



**PERSONAL LICENCE
COURSES LTD**

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Safer Streets (Licensing)
Brent Council
Fifth Floor
Brent Civic Centre
Engineers Way
Wembley
HA9 0FJ

22-04-2014



RE: New Premises Licence Application

Dear Sir/Madam

Please find the enclosed premises licence application for **Pipes & Pouches** along with a cheque of £190.00

All correspondence regarding this application to be sent directly to me on above address.

A copy is posted to all relevant responsible authorities including Police Licensing Team.

Kind Regards

Manpreet Kapoor
Licensing Consultant



Where Service Matters *ncfe*

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 JAGAT KUKRIJA

D.O.B: 13-11-72

(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 PIPES & POUCHES 317 KILBURN HIGH ROAD			
Post town	LONDON	Postcode	NW6 7JR
Telephone number at premises (if any)		07722253535	
Non-domestic rateable value of premises		£18,250.00	

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 <input checked="" type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
Surname KUKRIJA			First names JAGAT		
I am 18 years old or over				<input checked="" type="checkbox"/>	Please tick yes
Current postal address if different from premises address		16 DAGMAR ROAD			
Post town	SOUTHALL		Postcode	UB2 5NX	
Daytime contact telephone number			07722253535		
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?

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)
A MODERN LOCAL COMMUNITY 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 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	<input type="checkbox"/>			
				Outdoors	<input type="checkbox"/>			
				Both	<input type="checkbox"/>			
Day	Start	Finish	Please give further details here (please read guidance note 3)					
Mon								
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)			<u>Will the exhibition of films 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 exhibition of films</u> (please read guidance note 4)		
Wed					
Thur			<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)		
Fri					
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"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
				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)			Will the performance of live music take place indoors or outdoors or both – please tick (please read guidance note 2)			
			Indoors	<input type="checkbox"/>		
			Outdoors	<input type="checkbox"/>		
			Both	<input type="checkbox"/>		
Day	Start	Finish	Please give further details here (please read guidance note 3)			
Mon						
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)			<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				
Thur				
Fri				
Sat				
Sun				
			<u>State any seasonal variations for the playing of recorded music</u> (please read guidance note 4)	
			<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)	

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)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish			
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	<input type="checkbox"/>
Mon				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
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	<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 provision of late night refreshment</u> (please read guidance note 4)	
Thur						
Fri					<u>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</u> (please read guidance note 5)	
Sat						
Sun						

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	<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) NONE		
Mon	06:00	23:00			
	HRS	HRS			
Tue	06:00	23:00			
	HRS	HRS			
Wed	06:00	23:00			
	HRS	HRS			
Thur	06:00	23:00			
	HRS	HRS			
Fri	06:00	00:00			
	HRS	HRS			
Sat	06:00	00:00			
	HRS	HRS			
Sun	06:00	23:00			
	HRS	HRS			
			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) NONE		

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

Name JAY KISHAN KUKRIJA	
Address 16 DAGMAR ROAD SOUTHALL	
Postcode	UB2 5NX
Personal licence number (if known) 03524	
Issuing licensing authority (if known) EALING 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)			State any seasonal variations (please read guidance note 4) NONE		
Day	Start	Finish	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) NONE		
Mon	06:00	23:00			
	HRS	HRS			
Tue	06:00	23:00			
	HRS	HRS			
Wed	06:00	23:00			
	HRS	HRS			
Thur	06:00	23:00			
	HRS	HRS			
Fri	06:00	00:00			
	HRS	HRS			
Sat	06:00	00:00			
	HRS	HRS			
Sun	06:00	23:00			
	HRS	HRS			

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)

**STRICT IMPLEMENTATION OF CHALLENGE 25 POLICY
ALL STAFF TO BE TRAINED IN RESPONSIBLE ALCOHOL RETAILING
CCTV TO RECORD FOR 24HRS AND KEEP VIDEOS/IMAGES FOR 30 DAYS.
JOINING RETAILWATCH SCHEMES & KEEPING IN TOUCH WITH THE POLICE
REFUSAL AND INCIDENT BOOKS KEPT AT PREMISES
TRAINING MANUAL WILL BE KEPT AT PREMISES**

b) The prevention of crime and disorder

**CCTV INSTALLED INSIDE AND OUTSIDE THE PREMISES
CCTV TO RECORD FOR 24HRS AND KEEP VIDEOS/IMAGES FOR 30 DAYS.
ALL PURCHASES MADE FROM REPUTABLE WHOLESALERS/CASH AND CARRY'S
JOIN RETAIL WATCH SCHEMES
INCIDENT BOOK AVAILABLE ON PREMISES AT ALL TIMES**

c) Public safety

**INSTALLATION OF APPROPRIATE SAFETY EQUIPMENT.
INSTALLATION OF EMERGENCY LIGHTING
TO COMPLY WITH ALL CURRENT, FIRE AND HEALTH AND SAFETY LEGISLATION
STAFF TO BE TRAINED ON FIRE SAFETY AND EMERGENCY EVACUATIONS**

d) The prevention of public nuisance

**A MANAGEMENT POLICY IN PLACE TO TAKE INTO ACCOUNT THE EXTERNAL AREAS
OF THE PREMISES AND THE CONDUCT OF THE CUSTOMERS .
TO MONITOR ANTI-SOCIAL BEHAVIOUR BY USE OF CCTV
ASKING CUSTOMERS TO LEAVE PREMISES IN A QUIET AND ORDERLY MANNER
POSTERS DISPLAYED ASKING CUSTOMER TO LEAVE QUIETLY**

e) The protection of children from harm

**STRICT IMPLEMENTATION OF CHALLENGE 25 POLICY
ALCOHOL TO BE KEPT AWAY FROM CHILDRENS CONFECTIONERY SHELVES
CHALLENGE 25 POSTERS DISPLAYED ACROSS THE PREMISES
SPIRITS & CIGARETTES TO BE KEPT BEHIND THE COUNTER
REFUSAL BOOK IN PLACE**

Checklist:

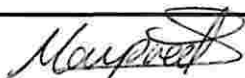
Please tick to indicate agreement

- 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	
Date	22-04-2014
Capacity	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)

**PERSONAL LICENCE COURSES LTD
 STUDIO 8
 HAYES BUSINESS STUDIO
 HAYES CAMPUS
 COLLEGE WAY**

Post town	HAYES	Postcode	UB3 3BB
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Telephone number (if any)	020 8606 0558
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If you would prefer us to correspond with you by e-mail, your e-mail address (optional)
info@personallicensecourses.co.uk

