



## NEW PREMISES LICENCE APPLICATION FORM

Application for a 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..... E AND E MINI MARKET LIMITED (T/A PEACO EXPRESS MARKET).....

.....apply for a premises licence under  
section 17 of the Licensing Act 2003 for the premises described in Part 1 below (the  
premises) and I/we are making this application to you as the relevant licensing authority in  
accordance with section 12 of the Licensing Act 2003

### Part 1 – Premises Details

Postal address of premises or, if none, ordnance survey map reference or description  4 LIBRARY PARADE, CRAVEN PARK ROAD	
Post town LONDON	Post code NW10 8SG

Telephone number of premises (if any)

N/A

Non-domestic rateable value of premises

£ 19500

## Part 2 - Applicant details

Please state whether you are applying for a premises licence as

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/limited liability partnership   | <input checked="" type="checkbox"/> | please complete section (B) |
|     | ii. as a partnership (other than limited liability)   | <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   | <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 Standards Act 2000 (c14) in respect of an independent hospital in Wales   | <input type="checkbox"/>            | 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 | <input type="checkbox"/>            | please complete section (B) |
| h)  | the chief officer of police of a police force in England and Wales  | <input type="checkbox"/>            | 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 | <input type="checkbox"/> |
| - | I am making the application pursuant to a   |                          |
|   | o Statutory function or   | <input type="checkbox"/> |
|   | o A function discharged by virtue of Her Majesty's prerogative  | <input type="checkbox"/> |

### (A) INDIVIDUAL APPLICANTS (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 <input type="checkbox"/> (Please tick yes)
Nationality	

Current postal address if different from premises address

Post Town

Postcode

Daytime contact telephone number

E-mail address (optional)

Where applicable (if demonstrating a right to work via the Home Office online right to work checking service), the 9-digit 'share code' provided to the applicant by that service (please see note 15 for information)

**SECOND INDIVIDUAL APPLICANT (if 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

Where applicable (if demonstrating a right to work via the Home Office online right to work checking service), the 9-digit 'share code' provided to the applicant by that service (please see note 15 for information)

Current postal  
address  
if different from  
premises address

Post Town

Postcode

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 case of a partnership or other joint venture (other than a body corporate), please give the name and address of each party concerned.

Name E AND E MINI MARKET LIMITED

Address 4 LIBRARY PARADE,  
CRAVEN PARK ROAD  
LONDON NW10 8SG

Registered number (where applicable) 11707857

Description of applicant (for example, partnership, company, unincorporated association etc.)  
COMPANY

Telephone number (if any) N/A

E-mail address (optional)

Part 3 Operating Schedule

When do you want the premises licence to start?

Day		Month		Year			
1	0	0	7	2	0	2	0

If you wish the licence to be valid only for a limited period, when do you want it to end?

--	--	--	--	--	--	--	--

If 5,000 or more people are expected to attend the premises at any one time, please state the number expected to attend

--

Please give a general description of the premises (please read guidance note 1)

SHOP PREMISES IS LOCATED ON THE GROUND FLOOR OF A STOREY BUILDING, WITH CAB OFFICE ON THE LEFT, AND ANOTHER RETAIL SHOP ON THE RIGHT. THE PREMISES IS SITUATED ON THE HIGH STREET.

Please tick ✓ Yes

**What licensable activities do you intend to carry on from the premises?**

(Please see sections 1 and 14 of the Licensing Act 2003 and Schedule 1 and 2 to the Licensing Act 2003)

**Provision of regulated entertainment**

- a) plays (if ticking yes, fill in box A) ☐
- b) films (if ticking yes, fill in box B) ☐
- c) indoor sporting events (if ticking yes, fill in box C) ☐
- d) boxing or wrestling entertainment (if ticking yes, fill in box D) ☐
- e) live music (if ticking yes, fill in box E) ☐
- f) recorded music (if ticking yes, fill in box F) ☐
- g) performances of dance (if ticking yes, fill in box G) ☐
- h) anything of a similar description to that falling within (e), (f) or (g) (if ticking yes, fill in box H) ☐

