

Brent

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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 MR. KUPPUSAMY KIRUPAGARAN

.....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	
OFFICE UNIT 2 POLIN BUSINESS CENTRE SOUTHWAY	
Post town <u>WEMBLEY</u>	Post code <u>HA9 0HB</u>

Telephone number of premises (if any)

020-3576-5765

Non-domestic rateable value of premises

£8800 = 00

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*
 - 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

First names

KIRUPAGARAN

KUPPUSAMY

I am 18 years old or over

Please tick ✓ Yes

Current postal address
If different from premises address

CRYSTAL CLUB
1 POPPIN BUSINESS CENTRE
SOUTHWAY

Post Town

WEMBLEY

Postcode

HA9 0HB

Daytime contact telephone number

07877-005953

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
01	08	2015

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

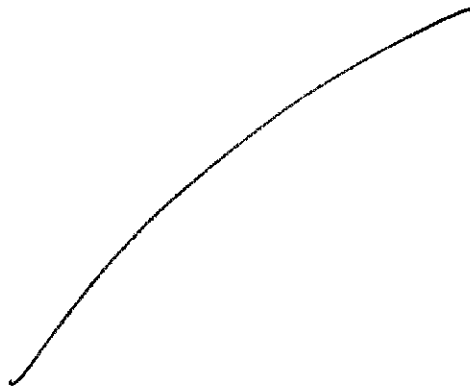
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If 5,000 or more people are expected to attend the premises at any one time, please state the number expected to attend

- N/A

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

DRAWING. (MAP)



Please tick ✓ Yes

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					

B

Films Standard days and timings (please read guidance note 6)			Will the performance of films take place indoors or outdoors or both – please tick [✓] (please read guidance note 2).	Indoors	
Day	Start	Finish		Outdoors	
				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			State any seasonal variations for indoor sporting events (please read guidance note 4)		
Tue					
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

Boxing or wrestling entertainment Standard days and timings (please read guidance note 6)			Will the boxing or wrestling entertainment 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 boxing or wrestling entertainment (please read guidance note 4)		
Thur						
Fri				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 (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	✓
Day	Start	Finish		Outdoors	
Mon	1800	0500	Please give further details here (please read guidance note 3)	Both	
Tue	1800	0500			
Wed	1800	0500	State any seasonal variations for the performance of live music (please read guidance note 4)		
Thur	1800	0500			
Fri	1800	0500	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	1000	0500			
Sun	1000	0500			
Sun Bank Holidays	10.00	05.00			

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	<input checked="" type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon	1800	0500	Please give further details here (please read guidance note 3)	Both	<input type="checkbox"/>
Tue	1800	0500			
Wed	1800	0500	State any seasonal variations for playing recorded music (please read guidance note 4)		
Thur	1800	0500			
Fri	1800	0500	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	1000	0500			
Sun BANK HOLIDAYS	10.00	0500			

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 checked="" type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon	1800	0500	Please give further details here (please read guidance note 3)	Both	<input type="checkbox"/>
Tue	1800	0500			
Wed	1800	0500	State any seasonal variations for the performance of dance (please read guidance note 4)		
Thur	1800	0500			
Fri	1800	0500	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	1000	0500			
Sun BANK HOLIDAYS	1000	0500			

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 activities you will be providing		
			Will this entertainment take place indoors or outdoors or both – please tick [✓] (please read guidance note 2).		Indoors
			Outdoors	<input type="checkbox"/>	
			Both	<input type="checkbox"/>	
Day	Start	Finish	Please give further details here (please read guidance note 3)		
Mon	1800	0500			
Tue	1800	0500	State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g) (please read guidance note 4)		
Wed	1800	0500			
Thur	1800	0500	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)		
Fri	1800	0500			
Sat	1000	0500	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)		
Sun	10.00	0500			
Bank	10.00	0500			

