



City of  
**BRADFORD**  
METROPOLITAN DISTRICT COUNCIL

Licensing Team, Argus Chambers, Hall Ings, Bradford, BD1 1HX

**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.

I/We MARAD OMER  
(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**

LIC072660

**Part 1 – Premises Details**

**Postal address of premises or, if none, ordnance survey map reference or description**  
97 Great Horton Road

**Post town**  
Bradford

**Post code**  
BD7 1PS

**Telephone number at premises (if any)**

**Please give a brief description of the premises**  
Convenience store

**Name of current premises licence holder**

Mohammed Hatam

## Part 2 – Applicant Details

In what capacity are you applying for the premises licence to be transferred to you?

	<b>Please tick ✓ Yes</b>	
a) an individual or individuals*	<input checked="" type="checkbox"/>	please complete section (A)
b) a person other than an individual*		
i. as a limited company	<input 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	<input type="checkbox"/>	please complete section (B)
c) a recognised club	<input type="checkbox"/>	please complete section (B)
d) a charity	<input type="checkbox"/>	please complete section (B)
e) the proprietor of an educational establishment	<input type="checkbox"/>	please complete section (B)
f) a health service body	<input type="checkbox"/>	please complete section (B)
g) a person who is registered under Part 2 of the Care	<input type="checkbox"/>	please complete section (B)
a. Standards Act 2000 (c14) in respect of an independent		
hospital in Wales		
g) a person who is registered under Chapter 2 of part 1 of the	<input type="checkbox"/>	please complete section (B)
b. Health and Social Care Act 2008 in respect of the carrying		
on of a regulated activity (within the meaning of that Part)		
in an independent hospital in England		
h) the chief officer of police of a police force in England and	<input type="checkbox"/>	please complete section (B)
Wales		

\*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

Omer

Morad

Please tick yes

Date of Birth

I am 18 years old or over ☐

Nationality

Current postal address if different from premises address

97 Great Horton Road

Post Town

Bradford

Postcode

BD7 1PS

Daytime contact telephone number

Email address (optional)

**SECOND INDIVIDUAL APPLICANT (IF APPLICABLE)**

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

Surname

First names

Please tick yes

Date of Birth

I am 18 years old or over ☐

Nationality

Current postal address if different from premises address

Post Town

Postcode

Daytime contact telephone number

Email address (optional)

## (B) OTHER APPLICANTS

Please provide name and registered address of applicant in full. Where appropriate please give any registered number. In 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

Please tick ✓ Yes

I have enclosed the consent form signed by the existing premises licence holder

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If you have not enclosed the consent for referred to above, please give the reasons why not. What steps have you taken to try and obtain consent?

It is not in our possession

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

☒

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

Please tick ✓ Yes

- payment of the fee to be made by bank card please call me
- 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 form to the chief officer of police today (see guidance note 8)
- I have sent a copy of this form to Home Office Immigration Enforcement today (see guidance note 8).
- I understand that if I do not comply with the above requirements my application will be rejected

☒  
☒  
☒  
☒  
☒  
☒

Applicable to all individual applicants, including those in partnership which is not a limited liability partnership, but not companies or limited liability partnerships:

- I have included documents demonstrating my entitlement to work in the United Kingdom or my share code issued by the Home Office online right to work checking service (please read guidance note 2)

☒

**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.**

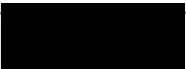
**IT IS AN OFFENCE UNDER SECTION 24B OF THE IMMIGRATION ACT 1971 FOR A PERSON TO WORK WHEN THEY KNOW, OR HAVE REASONABLE CAUSE TO BELIEVE, THAT THEY ARE DISQUALIFIED FROM DOING SO BY REASON OF THEIR IMMIGRATION STATUS. THOSE WHO EMPLOY AN ADULT WITHOUT LEAVE OR WHO IS SUBJECT TO CONDITIONS AS TO EMPLOYMENT WILL BE LIABLE TO A CIVIL PENALTY UNDER SECTION 15 OF THE IMMIGRATION ASYLUM AND NATIONALITY ACT 2006 AND PURUANT 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	04.02.2021
Capacity	Applicant