**Provision of late night refreshment** (if ticking yes, fill in box I) ☐

**Sale of alcohol** (if ticking yes, fill in box J) ☒

In all cases complete boxes K, L and M

**A**

Plays Standard days and timings (please read guidance note 7)			Will the performance of a play take place indoors or outdoors or both – please tick [✓] (please read guidance note 3).	Indoors	
Day	Start	Finish		Outdoors	
Mon			<b>Please give further details here</b> (please read guidance note 4)	Both	
Tue					
Wed			<b>State any seasonal variations for performing plays</b> (please read guidance note 5)		
Thur					
Fri			<b>Non standard timings. Where you intend to use the premises for the performance of plays at different times to those listed in the column on the left, please list</b> (please read guidance note 6)		
Sat					
Sun					

I

<b>Late night refreshment</b> Standard days and timings (please read guidance note 7)			Will the provision of late night refreshment take place indoors or outdoors or both – please tick [✓] (please read guidance note 3).	Indoors	
				Outdoors	
				Both	
Day	Start	Finish	<u>Please give further details here</u> (please read guidance note 4)		
Mon					
Tue					
Wed			<u>State any seasonal variations for the provision of late night refreshment</u> (please read guidance note 5)		
Thur					
Fri					
Sat			<u>Non standard timings. Where you intend to use the premises for the provision of late night refreshment at different times, to those listed in the column on the left, please list</u> (please read guidance note 6)		
Sun					

J

<b>Supply of alcohol</b> Standard days and timings (please read guidance note 7)			Will the supply of alcohol be for consumption (Please tick box ✓) (please read guidance note 8)	On the premises	
				Off the premises	X
				Both	
Day	Start	Finish	<u>State any seasonal variations for the provision of late night refreshment</u> (please read guidance note 5)		
Mon	10.00	22.30			
Tue	10.00	22.30			
Wed	10.00	22.30	<u>Non-standard timings. Where you intend to use the premises for the supply of alcohol at different times to those listed in the column on the left, please list</u> (please read guidance note 6)		
Thur	10.00	22.30			
Fri	10.00	22.30			
Sat	10.00	22.30			
Sun	10.00	22.30			

State the name and details of the individual whom you wish to specify on the licence as designated premises supervisor (Please see declaration about the entitlement to work in the checklist at the end of the form):

Name... WEINI YOHANNES

Date of Birth... [REDACTED]

Address... [REDACTED]  
[REDACTED]

Postcode... [REDACTED]

Personal Licence number(if known) ... [REDACTED]

Issuing licensing authority (if known)... [REDACTED]

## K

Please highlight any adult entertainment or services, activities, other entertainment or matters ancillary to the use of the premises that may give rise to concern in respect of children (please read guidance note 9)  
N/A

## L

**Hours premises are open to the public**  
Standard days and timings  
(please read guidance note 7)

Day	Start	Finish
Mon	08:30	22:30
Tue	08:30	22:30
Wed	08:30	22:30
Thur	08:30	22:30
Fri	08:30	22:30
Sat	08:30	22:30
Sun	08:30	22:30

State any seasonal variation (please read guidance note 5)

**Non-standard timings. Where you intend to use the premises to be open to the public at different times to those listed in the column on the left, please list**  
(please read guidance note 6)



**M** Describe the steps you intend to take to promote the four licensing objectives:

a) **General – all four licensing objectives (b, c, d, e) (please read guidance note 10)**

WE HAVE READ AND UNDERSTOOD THE COUNCIL'S LICENSING POLICY PUBLISHED IN 2020 (AS AMENDED) WE ARE ALSO AWARE THAT THE PREMISES FALLS WITHIN THE 10 AREAS IDENTIFIED IN THE CUMULATIVE IMPACT ZONE (CIZ) AND WE WISH TO REITERATE HERE IN EQUIVOCAL TERMS THAT GRANTING THE LICENCE WILL NOT NEGATIVELY ADD TO THE CUMULATIVE EFFECT BY IDENTIFYING WITH BRENT COUNCIL ON THE VOLUNTARY BAN ON THE SALE OF HIGH STRENGTH ALCOHOL. THIS IS TO HELP IN TACKLING PROBLEMS ASSOCIATED WITH STREET DRINKING. WE WILL IMPLEMENT THE GOOD PRACTICE BY ADOPTING THE COUNCIL'S POLICY ON STREET DRINKING. THE SET OF CONDITIONS TO ACHIEVE THIS IS ATTACHED. A CCTV SYSTEM SHALL BE INSTALLED AS A DETERRENT FOR CRIME PREVENTION AND PUBLIC SAFETY. 'CHALLENGE 25' SCHEME SHALL BE ADOPTED AS AGE VERIFICATION POLICY

