



SCHEDULE 2

regulation 10

## 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..... LLOYD TATE .....

.....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	
<u>104 CRAVEN PARK</u> <u>HARLESDEN</u>	
Post town	Post code
<u>LONDON</u>	<u>NW10 8QE</u>

Telephone number of premises (if any)

0208 965 9544

Non-domestic rateable value of premises

£

## 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\*  please complete section (B)
- 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
- o Statutory function or
- o 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

TATE

First names

LLOYD

Please tick  Yes

I am 18 years old or over

Current postal address if different from premises address

104 CRAVEN PARK  
HARLESDEN  
LONDON

Post Town

Postcode

NW10 8QE

Daytime contact telephone number

0208 965 9544

E-mail address (optional)

lawbarba@yahoo.co.uk

**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 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			
2	0	0	4	2	0	1	2

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)

THE PREMISES IS A COMMUNITY GROCERY SHOP WHICH IS APPLYING FOR THE SALE OF ALCONOL

**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 entertainment facilities for:**

- 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)

**Sale 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)			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			<b><u>Please give further details here</u></b> (please read guidance note 3)		
Tue					
Wed					
Thur			<b><u>State any seasonal variations for performing plays</u></b> (please read guidance note 4)		
Fri					
Sat			<b><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></b> (please read guidance note 5)		
Sun					

**B**

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

**C**

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

**D**

<b>Boxing or wrestling entertainment</b> Standard days and timings (please read guidance note 6)			<b>Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick [✓] (please read guidance note 2).</b>	Indoors	
				Outdoors	
Day	Start	Finish		Both	
Mon			<b><u>Please give further details here</u></b> (please read guidance note 3)		
Tue					
Wed			<b><u>State any seasonal variations for boxing or wrestling entertainment</u></b> (please read guidance note 4)		
Thur					
Fri			<b><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></b> (please read guidance note 5)		
Sat					
Sun					

**E**

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

**F**

<b>Recorded music</b> Standard days and timings (please read guidance note 6)			<b>Will the playing of recorded music take place indoors or outdoors or both – please tick [✓] (please read guidance note 2)</b>	Indoors	
Day	Start	Finish		Outdoors	
				Both	
Mon			<b>Please give further details here</b> (please read guidance note 3)		
Tue					
Wed			<b>State any seasonal variations for playing recorded music</b> (please read guidance note 4)		
Thur					
Fri			<b>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</b> (please read guidance note 5)		
Sat					
Sun					

**G**

<b>Performances of dance</b> Standard days and timings (please read guidance note 6)			<b>Will the performance of dance take place indoors or outdoors or both – please tick [✓] (please read guidance note 2).</b>	Indoors	
Day	Start	Finish		Outdoors	
				Both	
Mon			<b>Please give further details here</b> (please read guidance note 3)		
Tue					
Wed			<b>State any seasonal variations for the performance of dance</b> (please read guidance note 4)		
Thur					
Fri			<b>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</b> (please read guidance note 5)		
Sat					
Sun					



## H

<b>Anything of a similar description to that falling within (e), (f) or (g)</b> Standard days and timings (please read guidance note 6)			Please give a description of the activities you will be providing		
			<b>Will this entertainment take place indoors or outdoors or both – please tick [✓] (please read guidance note 2).</b>		
Day	Start	Finish	Indoors	Outdoors	Both
Mon			<b>Please give further details here</b> (please read guidance note 3)		
Tue					
Wed					
Thur			<b>State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g) (please read guidance note 4)</b>		
Fri					
Sat			<b>Non standard timings. Where you intend to use the premises for the entertainment of 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)</b>		
Sun					

## I

<b>Provision of facilities for making music</b> Standard days and timings (please read guidance note 6)			Please give a description of the facilities for making music you will be providing		
			<b>Will this entertainment take place indoors or outdoors or both – please tick [✓] (please read guidance note 2).</b>		
Day	Start	Finish	Indoors	Outdoors	Both
Mon			<b>Please give further details here</b> (please read guidance note 3)		
Tue					
Wed					
Thur			<b>State any seasonal variations for the provision of facilities for making music (please read guidance note 4)</b>		
Fri					
Sat			<b>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 (please read guidance note 5)</b>		
Sun					

