APPLICANTS (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)

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 Aura Create Limited
Address 1 Royal Terrace Southend on Sea Essex SS1 1EA
Registered number (where applicable) 03816911

Description of applicant (for example partnership, company, unincorporated association etc) Limited Company
Telephone number (if any)
E-mail address (optional) auracreatelimited@hotmail.co.uk

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
<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

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 have made or enclosed payment of the fee X
- I have enclosed the consent form signed by the existing premises licence holder or my statement as to why it is not enclosed X
- I have enclosed the premises licence or relevant part of it or explanation X
- I have sent a copy of this application to the chief officer of police today X
- I understand that if I do not comply with the above requirements my application will be rejected X

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  Kingsley Hoddinott

Date 22nd August 2013

Capacity Authorised Agents for the Applicants

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)	
Kingsley Hoddinott of James-Motion Suite 1. Essex House. Station Road.	
Post town Upminster. Essex	Post Code RM14 2SJ
Telephone number (if any) 01708 229955	
If you would prefer us to correspond with you by e-mail your e-mail address (optional) khoddinott@james-motion.co.uk	

Consent of premises licence holder to transfer

~~I/we~~ Galecrest Limited

[full name of premises licence holder(s)]

the premises licence holder of premises licence number 001728

[insert premises licence number]

relating to

OJ'S PH. 64-68 High Street. Hornchurch. Essex RM12 4UW.

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

hereby give my consent for the transfer of premises licence number

001728

[insert premises licence number]

to

Aura Create Limited

[full name of transferee].

signed



name
(please print)

COLIN SIDDLER

Colin Siddle. Company Director of Galecrest Limited

dated

21st August 2013