b) **The prevention of crime and disorder**

A RECORDABLE CCTV SYSTEM COVERING THE ENTRANCE / EXIT AND INSIDE THE PREMISES SHALL BE INSTALLED. THE CCTV WILL BE CAPABLE OF PROVIDING PICTURES AND SOUND OF EVIDENTIAL QUALITY IN ALL LIGHTING CONDITIONS PARTICULARLY FACIAL RECOGNITION. IMAGES SHALL BE STORED FOR A MINIMUM OF 31 DAYS, AND CAN BE PRODUCED ON AN ACCEPTABLE FORMAT MADE AVAILABLE TO THE POLICE AND AUTHORISED OFFICERS OF THE LICENSING AUTHORITY. A WARNING NOTICE WILL BE PLACED IN FRONT OF THE PREMISES TO DISALLOW STREET DRINKERS FROM CONGREGATING.

c) **Public safety**

HEALTH AND SAFETY PROCEDURES WILL BE COMPLIED WITH, WHILE EMPLOYERS & PUBLIC LIABILITY POLICY WILL BE IN PLACE. FIRE EXTINGUISHERS, SMOKE DETECTORS, EMERGENCY SAFETY LIGHTING, AND FIRE ALARMS, WILL BE REGULARLY CHECKED AND MAINTAINED. THERE WILL BE A LOCKABLE DOOR TO THE PREMISES AND LOCKABLE SHUTTERS COVERING ALL OUTSIDE WINDOWS AND THE DOOR FACING THE STREET.

d) **The prevention of public nuisance**

THE PREMISES SHALL DISPLAY SIGNAGE INFORMING CUSTOMERS OF THE PRESENCE OF THE CCTV SYSTEM AND RECORDING IS IN OPERATION.  
NO OPEN VESSELS OF ALCOHOL SHALL BE ALLOWED OFF THE PREMISES.  
NOTICE SHALL BE DISPLAYED FOR CUSTOMERS NOT TO REQUEST FOR OPENING OF ALCOHOL CONTAINERS.

e) **The protection of children from harm**

'CHALLENGE 25' WILL BE ADOPTED AS THE AGE VERIFICATION POLICY AT THE PREMISES. THIS IS TO STRICTLY PREVENT UNDERAGE SALE OF ALCOHOL. THE VERIFICATION DOCUMENTS ACCEPTABLE SHALL BE, INTERNATIONAL PASSPORT, PHOTOCARD DRIVER'S LICENCE AND ACCREDITED DOCUMENTS WITH THE PASS HOLOGRAM. NO I.D, NO SALE POLICY SHALL BE IMPLEMENTED AT THE PREMISES. REFUSALS RECORD SHALL BE KEPT AT THE PREMISES TO RECORD DETAILS OF ALL REFUSALS OF ALCOHOL SALE. THIS RECORD SHALL BE KEPT AND UPDATED BY THE DPS, AND MADE AVAILABLE TO THE POLICE AND AUTHORISED OFFICERS OF THE LICENSING AUTHORITY ON REQUEST. A SIGNAGE ADVERTISING THE PROOF OF AGE OF SCHEME SHALL BE DISPLAYED AT THE COUNTER AND ALCOHOL DISPLAY AREA.

## Checklist

Please tick ✓ Yes

- I have made or enclosed payment of the fee ☒
- I have enclosed the plan of the premises ☒
- I have sent copies of this application and the plan to responsible authorities and others where applicable ☒
- I have enclosed the consent form completed by the individual I wish to be premises supervisor, if applicable ☒
- I understand that I must now advertise my application ☒
- 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 a 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 note 15). ☒

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.

## Part 4 – Signatures (please read guidance note 11)

Signature of applicant or applicant's solicitor or other duly authorised agent. (Please read guidance note 12). If signing on behalf of the applicant please state in what capacity.

### Declaration

- (Applicable to individual applicants only, including those in a partnership which is not a limited liability partnership) 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 15).
- The DPS named in this application form is entitled to work in the UK (and is not subject to conditions preventing him or her from doing work relating to a licensable activity) and I have seen a copy of his or her proof of entitlement to work, or have conducted an online right to work check using the Home Office online right to work checking service which confirmed their right to work (please see note 15)

Signature ..... OLU OLUSOLA .....

Date ..... 12/06/2020 .....

Capacity ..... AGENT .....

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 13). 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 14)

OLU OLUSOLA

Post town LONDON

Post code E15 1PH

Telephone number

E-mail address (optional)