harrison clark rickerbys
SOLICITORS

Your reference:

Our reference: HT01/TRG0001-0084

Direct email: hthomas@hcrlaw.com

Received
23 JUL 2013
DIGITAL POSTROOM

22 July 2013

Safer Streets (Licensing)
Brent Council
Brent House
3rd Floor West
349-357 High Road
Wembley
Middx
HA9 6EP

5 Deansway, Worcester WR1 2JG

Telephone: 01905 612001

Email: licensing@hcrlaw.com

Fax: 01905 744874

DX: 716260 Worcester 1

Direct Line: 01905 744812

LICENSING & REGULATORY DEPARTMENT

Dear Sirs

Application for a premises licence
Premises – Frankie & Benny's, Unit 100, London Designer Outlet, Wembley HA9

We act for The Restaurant Group (UK) Ltd and enclose by way of service the following: -

1 Application for premises licence
2 Plan of the premises
3 Cheque in the sum of £315 in respect of the application fee.

We confirm that the appropriate statutory authorities have been served with copies of the above. We further confirm that we are arranging advertisement of the application in accordance with the provisions of the Licensing Act 2003, in the local press and at the premises.

Kindly acknowledge safe receipt of this application, should you have any queries or require further information kindly contact Heath Thomas at this office.

Yours faithfully

Harrison Clark Rickerbys.

HARRISON CLARK RICKERBYS

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 The Restaurant Group (UK) Ltd
(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 Frankie & Benny's Unit 100 London Designer Outlet Centre			
Post town	Wembley	Postcode	HA9

Telephone number at premises (if any)	
Non-domestic rateable value of premises	£0

Part 2 - Applicant Details

Please state whether you are applying for a premises licence as

		Please tick as appropriate	
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 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:

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	
I am 18 years old or over		☐ Please tick yes	
Current postal address if different from premises address			
Post town		Postcode	
Daytime contact telephone number			
E-mail address (optional)			

SECOND INDIVIDUAL APPLICANT (if applicable)

Mr ☐	Mrs ☐	Miss ☐	Ms ☐	Other Title (for example, Rev)	
Surname			First names		
I am 18 years old or over				☐ 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 The Restaurant Group (UK) Ltd
Address 5-7 Marshalsea Road London SE1 1EP
Registered number (where applicable) 894426
Description of applicant (for example, partnership, company, unincorporated association etc.) Limited Company
Telephone number (if any) 08456125001
E-mail address (optional)

Part 3 Operating Schedule

When do you want the premises licence to start?

DD		MM		YYYY			
0	1	1	0	2	0	1	3

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

DD		MM		YYYY			

Please give a general description of the premises (please read guidance note 1)
Restaurant and Bar with a terrace as shown on the deposited plan.

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 of the Licensing Act 2003 and Schedules 1 and 2 to the Licensing Act 2003)

Provision of regulated entertainment		Please tick any that apply
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) ☒

Supply 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 6)			**Will the performance of a play take place indoors or outdoors or both – please tick** (please read guidance note 2)		
				Indoors	☐
				Outdoors	☐
Day	Start	Finish		Both	☐
Mon			**Please give further details here** (please read guidance note 3)		
Tue					
Wed			**State any seasonal variations for performing plays** (please read guidance note 4)		
Thur					
Fri			**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** (please read guidance note 5)		
Sat					
Sun					

B

Films Standard days and timings (please read guidance note 6)			**Will the exhibition of films take place indoors or outdoors or both – please tick** (please read guidance note 2)		
				Indoors	☐
				Outdoors	☐
Day	Start	Finish		Both	☐
Mon			**Please give further details here** (please read guidance note 3)		
Tue					
Wed			**State any seasonal variations for the exhibition of films** (please read guidance note 4)		
Thur					
Fri			**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** (please read guidance note 5)		
Sat					
Sun					

C

Indoor sporting events Standard days and timings (please read guidance note 6)			**Please give further details** (please read guidance note 3)
Day	Start	Finish	
Mon			
Tue			**State any seasonal variations for indoor sporting events** (please read guidance note 4)
Wed			
Thur			**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** (please read guidance note 5)
Fri			
Sat			
Sun			

