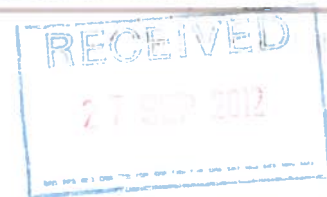


LICENSING MATTERS

CONSULTANCY AND TRAINING



Date as postmark

Dear Sir/Madam,

We have been instructed to make an application under the requirements of the Licensing Act 2003 and the fee & all the relevant documentation is enclosed. I can confirm that (where required) all the relevant authorities have also been served with a copy of the application.

Could you please acknowledge safe receipt of this application to the e-mail below and should you require any further information please do not hesitate to contact us on 01282 500322.

Yours faithfully,

A handwritten signature in black ink, appearing to be "Gemma Goodwin".

Gemma Goodwin

gemma.goodwin@licensingmatters.net

**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 PARAG PATEL

(Insert name(s) of applicant)

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 COSTCUTTER 9-10 HEATHER PARK PARADE HEATHER PARK DRIVE			
Post town	WEMBLEY	Post code	HA0 1SL
Telephone number at premises (if any)			
Non-domestic rateable value of premises		£15250	

Part 2 - Applicant Details

Please state whether you are applying for a premises licence as
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)
 - 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) a person who is registered under Part 2 of the Care Standards Act 2000 (c14) in respect of an independent hospital 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 <input checked="" type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
Surname PATEL			First names PARAG		
I am 18 years old or over				<input checked="" type="checkbox"/> Please tick yes	
Current postal address if different from premises address		16 SUMMIT AVE			
Post Town	LONDON		Postcode	NW9 0TH	
Daytime contact telephone number					
E-mail address (optional)					

SECOND INDIVIDUAL APPLICANT (if applicable)

Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
Surname			First names		
I am 18 years old or over				<input type="checkbox"/> Please tick yes	

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 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 Operating Schedule

When do you want the premises licence to start?

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

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

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

Please give a general description of the premises (please read guidance note1)
THE PREMISES IS FORMERLY A RESTAURANT WHICH IS UNDERTAKING A LARGE
REFURBISHMENT, & WILL REOPEN AS A COSTCUTTER CONVENIENCE STORE.

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

0

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

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

Provision of regulated entertainment

Please tick yes

- 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 entertainment facilities:

- i) making music (if ticking yes, fill in box I)
- j) dancing (if ticking yes, fill in box J)
- k) entertainment of a similar description to that falling within (i) or (j)
(if ticking yes, fill in box K)

Provision of late night refreshment (if ticking yes, fill in box L)

Supply of alcohol (if ticking yes, fill in box M)

In all cases complete boxes N, O and P

A

Plays Standard days and timings (please read guidance note 6)			<u>Will the performance of a play take place indoors or outdoors or both – please tick</u> (please read guidance note 2)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<u>Please give further details here</u> (please read guidance note 3)		
Mon					
Tue			<u>State any seasonal variations for performing plays</u> (please read guidance note 4)		
Wed					
Thur			<u>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</u> (please read guidance note 5)		
Fri					
Sat					
Sun					

B

Films Standard days and timings (please read guidance note 6)			<u>Will the exhibition of films take place indoors or outdoors or both – please tick</u> (please read guidance note 2)	Indoors	<input checked="" type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<u>Please give further details here</u> (please read guidance note 3)		
Mon					
Tue					
Wed			<u>State any seasonal variations for the exhibition of films</u> (please read guidance note 4)		
Thur					
Fri			<u>Non standard timings. Where you intend to use the premises for the exhibition of films at different times to those listed in the column on the left, please list</u> (please read guidance note 5)		
Sat					
Sun					

C

Indoor sporting events Standard days and timings (please read guidance note 6)			<u>Please give further details</u> (please read guidance note 3)
Day	Start	Finish	
Mon			
Tue			<u>State any seasonal variations for indoor sporting events</u> (please read guidance note 4)
Wed			
Thur			<u>Non standard timings. Where you intend to use the premises for indoor sporting events at different times to those listed in the column on the left, please list</u> (please read guidance note 5)
Fri			
Sat			
Sun			

