

Brent

APPLICATION TO VARY A PREMISES LICENCE

Application to vary a premises licence
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 KHURRAM SHAHZAD

..... [insert name of applicant(s)] being the
premises licence holder, apply to vary a premises licence under section 34 of the Licensing
Act 2003 for the premises described in Part 1 below

Premises licence number

397279

Part 1 – Premises Details

Postal address of premises or, if none, ordnance survey map reference or description

45 BRIDGE ROAD, WEMBLEY PARK, LONDON

Post Town

WEMBLEY

Post Code

HA9 9AG

Telephone number at premises (if any)

02089089797

Non-domestic rateable value of premises

£ 25000

Part 2 - Applicant details

| | | | |
|---|--|------------|--|
| Daytime contact telephone number | | [REDACTED] | |
| E-mail address (optional) | | [REDACTED] | |
| Current postal address if different from premises address | | [REDACTED] | |
| Post Town | | Post Code | |

Part 3 - Variation

Please tick Yes

Do you want the proposed variation to have effect as soon as possible?

If not do you want the variation to take effect from

| Day | Month | Year |
|-----|-------|------|
| | | |

Do you want the proposed variation to have effect in relation to the introduction of the late night levy? (Please see guidance note 1)

Yes No

Please describe briefly the nature of the proposed variation (Please see guidance note 2)

It's a sandwich bar that currently closes at midnight during the week and 2am on weekends. All seating is inside the premises, we would like to open 24 hours. Fewer dine-in customers are expected, but we believe delivery sales will increase.

If your proposed variation would mean that 5,000 or more people are expected to attend the premises at any one time, please state the number expected to attend

[Empty box for number of attendees]



Part 4 – Operating Schedule

Please complete those parts of the Operating Schedule below which would be subject to change if this application to vary is successful.

Provision of regulated entertainment (please see guidance note 3)

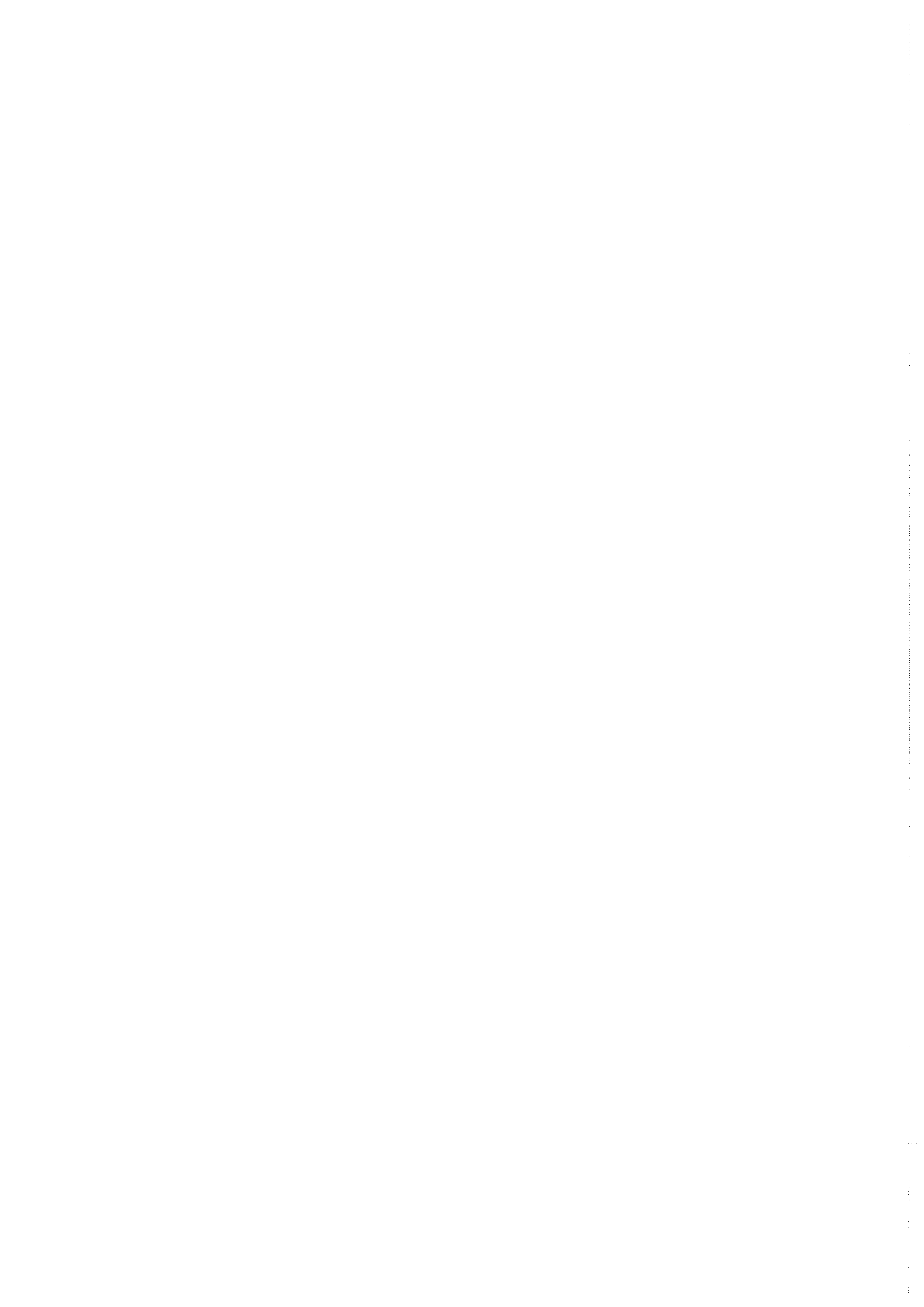
Please tick ✓ Yes

- | | |
|--|--------------------------|
| 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) (if ticking yes, fill in box H) | <input type="checkbox"/> |