D

<table>
<tr><td colspan="3">Boxing or wrestling entertainments
Standard days and timings (please read guidance note 6)</td><td colspan="3" rowspan="2"><u>Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick</u> (please read guidance note 2)</td><td>Indoors</td><td>☐</td></tr>
<tr><td>Day</td><td>Start</td><td>Finish</td><td>Outdoors</td><td>☐</td></tr>
<tr><td>Mon</td><td></td><td></td><td colspan="3" rowspan="2"><u>Please give further details here</u> (please read guidance note 3)</td><td>Both</td><td>☐</td></tr>
<tr><td>Tue</td><td></td><td></td><td colspan="3"></td><td colspan="2"></td></tr>
<tr><td>Wed</td><td></td><td></td><td colspan="3" rowspan="2"><u>State any seasonal variations for boxing or wrestling entertainment</u> (please read guidance note 4)</td><td colspan="2"></td></tr>
<tr><td>Thur</td><td></td><td></td><td colspan="2"></td></tr>
<tr><td>Fri</td><td></td><td></td><td colspan="3" rowspan="2"><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)</td><td colspan="2"></td></tr>
<tr><td>Sat</td><td></td><td></td><td colspan="2"></td></tr>
<tr><td>Sun</td><td></td><td></td><td colspan="3"></td><td colspan="2"></td></tr>
</table>

E

Live music Standard days and timings (please read guidance note 6)			**Will the performance of live music take place indoors or outdoors or both – please tick** (please read guidance note 2)		
				Indoors	☐
				Outdoors	☐
Day	Start	Finish		Both	☐
Mon			**Please give further details here** (please read guidance note 3)		
Tue					
Wed			**State any seasonal variations for the performance of live music** (please read guidance note 4)		
Thur					
Fri			**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** (please read guidance note 5)		
Sat					
Sun					

F

Recorded music Standard days and timings (please read guidance note 6)			**Will the playing of recorded music take place indoors or outdoors or both – please tick** (please read guidance note 2)		
				Indoors	☒
				Outdoors	☐
Day	Start	Finish		Both	☐
Mon	08.00	00.30	**Please give further details here** (please read guidance note 3) Recorded music to complement the use of the premises as a restaurant & bar.		
Tue	08.00	00.30			
Wed	08.00	00.30	**State any seasonal variations for the playing of recorded music** (please read guidance note 4) from end of permitted hours New Years Eve to commencement of permitted hours New Years Day.		
Thur	08.00	00.30			
Fri	08.00	00.30	**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** (please read guidance note 5)		
Sat	08.00	00.30			
Sun	08.00	00.30			

G

Performances of dance Standard days and timings (please read guidance note 6)			**Will the performance of dance take place indoors or outdoors or both – please tick** (please read guidance note 2)		
Day	Start	Finish		Indoors	☐
				Outdoors	☐
				Both	☐
Mon			**Please give further details here** (please read guidance note 3)		
Tue					
Wed			**State any seasonal variations for the performance of dance** (please read guidance note 4)		
Thur					
Fri			**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** (please read guidance note 5)		
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)			Please give a description of the type of entertainment you will be providing		
Day	Start	Finish	**Will this entertainment take place indoors or outdoors or both – please tick** (please read guidance note 2)	Indoors	☐
Mon				Outdoors	☐
				Both	☐
Tue			**Please give further details here** (please read guidance note 3)		
Wed					
Thur			**State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g)** (please read guidance note 4)		
Fri					
Sat			**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** (please read guidance note 5)		
Sun					

I

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	☒
				Outdoors	☐
Day	Start	Finish		Both	☐
Mon	23.00	00.30	**Please give further details here** (please read guidance note 3)		
Tue	23.00	00.30			
Wed	23.00	00.30	**State any seasonal variations for the provision of late night refreshment** (please read guidance note 4)		
Thur	23.00	00.30			
Fri	23.00	00.30	**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) 23.00 on New Year's Eve until 05.00 on New Year's Day.		
Sat	23.00	00.30			
Sun	23.00	00.30			