HOLIDAYS

I

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

J

Provision of facilities for dancing Standard days and timings (please read guidance note 6)			Will the facilities for dancing be indoors or outdoors or both – please tick [✓] (see guidance note 2).	Indoors	<input checked="" type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon	1800	0500	Please give a description of the facilities for dancing you will be providing	Both	<input type="checkbox"/>
Tue	1800	0500		Please give further details here (please read guidance note 3)	
Wed	1800	0500	State any seasonal variations for providing dancing facilities (please read guidance note 4)		
Thur	1800	0500		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)	
Fri	1800	0500			
Sat	1800	0500			
Sun	10.00	0500			
Bank Holiday	10.00	0500			

K

Provision of facilities for entertainment of a similar description to that falling within (i) or (j) Standard days and timings (please read guidance note 6)			Please give a description of the type of entertainment facility you will be providing	Will the entertainment facility be indoors or outdoors or both – please tick [✓] (please read guidance note 2).	
Day	Start	Finish		Indoors	<input checked="" type="checkbox"/>
Mon	1800	0500	Please give further details here (please read guidance note 3)	Outdoors	<input type="checkbox"/>
Tue	1800	0500		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)	Both
Wed	1800	0500	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)		
Thur	1800	0500			
Fri	1800	0500			
Sat	10.00	0500			
Sun	12.00	0500			
Bank Holiday	10.00	0500			

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	<input checked="" type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 3)		
Mon	1800	0500			
Tue	1800	0700			
Wed	1800	0500	State any seasonal variations for the provision of late night refreshment (please read guidance note 4)		
Thur	1800	0500			
Fri	1800	0500	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)		
Sat	1800	0500			
Sun	1800	0500			

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	<input checked="" type="checkbox"/>
				Off the premises	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	State any seasonal variations for the provision of late night refreshment (please read guidance note 4)		
Mon	1800	0500			
Tue	1800	0500			
Wed	1800	0500	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	1800	0500			
Fri	1800	0500			
Sat	1000	0500			
Sun	1000	0500			
Sun Banks Holidays	1000	0500			

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

Name MR KUPPUSAMY KIRUPAKARAN

Address [REDACTED]

Postcode [REDACTED]

Personal Licence number(if known) [REDACTED]

Issuing licensing authority (if known) LONDON BOROUGH OF BRENT

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)

[A long, thin, curved line drawn across the section.]

O

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

Day	Start	Finish
Mon	1800	0500
Tue	1800	0500
Wed	1800	0500
Thur	1800	0500
Fri	1800	0500
Sat	1500	0500
Sun	1000	0500
Public Holidays	1000	0500

State any seasonal variation (please read guidance note 4)

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)

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)

- Seeking advice from the local council and the local police regarding local planning policies, transport policies and crime prevention strategies when preparing for an event.
- Setting crowd capacity limits for the events within the prescribed parameters of the local council's crime prevention strategies.

b) The prevention of crime and disorder

- Undertaking the comprehensive risk assessments where necessary in order to ensure that crime and disorder and public safety matters are identified and addressed.
- During major events at Wembley Stadium the event organisers will take all prescribed necessary precautions to ensure the smooth running of the event without incidents.
- Use of plastic bottles and cups wherever necessary.
- CCTV

c) Public safety

- Ensuring the staff are well trained and in appropriate numbers in line with the crowd capacity.
- Ensuring areas are well lit where appropriate during night events.
- Adequate signage where necessary to ensure proper warning and controls.
- Ensuring the staff are well trained and in appropriate numbers in line with the crowd capacity.
- CCTV

d) The prevention of public nuisance

- Ensuring the staff are well trained and in appropriate numbers in line with the crowd capacity.
- Ensuring not to promote alcohol sales
- Adequate door supervisor
- CCTV surveillance
- 696 Risk assessment on unknown events

e) The protection of children from harm

- Ensuring children are always accompanied by an adult where appropriate.
- Ensuring areas are well lit where appropriate during night events.

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 *C. Cooney*

Date *23/6/15*

Capacity *LEASE HOLDER*

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)	
<i>/</i>	
Post town	Post code
Telephone number	
E-mail address (optional)	