D

Boxing or wrestling entertainments Standard days and timings (please read guidance note 6)			<u>Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick</u> (please read guidance note 2)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
Day	Start	Finish	Both <input type="checkbox"/>		
Mon			<u>Please give further details here</u> (please read guidance note 3)		
Tue					
Wed			<u>State any seasonal variations for boxing or wrestling entertainment</u> (please read guidance note 4)		
Thur					
Fri			<u>Non standard timings. Where you intend to use the premises for boxing or wrestling entertainment at different times to those listed in the column on the left, please list</u> (please read guidance note 5)		
Sat					
Sun					

E

Live music Standard days and timings (please read guidance note 6)			<u>Will the performance of live music take place indoors or outdoors or both – please tick</u> (please read guidance note 2)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<u>Please give further details here</u> (please read guidance note 3)		
Mon					
Tue					
Wed			<u>State any seasonal variations for the performance of live music</u> (please read guidance note 4)		
Thur					
Fri			<u>Non standard timings. Where you intend to use the premises for the performance of live music at different times to those listed in the column on the left, please list</u> (please read guidance note 5)		
Sat					
Sun					

F

Recorded music Standard days and timings (please read guidance note 6)			<u>Will the playing of recorded music take place indoors or outdoors or both – please tick</u> (please read guidance note 2)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<u>Please give further details here</u> (please read guidance note 3)		
Mon					
Tue					
Wed			<u>State any seasonal variations for the playing of recorded music</u> (please read guidance note 4)		
Thur					
Fri			<u>Non standard timings. Where you intend to use the premises for the playing of recorded music at different times to those listed in the column on the left, please list</u> (please read guidance note 5)		
Sat					
Sun					

G

Performances of dance Standard days and timings (please read guidance note 6)			<u>Will the performance of dance take place indoors or outdoors or both – please tick</u> (please read guidance note 2)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<u>Please give further details here</u> (please read guidance note 3)		
Mon					
Tue			<u>State any seasonal variations for the performance of dance</u> (please read guidance note 4)		
Wed					
Thur			<u>Non standard timings. Where you intend to use the premises for the performance of dance at different times to those listed in the column on the left, please list</u> (please read guidance note 5)		
Fri					
Sat					
Sun					

H

Anything of a similar description to that falling within (e), (f) or (g) Standard days and timings (please read guidance note 6)			<u>Please give a description of the type of entertainment you will be providing</u>		
Day	Start	Finish	<u>Will this entertainment take place indoors or outdoors or both – please tick</u> (please read guidance note 2)	Indoors	<input type="checkbox"/>
Mon				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Tue			<u>Please give further details here</u> (please read guidance note 3)		
Wed					
Thur			<u>State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g)</u> (please read guidance note 4)		
Fri					
Sat			<u>Non standard timings. Where you intend to use the premises for the entertainment of a similar description to that falling within (e), (f) or (g) at different times to those listed in the column on the left, please list</u> (please read guidance note 5)		
Sun					

I

Provision of facilities for making music Standard days and timings (please read guidance note 6)			<u>Please give a description of the facilities for making music you will be providing</u>	
			<u>Will the facilities for making music be indoors or outdoors or both – please tick</u> (please read guidance note 2)	
Day	Start	Finish		
Mon			<u>Please give further details here</u> (please read guidance note 3)	
Tue				
Wed			<u>State any seasonal variations for the provision of facilities for making music</u> (please read guidance note 4)	
Thur				
Fri			<u>Non standard timings. Where you intend to use the premises for provision of facilities for making music at different times to those listed in the column on the left, please list</u> (please read guidance note 5)	
Sat				
Sun				