J

Supply of alcohol Standard days and timings (please read guidance note 6)			**Will the supply of alcohol be for consumption – please tick** (please read guidance note 7)		
				On the premises	☐
				Off the premises	☐
Day	Start	Finish		Both	☒
Mon	10.00	00.00	**State any seasonal variations for the supply of alcohol** (please read guidance note 4)		
Tue	10.00	00.00			
Wed	10.00	00.00			
Thur	10.00	00.00	**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) from end of permitted hours New Years Eve to commencement of permitted hours New Years Day.		
Fri	10.00	00.00			
Sat	10.00	00.00			
Sun	10.00	00.00			

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

Name Bhupvinder Chaggar	
Address 1 Lime Grove Blaby Leicester	
Postcode	LE8 4GS
Personal licence number (if known) LEIPR0369	
Issuing licensing authority (if known) Leicester City Council	

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 8).
None

L

Hours premises are open to the public Standard days and timings (please read guidance note 6)

Day	Start	Finish
Mon	08.00	00.30
Tue	08.00	00.30
Wed	08.00	00.30
Thur	08.00	00.30
Fri	08.00	00.30
Sat	08.00	00.30
Sun	08.00	00.30

State any seasonal variations (please read guidance note 4)

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 5)
08.00 on New Year's Eve until 00.30 on 2nd January.

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 9)

1. There is to be waiter/waitress service throughout the restaurant area of the premises affording control and supervision.
2. Substantial food will be available throughout licensed hours.
3. CCTV will be installed and shall record during licensable activities in the premises. Images shall be stored for 30 days and made available to the police and licensing authority upon request.

b) The prevention of crime and disorder

As (a) above

c) Public safety

A fire risk assessment will be conducted and implemented in the premises.

d) The prevention of public nuisance

As (a) above

e) The protection of children from harm

as (a) above. It is proposed that children will be permitted access to the premises in accordance with the provisions of the Licensing Act 2003.

Mandatory conditions will apply requiring a proof of age policy to be implemented in the premises. The premises will implement a Challenge 21 scheme.

Staff to be trained in their responsibility under the Licensing Act 2003. Records of staff training to be available for inspection by the Licensing Authority or responsible authorities upon reasonable request.

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. ☒

IT IS AN OFFENCE, LIABLE ON SUMMARY CONVICTION TO A FINE NOT EXCEEDING 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	Harrison Clark Rickerbys
Date	22-7-13
Capacity	Solicitors for and on behalf of the applicant

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)
Harrison Clark Rickerbys
5 Deansway

Post town	Worcester	Postcode	WR1 2JG
Telephone number (if any)	01905 744535		

If you would prefer us to correspond with you by e-mail, your e-mail address (optional)
licensing@hcrlaw.com

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 the premises'. If you wish people to be able to purchase alcohol to consume away from the premises, please tick 'off the premises'. 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 or 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, each of the applicant or their respective agent must sign the application form.
13. This is the address which we shall use to correspond with you about this application.

Consent of individual to being specified as premises supervisor

I BHUPUINDER CHAGGAR
[full name of prospective premises supervisor]

of 1 LIME GROVE
BLABY
LEICESTER
LE8 4ES
[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

GRANT OF PREMISES LICENCE
[type of application]

by

THE RESTAURANT GROUP (UK) LTD
[name of applicant]

relating to a premises licence .....
[number of existing licence, if any]

for FRANKIE & BENNYS
UNIT 103
LONDON DESIGNER OUTLET CENTRE
WEMBLEY
[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

THE RESTAURANT GROUP (UK) LTD

[name of applicant]

concerning the supply of alcohol at

UNIT 103
LONDON DESIGNER OUTLET CENTRE
WEMBLEY

[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

LEIPRO369

[insert personal licence number, if any]

Personal licence issuing authority

LEICESTER CITY COUNCIL

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

Signed

Name (please print) B CHAGGAR

Date 13/3/13