**For joint applications signature of 2<sup>nd</sup> applicant or 2<sup>nd</sup> 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	

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

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)	



Licensing Team, Argus Chambers, Hall Ings, Bradford, BD1 1HX

**Application for transfer of premises licence**

**Consent of premises licence holder to transfer**

I/we

MOHAMMED HATAM

(full name of premises licence holder(s))

the premises licence holder of premises licence number LIC 072660  
(insert premises licence number)

relating to 97 GREAT HORTON ROAD, Bradford, BD7 1PS

ROZIS SHOP

(name and address of premises to which the application relates)

hereby give my consent for the transfer of premises licence number LIC072660  
(insert premises licence number)

to MORAD OMER  
(full name of transferee)

Signed

[Redacted signature]

Name (please print) MOHAMMED HATAM

Date 04.02.2021



Licensing Team, Argus Chambers, Hall Ings, Bradford, BD1 1HX

**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 MORAO OMER (insert name(s) of applicant)  
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

**Part 1 – Premises Details**

<b>Postal address of premises or, if none, ordnance survey map reference or description</b> 97 Great Horton Road	
<b>Post town</b> Bradford	<b>Post code</b> BD7 1PS
<b>Telephone number of the premises (if any)</b>	

<b>Description of premises</b> (please read guidance note 1) Convenience Store
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## Part 2 – Proposed Premises Supervisor

<b>Full name of proposed designated premises supervisor</b> Morad Omer
<b>Nationality</b> [REDACTED]
<b>Place of birth</b> [REDACTED]
<b>Date of birth</b> [REDACTED]

**Personal licence number of proposed designated premises supervisor and issuing authority of that licence (if any)**  
LEEDS/PERL/10507/20  
Leeds City Council  
Civil Hall  
Leeds  
LS1 1HU

**Full name of existing designated premises supervisor (if any)**

Please tick ✓

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

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

<input checked="" type="checkbox"/>
<input type="checkbox"/>

**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**

It is not in my possession.

Please tick ✓

- payment of the fee to be made by bank card please call me
- I will give a copy of this application to the chief officer of police
- I have enclosed the consent form completed by the proposed premises supervisor
- I have enclosed the premises licence or relevant part of it or explanation
- I will notify the existing premises supervisor of this application (see guidance Note 8)
- I understand that if I do not comply with the above requirements my application will be rejected

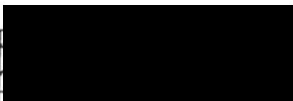
<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>

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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	04/02/2021
Capacity	Applicant.

**For joint applications signature of 2<sup>nd</sup> applicant or 2<sup>nd</sup> 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 address for correspondence associated with this application** (please read guidance note 5)

MORAD OMER  
97 GREAT HORTON ROAD.

Post town BRADFORD	Post code BD7 1HR
Telephone number (if any)	
If you would prefer us to correspond with you by e-mail, your e-mail address (optional)	



Licensing Team, Argus Chambers, Hall Ings, Bradford, BD1 1HX

**Consent of individual to being specified as premises supervisor**

I MORAD OMER  
(full name of prospective premises supervisor)

of 97 GREAT HURTON ROAD, BRADFORD, BD7 1HR  
(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 to vary a premises licence to specify an individual as designated premises supervisor

by: MORAD OMER  
(full name of applicant)

relating to premises licence LIC 072660  
(number of existing licence, if any)

for 97 GREAT HURTON ROAD, BRADFORD, BD7 1HR  
(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

MORAD OMER  
(full name of applicant)

concerning the supply of alcohol at

ROZIS SHOP, 97 GREAT HURTON ROAD  
(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 LEEDS / PER / 105 07 / 20

Personal licence issuing authority Leeds City Council, Civic Hall, LS1 2UR  
(insert name and address of personal licence issuing authority, if any)

Signed [REDACTED]

Name (please print) OMER MORAD

Dated 04.02.2021