

**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** **MR HARSHILKUMAR 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 <b>PANAV FOOD &amp; WINE 804 HARROW ROAD SUDBURY</b>			
<b>Post town</b>	<b>WEMBLEY</b>	<b>Postcode</b>	<b>HA0 3EL</b>

Telephone number at premises (if any)	
Non-domestic rateable value of premises	<b>£11,000.00</b>

**Part 2 – Applicant details**

Please state whether you are applying for a premises licence as

Please tick as appropriate

- |  |                                     |                             |
|--|-------------------------------------|-----------------------------|
| 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/limited liability partnership | <input 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 ☐ 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 (by ticking yes to one box below):

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 <b>PATEL</b>			First names <b>HARSHILKUMAR</b>		
Date of birth <b>[REDACTED]</b>		I am 18 years old or over <input checked="" type="checkbox"/>		Please tick yes	
Nationality <b>[REDACTED]</b>					
Current residential address if different from premises address		<b>[REDACTED]</b>			
Post town	<b>[REDACTED]</b>			Postcode	<b>[REDACTED]</b>
Daytime contact telephone number			<b>[REDACTED]</b>		
E-mail address (optional)		<b>[REDACTED]</b>			
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 <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	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 residential 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?

DD	MM	YYYY
<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?

DD	MM	YYYY
<input type="text"/>	<input type="text"/>	<input type="text"/>

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

**OFF LICENCE AND 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.

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

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

Provision of regulated entertainment (please read guidance note 2)

Please tick all that apply

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

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

☐

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

☒

In all cases complete boxes K, L and M

# J

<b>Supply of alcohol</b> Standard days and timings (please read guidance note 7)			<b><u>Will the supply of alcohol be for consumption – please tick</u></b> (please read guidance note 8)		On the premises <input type="checkbox"/>
					Off the premises <input checked="" type="checkbox"/>
					Both <input type="checkbox"/>
Day	Start	Finish	<b><u>State any seasonal variations for the supply of alcohol</u></b> (please read guidance note 5)		
Mon	10:00	23:00			
Tue	10:00	23:00			
Wed	10:00	23:00			
Thur	10:00	23:00	<b><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></b> (please read guidance note 6)		
Fri	10:00	23:00			
Sat	10:00	23:00			
Sun	10:00	23:00			

**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 <b>MR HARSHILKUMAR PATEL</b>	
Date of birth [REDACTED]	
Address [REDACTED]	
Postcode	[REDACTED]
Personal licence number (if known) [REDACTED]	
Issuing licensing authority (if known) <b>BRENT COUNCIL</b>	

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).

NONE

L

Hours premises are open to the public Standard days and timings (please read guidance note 7)			State any seasonal variations (please read guidance note 5)
Day	Start	Finish	
Mon	08:00	23:00	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 (please read guidance note 6)
Tue	08:00	23:00	
Wed	08:00	23:00	
Thur	08:00	23:00	
Fri	08:00	23:00	
Sat	08:00	23:00	
Sun	08:00	23:00	

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

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

1. Strict implementation of challenge 25 policy
2. CCTV to be installed and 31 days recording system
3. All staff to be trained in responsible alcohol retailing
4. Training manual will be available at the premises

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

1. CCTV shall be installed to Home Office Guidance standards and maintained in a good working condition and recordings shall be kept for 31 days. The recordings shall be made available to Police and authorised officers from Brent Council upon request.
2. CCTV cameras shall be installed to cover the entrance of the premises.
3. The CCTV system shall be capable of obtaining clear facial recognition images and a clear head and shoulders images of every person entering or leaving the premises.
4. A member of staff trained in the use of the CCTV system shall be available at the premise at all times that the premises are open to the public.
5. A copy of the premises licence summary including the hours which licensable activities are permitted, shall be visible from the outside of each entrance to the premises.
6. A personal licence holder shall be present on the premises and supervise the sale of alcohol throughout the permitted hours for the sale of alcohol.
7. A clear and unobstructed view into the premises shall be maintained at all times.
8. Regular documented staff training on licensing legislation and operating procedures shall be given. The training shall be signed and dated and a copy of these training records available for inspection by Police and local authority enforcement officers.
9. No single cans of beer, lager or cider shall be sold.
10. No high strength beers, lagers and ciders above 6.0% shall be stocked or sold.
11. No miniatures to be sold (5cl or 50ml)
12. An incident log shall be kept at the premises and made available for inspection on request to an authorised officer of Brent Council or the Police. The incident log will record the following:
  - *All crimes reported to the venue*
  - *Any complaints received*
  - *Any faults in the CCTV system*
  - *Any incidents of disorder*
  - *Any refusal of the sale of alcohol*
  - *Any visit by a relevant authority or emergency service.*
13. All staff will have right to work in uk documents checked before being offered employment.

**c) Public safety**

1. Installation of appropriate safety equipment
2. Fire exit signs displayed
3. To comply with all current, fire, health and safety laws
4. CCTV working at all times

**d) The prevention of public nuisance**

1. Notice displayed asking customers to leave quietly from premises also customers will be told in person to leave quietly and not to disturb the local neighbourhood
2. Strict policy in place to tell all staff not to serve alcohol to drunks at all
3. Appropriate signage will be displayed, in prominent position informing customers they are being recorded on CCTV

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

1. A challenge 25 policy will be in force, where any person looking under the age of 25 shall be asked to prove their age when attempting to purchase alcohol and signs to this effect will be displayed at the premises. Challenge 25 posters displayed where alcohol is sold.
2. The only acceptable ID will be those with photographic identification documents; including passport, photo-card, driving license or proof of age card bearing the PASS hologram.
3. An refusal book shall be kept at the premises and updated as and when required, and made available for inspection on request to an Licensing Officer, Police or other responsible authority.
4. The licensee will ensure that staff are trained regularly as appropriate in respect to the Licensing Act 2003 legislation, staff to be trained regularly in underage sales prevention.
5. All staff authorised to sell alcohol will be trained in the Challenge 25 scheme and this training will be documented to include the date the training was given, the name of the person who gave the training, the person who received the training and signatures by both trainer and trainee.

**Checklist:**

**Please tick to indicate agreement**

- 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 designated 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 (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** (see guidance note 12). **If signing on behalf of the applicant, please state in what capacity.**

<b>Declaration</b>	<ul style="list-style-type: none"><li>• [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).</li><li>• 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, if appropriate (please see note 15)</li></ul>
Signature	M S KAPOOR
Date	04 – 03 – 2020
Capacity	DULY AUTHORISED 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)

**M S KAPOOR**  
**PERSONAL LICENCE COURSES UK LTD**  
**145 STATION ROAD**

Post town	<b>WEST DRAYTON</b>	Postcode	<b>UB7 7ND</b>
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Telephone number (if any)	<b>020 8606 0558</b>
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If you would prefer us to correspond with you by e-mail, your e-mail address (optional)  
**info@personallicencecourses.com**