J

Provision of facilities for dancing Standard days and timings (please read guidance note 6)			<u>Will the facilities for dancing be indoors or outdoors or both – please tick</u> (see guidance note 2)	Indoors <input type="checkbox"/>
				Outdoors <input type="checkbox"/>
				Both <input type="checkbox"/>
Day	Start	Finish	<u>Please give a description of the facilities for dancing you will be providing</u>	
Mon			<u>Please give further details here</u> (please read guidance note 3)	
Tue				
Wed			<u>State any seasonal variations for providing dancing facilities</u> (please read guidance note 4)	
Thur				
Fri			<u>Non standard timings. Where you intend to use the premises for the provision of facilities for dancing entertainment at different times to those listed in the column on the left, please list</u> (please read guidance note 5)	
Sat				
Sun				

K

Provision of facilities for entertainment of a similar description to that falling within i or j Standard days and timings (please read guidance note 6)			<u>Please give a description of the type of entertainment facility you will be providing</u>		
Day	Start	Finish	<u>Will the entertainment facility be indoors or outdoors or both – please tick</u> (please read guidance note 2)	Indoors	<input type="checkbox"/>
Mon				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Tue			<u>Please give further details here</u> (please read guidance note 3)		
Wed					
Thur			<u>State any seasonal variations for the provision of facilities for entertainment of a similar description to that falling within i or j</u> (please read guidance note 4)		
Fri					
Sat			<u>Non standard timings. Where you intend to use the premises for the provision of facilities for entertainment of a similar description to that falling within i or j at different times to those listed in the column on the left, please list</u> (please read guidance note 5)		
Sun					

L

Late night refreshment Standard days and timings (please read guidance note 6)			Will the provision of late night refreshment take place indoors or outdoors or both – please tick (please read guidance note 2)	Indoors	<input checked="" type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish			
Mon	2300	0000	Please give further details here (please read guidance note 3) HOT DRINKS & SNACKS		
Tue	2300	0000			
Wed	2300	0000	State any seasonal variations for the provision of late night refreshment (please read guidance note 4)		
Thur	2300	0000			
Fri	2300	0000	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 (please read guidance note 5)		
Sat	2300	0000			
Sun	2300	0000			

M

Supply of alcohol Standard days and timings (please read guidance note 6)			Will the supply of alcohol be for consumption (Please tick box) (please read guidance note 7)	On the premises	<input type="checkbox"/>			
				Off the premises	<input checked="" type="checkbox"/>			
				Both	<input type="checkbox"/>			
Day	Start	Finish	State any seasonal variations for the supply of alcohol (please read guidance note 4)					
Mon	0600	0000						
Tue	0600	0000						
Wed	0600	0000						
Thur	0600	0000				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 (please read guidance note 5)		
Fri	0600	0000						
Sat	0600	0000						
Sun	0600	0000						

State the name and details of the individual whom you wish to specify on the licence as premises supervisor

Name Parag Patel	
Address 16 Summit Ave London	
Postcode	NW9 0TH
Personal Licence number (if known) 161963	
Issuing licensing authority (if known) Brent Council	

N

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 8)

None

O

Hours premises are open to the public Standard days and timings (please read guidance note 6)			State any seasonal variations (please read guidance note 4)
Day	Start	Finish	
Mon	0600	0000	<p><u>Non standard timings. Where you intend the premises to be open to the public at different times from those listed in the column on the left, please list</u> (please read guidance note 5)</p>
Tue	0600	0000	
Wed	0600	0000	
Thur	0600	0000	
Fri	0600	0000	
Sat	0600	0000	
Sun	0600	0000	

P 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 9)

In line with the government guidance we will manage the premises in line with all four of the licensing objectives and all relevant legislation.