**J**

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

**K**

<b>Provision of facilities for entertainment of a similar description to that falling within (i) or (j)</b> Standard days and timings (please read guidance note 6)			<b>Please give a description of the type of entertainment facility you will be providing</b>		
Day	Start	Finish	Indoors		
			Outdoors		
			Both		
Mon			<b>Please give further details here (please read guidance note 3)</b>		
Tue					
Wed			<b>State any seasonal variations for the provision of facilities for entertainment of a similar description to that falling within (i) or (j) (please read guidance note 4)</b>		
Thur					
Fri			<b>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 (please read guidance note 5)</b>		
Sat					
Sun					

L

<b>Late night refreshment</b> Standard days and timings (please read guidance note 6)			<b>Will the provision of late night refreshment take place indoors or outdoors or both – please tick [✓]</b> (please read guidance note 2).	Indoors	
Day	Start	Finish		Outdoors	
				Both	
Mon			<b>Please give further details here</b> (please read guidance note 3)		
Tue					
Wed			<b>State any seasonal variations for the provision of late night refreshment</b> (please read guidance note 4)		
Thur					
Fri			<b>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</b> (please read guidance note 5)		
Sat					
Sun					

M

<b>Supply of alcohol</b> Standard days and timings (please read guidance note 6)			<b>Will the supply of alcohol be for consumption</b> <b>(Please tick box ✓)</b> (please read guidance note 7)	On the premises	
Day	Start	Finish		Off the premises	<input checked="" type="checkbox"/>
				Both	
Mon	12:00	22:00	<b>State any seasonal variations for the provision of late night refreshment</b> (please read guidance note 4)		
Tue	12:00	22:00			
Wed	12:00	22:00	<b>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</b> (please read guidance note 5)		
Thur	12:00	22:00			
Fri	12:00	22:00			
Sat	12:00	22:00			
Sun	12:00	22:00			

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

Name..... BARBARA LAWRENCE  
 Address..... 95 EMPIRE COURT  
 ..... NORTH END ROAD  
 Postcode..... HA9 0AH  
 Personal Licence number(if known) .....  
 Issuing licensing authority (if known).....

**N** APPLICATION IN PROGRESS

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)

**O**

Hours premises are open to the public Standard days and timings (please read guidance note 6)			State any seasonal variation (please read guidance note 4)
Day	Start	Finish	
Mon	08:00	23:00	
Tue	08:00	23:00	
Wed	08:00	23:00	<b>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 5)</b>
Thur	08:00	23:00	
Fri	08:00	23:00	
Sat	08:00	23:00	
Sun	08:00	23:00	

**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)**

ENSURING THAT CCTV IS FITTED FOR THE SAFETY OF THE PUBLIC  
ENSURING THAT SECURITY IS ON THE PREMISES  
WORKING WITH THE POLICE AND OTHER INVOLVED BODIES  
ACTING ACCORDING TO THE 2003, ACT  
INSTALLING ADEQUATE LIGHTING  
WORKING WITH THE DISPERSAL POLICY AND ENVIRONMENTAL HEALTH  
ENSURING ID'S ARE CHECKED AND ALCOHOL IS NOT SOLD TO ANYONE UNDERAGE

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

STAFF TRAINING  
CCTV INSTALLED  
SECURITY ON PREMISES  
ADEQUATE LIGHTING FITTED

c) **Public safety**

SECURITY ON THE PREMISES  
WORKING WITH THE POLICE  
WORKING WITH THE COMMUNITY  
FITTING CCTV CAMERAS  
ENSURING THAT THE PUBLIC IS NOT PUT AT HARM

d) **The prevention of public nuisance**

DISPERSAL POLICY  
WORKING WITH THE POLICE AND COMMUNITY  
CCTV INSTALLED  
SECURITY ON PREMISES

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

WORKING WITH CHILD SUPPORT AGENCIES  
CHALLENGE 21 AND 25  
CHECKING ID'S TO ENSURE ALCOHOL IS NOT SOLD TO UNDERAGE  
SECURITY PRESENCE  
ENSURING CHILDREN IS NOT EXPOSED TO ALCOHOL

**Checklist**

Please tick ✓ Yes

- I have made or enclosed payment of the fee
- I have enclosed the plan of the premises – see enclosed information leaflet
- 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 – see enclosed information leaflet
- 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.** (Please read guidance note 11). **If signing on behalf of the applicant please state in what capacity.**

Signature ..... *[Handwritten Signature]* .....

