



Recd
07 SEP 2015
DIGITAL

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 MOHAMMAD HASHIM ARYUBI

.....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	
225 KILBURN HIGH ROAD LONDON	
Post town	Post code
BRENT	NW6 7JG

Telephone number of premises (if any) 0203 638 8133

Non-domestic rateable value of premises E ~~8600~~ 18,000 am

Part 2 - Applicant details

Please state whether you are applying for a premises licence as

- | | | |
|---|--|-----------------------------|
| | Please tick <input checked="" type="checkbox"/> Yes | |
| 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 | <input type="checkbox"/> | please complete section (B) |
| ii. as a partnership | <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 | <input type="checkbox"/> | 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 | <input type="checkbox"/> | please complete section (B) |
| h) the chief officer of police of a police force in England and Wales | <input type="checkbox"/> | please complete section (B) |

* If you are applying as a person described in (a) or (b) please confirm:

- | | |
|---|--|
| - I am carrying on or proposing to carry on a business which involves the use of the premises for licensable activities; or | Please tick <input checked="" type="checkbox"/> Yes |
| - I am making the application pursuant to a | |
| o Statutory function or | <input type="checkbox"/> |
| o A function discharged by virtue of Her Majesty's prerogative | <input type="checkbox"/> |

(A) INDIVIDUAL APPLICANTS (fill in as applicable)

Mr Mrs Miss Ms Other title
 (for example, Rev)

Surname

ARYUBI

First names

MOHAMMAD HASHIM

Please tick Yes

I am 18 years old or over

Current postal address if different from premises address

743 - 745 HIGH ROAD
LONDON

Post Town

LEYTON

Postcode

E10 5AB

Daytime contact telephone number

07823776838

E-mail address (optional)

[REDACTED]

SECOND INDIVIDUAL APPLICANT (if applicable)

Mr

Mrs

Miss

Ms

Other title
(for example, Rev)

Surname

First names

Please tick Yes

I am 18 years old or over

**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
0	8	08
2	0	15

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

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

Mini grocery/supermarket store where alcohol will be consumed off the premises.

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	
Day	Start	Finish		Outdoors	
Mon			Please give further details here (please read guidance note 3)	Both	
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					

L

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		
Day	Start	Finish		Outdoors		
Mon			Please give further details here (please read guidance note 3)	Both		
Tue						
Wed				State any seasonal variations for the provision of late night refreshment (please read guidance note 4)		
Thur						
Fri						
Sat				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)		
Sun						

M

Supply of alcohol Standard days and timings (please read guidance note 6)			Will the supply of alcohol be for consumption (Please tick box ✓) (please read guidance note 7)	On the premises		
Day	Start	Finish		Off the premises	✓	
Mon	24 Hours		State any seasonal variations for the provision of late night refreshment (please read guidance note 4)	Both		
Tue	24 Hours					
Wed	24 Hours			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)		
Thur	24 Hours					
Fri	24 Hours					
Sat	24 Hours					
Sun	24 Hours					

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

Name..... MOHAMMAD HASHIM ARYUBI

Address..... [REDACTED] - [REDACTED] [REDACTED] [REDACTED], [REDACTED], LONDON

Postcode..... [REDACTED] [REDACTED]

Personal Licence number(if known) [REDACTED]

Issuing licensing authority (if known).....

N

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, WILL ONLY BE SELLING ALCAHOL TO ADULTS

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	<i>NONE</i>
Mon	<i>24 HOURS</i>		
Tue	<i>24 HOURS</i>		
Wed	<i>24 HOURS</i>		
Thur	<i>24 HOURS</i>		
Fri	<i>24 HOURS</i>		
Sat	<i>24 HOURS</i>		
Sun	<i>24 HOURS</i>		
			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)
			<i>NONE</i>

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)

Security cameras are present at the premises and the alcohol display is allocated close to the counter so that the owner/employee have full view as well. Suspicion of under age and drinks are not to be served and asked to leave.

b) The prevention of crime and disorder

Security cameras and shutters are in place at the premises. An employee also mans the area as an additional deterrent.

c) Public safety

Fire fighting equipment is readily available, fire exits remain clear at all times and security cameras and shutters are in place.

d) The prevention of public nuisance

Anyone looking to cause nuisance or being disruptive is not served.

e) The protection of children from harm

Children are obviously not sold alcohol and the display is arranged so that it is close to the counter and in view of the owner. Appropriate age verification is sought if there is the slightest suspicion that a person is under age.

Checklist

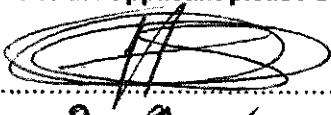
Please tick ✓ Yes

- 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 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 
 Date 8-9-18
 Capacity OWNER

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) MRS SOLICITORS LLP 14 B QUEENS ROAD	
Post town WALTHAMSTOW	Post code E17 8PX
Telephone number 0208 521 9417	
E-mail address (optional) Jhussain@wrs-solicitors.com	