b) The prevention of crime and disorder

- 1) Whenever the DPS is not at the premises another person shall be nominated by them to be a responsible person to manage the premises.
- 2) The window which faces the till area, will be left clear of posters to give sufficient view to see in & out of the premises.
- 3) CCTV shall be installed to Home Office Guidance standards and maintained in a good working condition and recordings shall be kept for 31 days and shall be made available to police and authorised Officers from Brent Council.
- 4) CCTV cameras shall be installed to cover the entrance of the premises.
- 5) Notices shall be displayed at the entrance to the premises, and in prominent positions throughout the premises, advising that CCTV is in operation.
- 6) No high strength beers, lagers, and ciders above 6.5% ABV shall be sold.
- 7) A refusals & incidents register will be maintained at the premises detailing:
The date & time of entry
Staff member recording the entry
all crimes reported to the venue
all ejections of patrons
any complaints received
any faults in the CCTV system or searching equipment or scanning equipment
any refusal of the sale of alcohol
any visit by a relevant authority or emergency service.
- 8) A time delay safe with an anti-fishing mechanism will be in operation at the premises.
- 9) A staff policy will be in place advising the procedures in the event & to prevent robberies.
- 10) All alcohol will be displayed within direct sight of the till area.
- 11) The counter will have a hatch or door whereas access to the till area begins.
- 12) The till will be fixed to the counter.
- 13) The premises will be have an intruder alarm system including a panic alarm button accessible near the till.

14) The front area of the counter will be kept clear of any objects that could be used as a step to attack staff.

15) Behind the counter the floor area shall be raised 15 centimetres.

16) A Personal Licence Holder will be present on the premises between the hours of 8pm to midnight each day when alcohol is for sale.

c) Public safety

17) The licence holder is aware of their responsibilities under the Regulatory Reform (Fire Safety Order) Act 2005.

d) The prevention of public nuisance

As per conditions offered in part a)

e) The protection of children from harm

18) Any person who looks or appears to be under the age of 21 shall be asked to provide ID to prove that they are over the age of 18.

19) Posters will be on display in prominent locations advising customers of the Challenge 21 policy & the types of ID to be accepted at the store.

20) Only the UK photo driving licence, passport or government approved PASS cards will be accepted as proof of age.

21) All staff will be trained before making sales of alcohol. The training will be documented & made available to the RA's upon request. Refresher training will take place every quarter.

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

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 10)

Signature of applicant or applicant’s solicitor or other duly authorised agent (See guidance note 11). **If signing on behalf of the applicant please state in what capacity.**

Signature	
Date	28.09.2012
Capacity	Authorised Agent

For joint applications signature of 2nd applicant or 2nd applicant’s solicitor or other authorised agent. (please read guidance note 12). **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 13)

Licensing Matters
Time Technology Park
Blackburn Road
Simonstone

Post town	Burnley	Post code	BB12 7TW
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Telephone number (if any)	01282 500322
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If you would prefer us to correspond with you by e-mail your e-mail address (optional)
gemma.goodwin@licensingmatters.net

Notes for Guidance

1. Describe the premises. For example the type of premises, its general situation and layout and any other information which could be relevant to the licensing objectives. Where your application includes off-supplies of alcohol and you intend to provide a place for consumption of these off-supplies you must include a description of where the place will be and its proximity to the premises.
2. Where taking place in a building or other structure please tick as appropriate. Indoors may include a tent.


-
3. For example the type of activity to be authorised, if not already stated, and give relevant further details, for example (but not exclusively) whether or not music will be amplified or unamplified.
 4. For example (but not exclusively), where the activity will occur on additional days during the summer months.
 5. For example (but not exclusively), where you wish the activity to go on longer on a particular day e.g. Christmas Eve.
 6. Please give timings in 24 hour clock (e.g. 16:00) and only give details for the days of the week when you intend the premises to be used for the activity.
 7. If you wish people to be able to consume alcohol on the premises please tick on, if you wish people to be able to purchase alcohol to consume away from the premises please tick off. If you wish people to be able to do both please tick both.
 8. Please give information about anything intended to occur at the premises or ancillary to the use of the premises which may give rise to concern in respect of children, regardless of whether you intend children to have access to the premises, for example (but not exclusively) nudity or semi-nudity, films for restricted age groups, the presence of gaming machines.
 9. Please list here steps you will take to promote all four licensing objectives together.
 10. The application form must be signed.
 11. An applicant's agent (for example solicitor) may sign the form on their behalf provided that they have actual authority to do so.
 12. Where there is more than one applicant, both applicants or their respective agents must sign the application form.
 13. This is the address which we shall use to correspond with you about this application.