Date ..... *20/4/12* .....

Capacity ..... *SHOP MANAGER* .....

**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 12). **If signing on behalf of the applicant please state in what capacity.**

Signature .....

Date .....

Capacity .....

<b>Contact name (where not previously given) and postal address for correspondence associated with this application</b> (please read guidance note 13)	
<b>Post town</b>	<b>Post code</b>
<b>Telephone number</b>	
<b>E-mail address (optional)</b>	

## 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 ie Christmas Eve.
6. Please give timings in 24 hour clock (eg 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.

**Data Protection:** *The London Borough of Brent will use this information for the purposes of The Licensing Act 2003 and related purposes. Any member of the public may examine the application form on request. In addition, this information may be disclosed to the Police, The London Fire and Emergency Planning Authority, relevant ward Councillors and other Council departments.*

*This authority is under a duty to protect the public funds it administers, and to this end may use the information you have provided on this form for the prevention and detection of fraud. It may also share this information with law enforcement agencies and other bodies responsible for auditing or administering public funds for these purposes.*

**Please return the completed form and accompanying documents listed in the checklist on page 14 to:-**

Health, Safety and Licensing Dept  
Brent Council  
Brent House, 3<sup>rd</sup> Floor East  
349-357 High Road  
Wembley,  
Middlesex  
HA9 6EP

☎ 020 8937 5359

Fax: 020 8937 5357

Email: hsl@brent.gov.uk

Cheques should be crossed and made payable to London Borough of Brent.

**Please follow the instructions in the checklist on page 14 to submit the relevant copies to the responsible authorities. Contact details shown below:**

Chief Officer of Police  
Brent Licensing Department  
Wembley Police Station  
603 Harrow Road  
Wembley  
Middlesex  
HA0 2HH

Tel: 020 8733 3206

North West Area 1  
London Fire Brigade  
169 Union Street  
London  
SE1 0LL

Tel: 020 8555 1200 x38778

Trading Standards  
Brent Council  
Quality House  
249 Willesden Lane  
London  
NW2 5JH

Tel: 020 8937 5555

Environmental Health Department  
Brent Council  
Brent House  
349-357 High Road  
Wembley  
Middlesex  
HA9 6EP

Tel: 020 8937 5252

Children's Services  
Brent Council  
Chesterfield House  
9 Park Lane  
Wembley  
HA9 7RJ

Area Planning Service  
Brent Council  
Brent House  
349-357 High Road  
Wembley  
Middlesex  
HA9 6EP

Tel: 020 8937 5210

Public Safety Team  
Brent Council  
Brent House  
3<sup>rd</sup> Floor East  
349-357 High Road  
Wembley, Middlesex  
HA9 6EP

Tel: 020 8937 5359

<b>Official Use Only.</b>	Fee <input type="checkbox"/>	Plan x 2 <input type="checkbox"/>	DPS Consent (if applicable) <input type="checkbox"/>
	Advertising <input type="checkbox"/>		





## DESIGNATED PREMISES SUPERVISOR CONSENT FORM

### Consent of individual to being specified as premises supervisor

If you are completing this form by hand please use **black ink** and write legibly in **block capitals**.

I, BARBARA LAWRENCE  
[full name of prospective premises supervisor] of 95 EMPIRE COURT  
NORTH END ROAD  
Tel: 09930 LONDON HA9 0AH  
105127 [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  
NEW PREMISES LICENCE [type of application eg, grant of new licence /  
vary of DPS] by LLOYD TATE [name of applicant]  
relating to premises licence [number of existing licence, if any]  
for 104 CRAVEN PARK  
HARLESDEN  
NW10 8QE [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  
LLOYD TATE [name of applicant]  
concerning the supply of alcohol at 104 CRAVEN PARK  
HARLESDEN  
NW10 8QE [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 - APPLICATION IN PROGRESS ..... [insert, if any]

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

Signed Blanchence  
Name (please print) BARBARA LAWRENCE  
Date 20/4/2012

**Data Protection:** The London Borough of Brent will use this information for the purposes of The Licensing Act 2003 and related purposes. Any member of the public may examine the application form on request. In addition, this information may be disclosed to the Police, The London Fire and Emergency Planning Authority, relevant ward Councillors and other Council departments.