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

Sale by retail of alcohol (if ticking yes, fill in box J)

In all cases complete boxes K, L and M



I

| Late night refreshment Standard days and timings (please read guidance note 8) | | | Will the provision of late night refreshment take place indoors or outdoors or both – please tick [✓] (please read guidance note 4). | Indoors | <input checked="" type="checkbox"/> | |
|--|-------|--------|---|---|-------------------------------------|--|
| Day | Start | Finish | | Outdoors | <input type="checkbox"/> | |
| Mon | 00:00 | 24 | Please give further details here (please read guidance note 5) <i>Music will be unamplified. Only Radio.</i> | Both | <input type="checkbox"/> | |
| Tue | 00:00 | 24 | | | | |
| Wed | 00:00 | 24 | | State any seasonal variations for the provision of late night refreshment (please read guidance note 6) <i>N/A</i> | | |
| Thur | 00:00 | 24 | | | | |
| Fri | 00:00 | 24 | | | | |
| Sat | 00:00 | 24 | | 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 7) <i>N/A</i> | | |
| Sun | 00:00 | 24 | | | | |

J

| Supply of alcohol Standard days and timings (please read guidance note 8) | | | Will the supply of alcohol be for consumption (Please tick box ✓) (please read guidance note 9) | On the premises | <input type="checkbox"/> |
|---|-------|--------|---|------------------|--------------------------|
| Day | Start | Finish | | Off the premises | <input type="checkbox"/> |
| Mon | | | State any seasonal variations for the supply of alcohol (please read guidance note 6) 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 7) <i>N/A</i> | Both | <input type="checkbox"/> |
| Tue | | | | | |
| Wed | | | | | |
| Thur | | | | | |
| Fri | | | | | |
| Sat | | | | | |
| Sun | | | | | |

IN ALL CASES PLEASE COMPLETE K, L, & M BELOW

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 10)

N/A.

L

Hours premises are open to the public
Standard days and timings
(please read guidance note 8)

State any seasonal variation (please read guidance note 6)

N/A.

| Day | Start | Finish |
|------|-------|--------|
| Mon | 24 HR | |
| Tue | 24 HR | |
| Wed | 24 HR | |
| Thur | 24 HR | |
| Fri | 24 HR | |
| Sat | 24 HR | |
| Sun | 24 HR | |

Non-standard timings. Where you intend 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 7)

N/A.

Please identify those conditions currently imposed on the licence which you believe could be removed as a consequence of the proposed variation you are seeking

N/A

Please tick Yes

▪ I have enclosed the premises licence



▪ I have enclosed the relevant part of the premises licence



If you have not ticked one of these boxes please fill in reasons for not including the licence, or part of it, below

Reasons why I have failed to enclose the premises licence or relevant part of premises licence

M Describe any additional steps that you intend to take to promote the four licensing objectives as a result of the proposed variation:

a) General – all four licensing objectives (b, c, d, e) (please read guidance note 11)

We will take the following steps for all four licensing objective which are given below. Apart of that, the restaurant is only offering late night refreshment and no alcohol served.

b) The prevention of crime and disorder

Provide proper training to staff on confliction resolution.
Cctv Cameras install, inside and outside of store/shop.

c) Public safety

Emergency Exits marked and familiarize staff with evacuation process.
Fire extinguisher installed, smoke alarm.
Have a fire safety in place.

d) The prevention of public nuisance

Music volume will be low, only radio.
No smoking inside the shop since displayed.
Maintaining the proper waste management.

e) The protection of children from harm

ALL employees are trained on how to control the environment during late night and that also include emergency protocols. No alcohol serve in our restaurant.

Please tick ✓ Yes

- I have made or enclosed payment of the fee
- I have not made or enclosed payment of the fee because this application has been made in relation to the introduction of the late night levy
- I have sent copies of this application and the plan to responsible authorities and others where applicable
- I understand that I must now advertise my application
- I have enclosed the premises licence or relevant part of it or explanation
- I understand that if I do not comply with the above requirements my application will be rejected

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.

Part 5 – Signatures (please read guidance note 12)

Signature of applicant (the current premises licence holder) or applicant's solicitor or other duly authorised agent. (Please read guidance note 13). If signing on behalf of the applicant please state in what capacity.

Signature

Date 15/08/2023

Capacity Managing Director

Where the premises licence is jointly held signature of 2nd applicant (the current premises licence holder) or 2nd applicant's solicitor or other authorised agent. (Please read guidance note 14). 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 15) | |
| | |
| | |
| | |
| Post town | Post code |
| Telephone number | |