- 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 10)

Signature of applicant or applicant's solicitor or other duly authorised agent (See guidance note 11). If signing on behalf of the applicant please state in what capacity.

Signature	
Date	28.09.2012
Capacity	Authorised Agent

For joint applications signature of 2nd applicant or 2nd applicant's solicitor or other authorised agent. (please read guidance note 12). 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 13)

Licensing Matters
Time Technology Park
Blackburn Road
Simonstone

Post town	Burnley	Post code	BB12 7TW
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Telephone number (if any)	01282 500322
----------------------------------	--------------

If you would prefer us to correspond with you by e-mail your e-mail address (optional)
gemma.goodwin@licensingmatters.net

Notes for Guidance

1. Describe the premises. For example the type of premises, its general situation and layout and any other information which could be relevant to the licensing objectives. Where your application includes off-supplies of alcohol and you intend to provide a place for consumption of these off-supplies you must include a description of where the place will be and its proximity to the premises.
2. Where taking place in a building or other structure please tick as appropriate. Indoors may include a tent.

Consent of individual to being specified as premises supervisor

PARAG PATEL

I
[full name of prospective premises supervisor]

of

16 SUMMIT AVE
LONDON
NW9 0TH

[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

Premises Licence Grant

[type of application]

by

PARAG PATEL

[name of applicant]

relating to a premises licence

TBC

[number of existing licence, if any]

for

COSTCUTTER
9-10 HEATHER PARK PARADE
HEATHER PARK DRIVE
WEMBLEY
HA0 1SL

[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

PARAG PATEL

[name of applicant]

concerning the supply of alcohol at

COSTCUTTER
9-10 HEATHER PARK PARADE
HEATHER PARK DRIVE
WEMBLEY
HA0 1SL

[name and address of premises to which application relates]

I also confirm that I am applying for, intend to apply for or currently hold a personal licence, details of which I set out below.

Personal licence number

161963
[insert personal licence number, if any]

Personal licence issuing authority

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

Signed



Name (please print)