*This authority is under a duty to protect the public funds it administers, and to this end may use the information you have provided on this form for the prevention and detection of fraud. It may also share this information with law enforcement agencies and other bodies responsible for auditing or administering public funds for these purposes.*

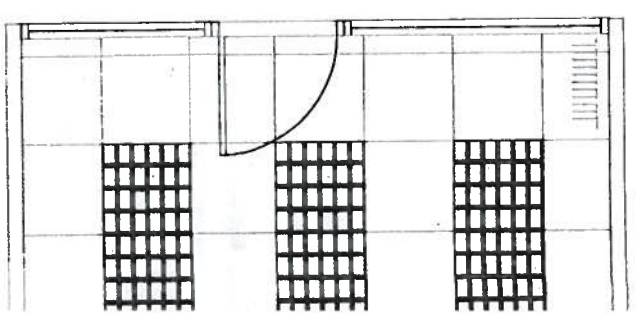
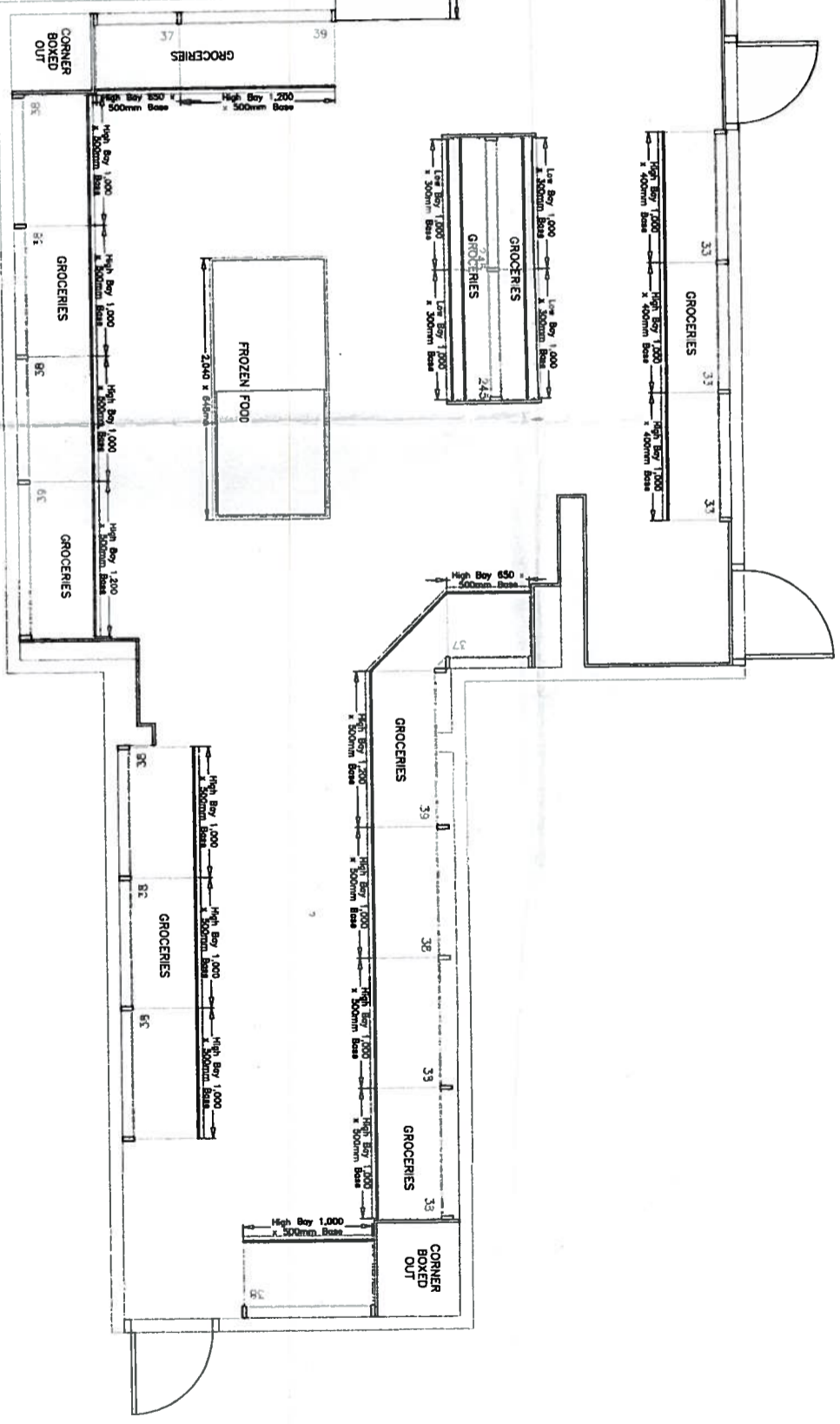
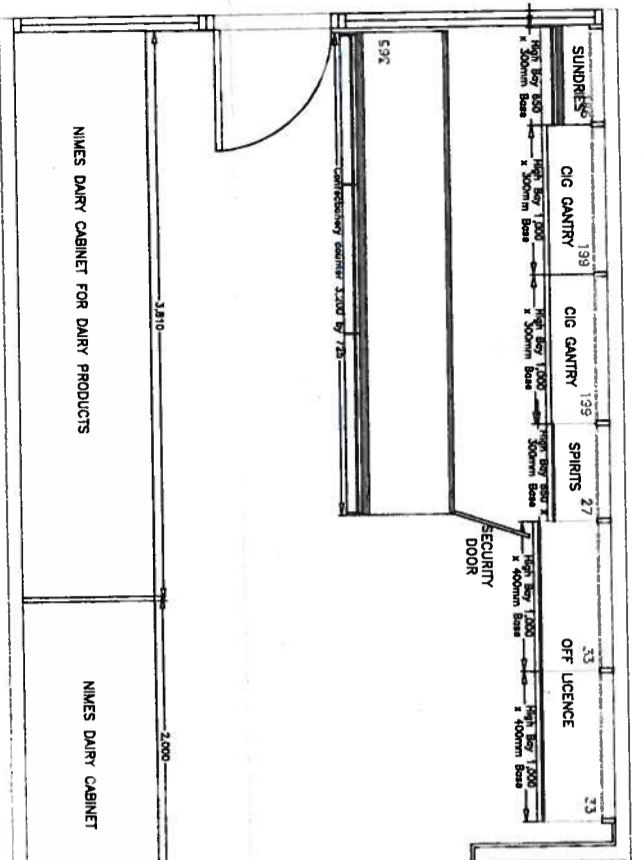
**Please return the completed form to:-**

Health, Safety and Licensing Dept  
Brent Council  
Brent House, 3<sup>rd</sup> Floor East  
349-357 High Road  
Wembley  
Middlesex  
HA9 6EP

☎ 020 8937 5359

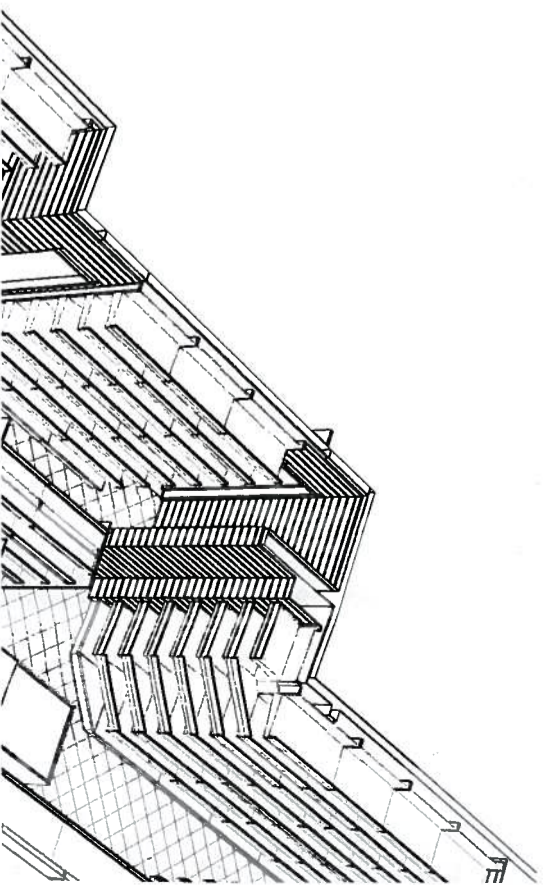
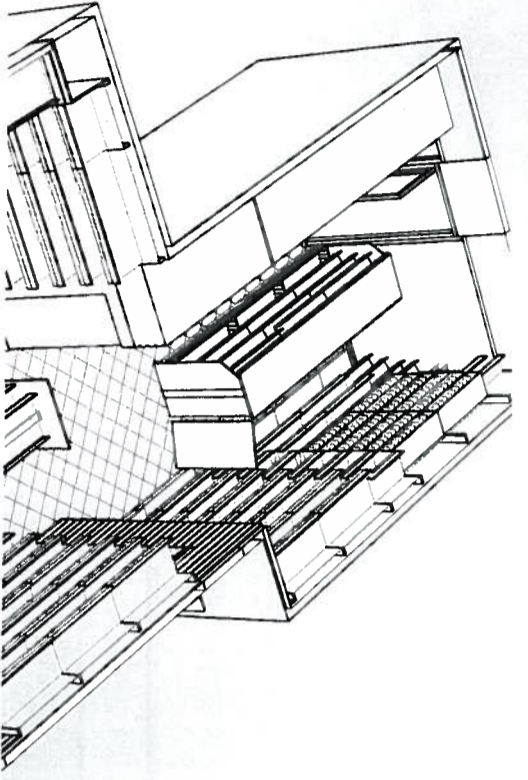
Fax: 020 8937 5357

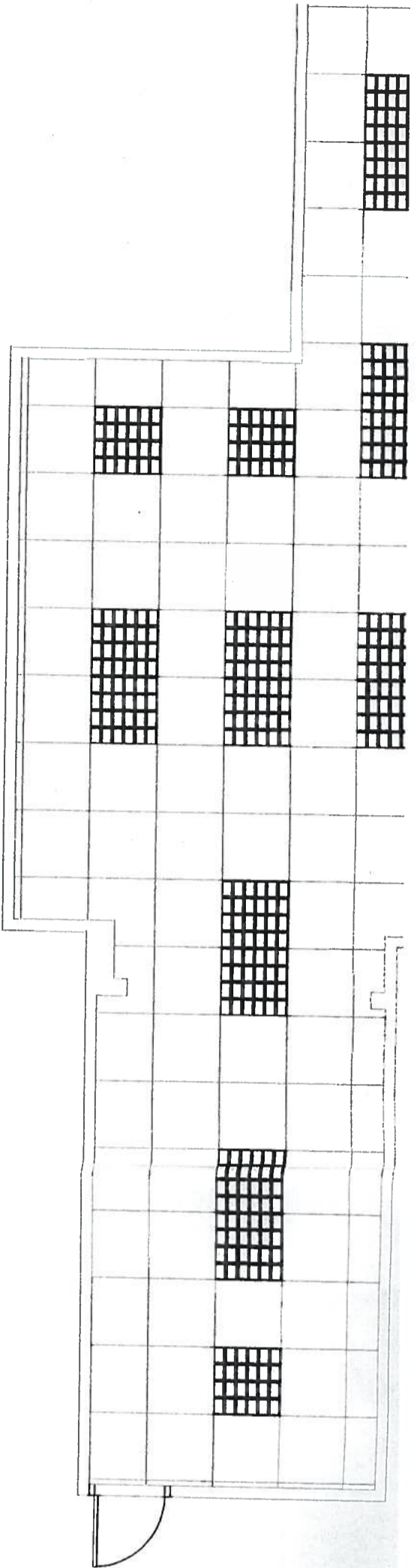
Email: [hsl@brent.gov.uk](mailto:hsl@brent.gov.uk)