P.PATEL

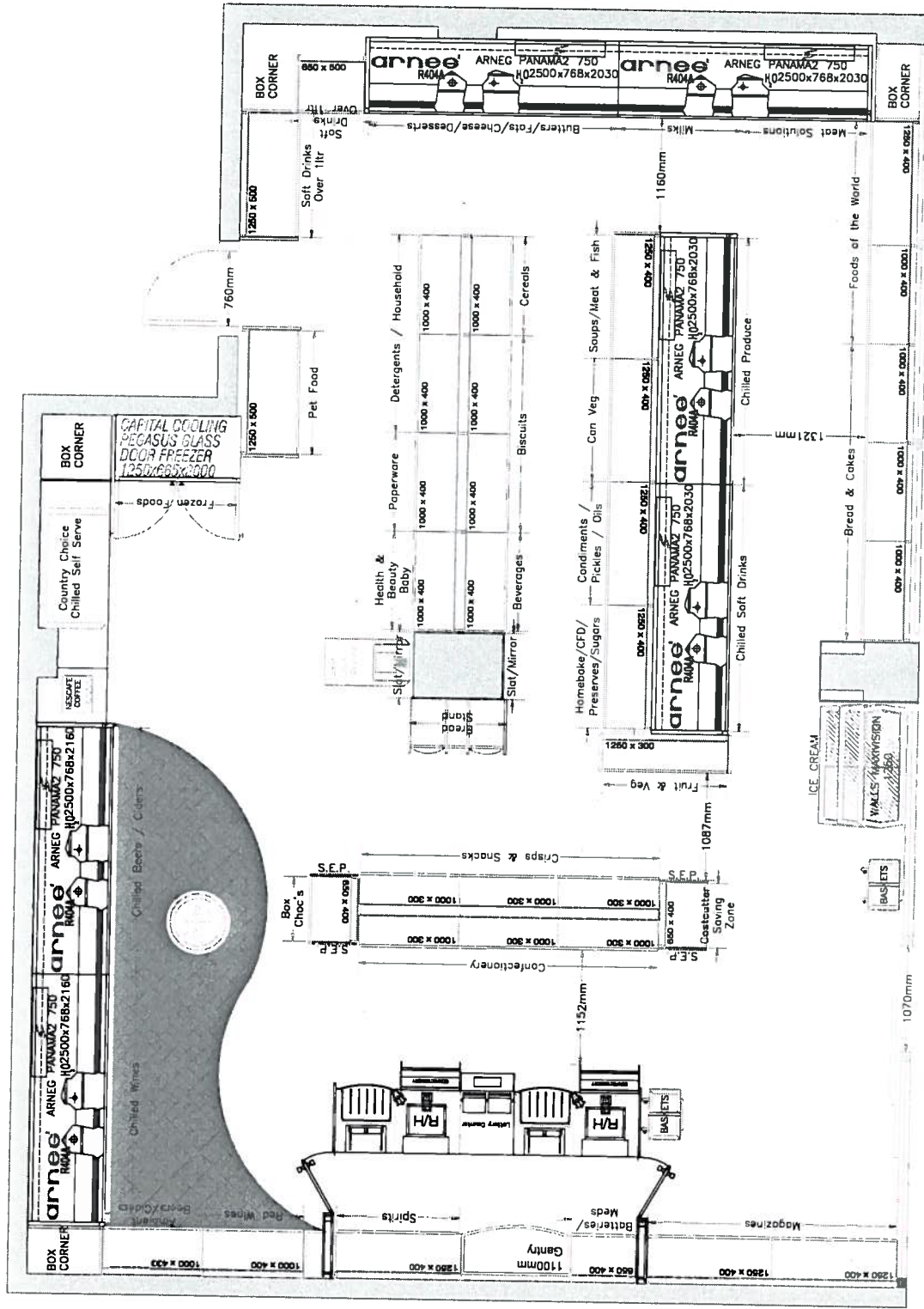
Date

28/9/12

PUBLIC NOTICE

(Licensing Act 2003)

Take notice that Parag Patel has applied to Brent Council under the Licensing Act 2003 for a new premises licence in respect of the premises known as Costcutter (formerly The Lush), 9-10 Heather Park Parade, Heather Park Drive, Wembley HA0 1SL. A brief description of the proposed licence is as follows: opening hours & the supply of alcohol for 'off' sales 0600 to 0000 hours Monday to Sunday, & late night refreshment 2300 to 0000 hours Monday to Sunday. Full details of the application are held and can be inspected at the Licensing Authority, Brent Council, Brent House, 349-357 High Rd, Wembley HA9 6EP in normal office hours. Details of the application can be viewed online at <https://forms.brent.gov.uk/servlet/ep.apps?auth=3505&consultations=y&st=INTER&displayTitle=Current%20alcohol%20and%20entertainment%20licence%20consultations> Interested parties or responsible authorities can make written representations to the Licensing Authority in writing by the 26th October 2012 at the address above. It is an offence knowingly or recklessly to make a false statement in connection with an application and the maximum fine on summary conviction is £5,000.



Drawing Title: Heather Park Parade, Heather Park, Drive, Warrimoo

Scale: 1:50

Drawn: chris.mccully@costcutter.com

Revised:

Date:

Costcutter

Harvest Mills, Common Road, Dunninigan, Y. YO19 5RY
Telephone: 01844 465663 Fax: 01844 465668