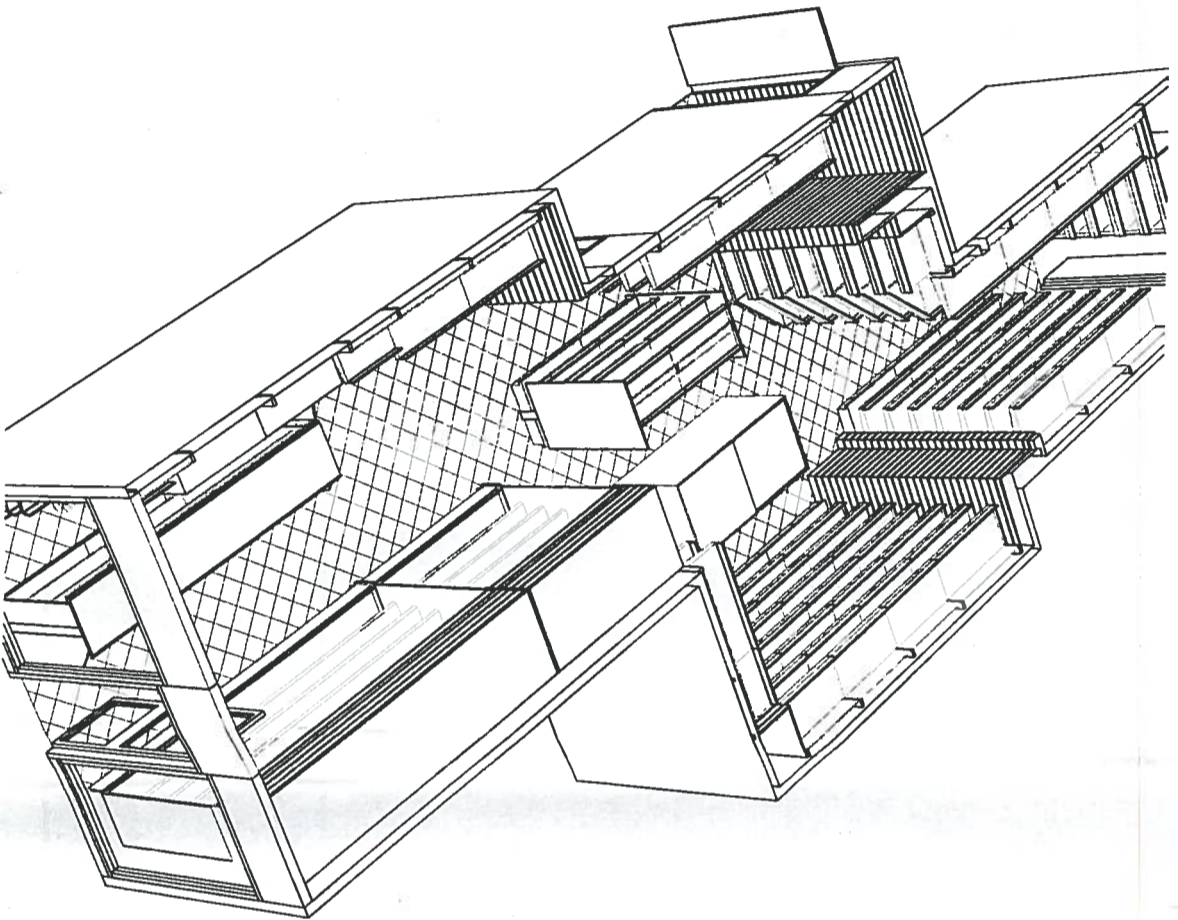
SHOP PLAN SCALE:- 1:50

CEILING PLAN





Scale: 1:50



VIEW 6

Rev. | Date | Amendment

**RAPEED design**  
shopfitfers

106 Lower Addiscombe Road, Croydon, Surrey, CR0 6AD.  
t 020 8655 2020 f 020 8655 3444.  
Info@raped.co.uk www.raped.co.uk

Client	Mr Lloyd Tate	Tel	020 8838 1579
	104 Croyven Park	Mobile	n/a
	Harlesden	Fax	020 8965 9544
	NW10 8QE		

Project: Mr Lloyd Tate Area: Harlesden

Proposed Refitting Plan	Area	64 SQM	Calling Ht.	2360
Plan View & 3D Perspectives	Scale	1:50	Date	Oct 2004
	Rep	A.Patel	Drawn By	H.Patel
	Draw No.	3777	Rev No.	

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**RECEIPT No.**

20891

**GL**

Date

20/4/12

Name and Address

LLOYD TATE  
104 CHASEN RD  
RD

Cash / Cheque No.  
P.O. No.

000472

Details

Purchase  
licence  
(new)

£

P

Amount

190.00

VAT

Total

190.00