



Brent

Received
15 FEB 2016
DIGITAL POSTROOM
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Received
05 FEB 2016
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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 Mr FAIZ DALILI

.....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	
648 Kingsbury Road Kingsbury	
Post town	Post code
London	NW9 9HN

Telephone number of premises (if any)

02082040123

Non-domestic rateable value of premises

£15750.00

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: 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

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
1	9	01
2	0	16

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)

The premises a ground floor shop,
Staff WC, kitchen area and
customers area (3 tables)

This is a chicken and pizza shop,
where the customers can eat in
or Take Away, ~~and~~ and delivery.
Mostly preferring the Take Away
option.

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	
				Outdoors	
Day	Start	Finish		Both	
Mon			<u>Please give further details here</u> (please read guidance note 3)		
Tue					
Wed			<u>State any seasonal variations for performing plays</u> (please read guidance note 4)		
Thur					
Fri			<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> (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	10.30	01.00	Please give further details here (please read guidance note 3)	Both	<input checked="" type="checkbox"/>
Tue	10.30	01.00			
Wed	10.30	01.00	State any seasonal variations for the provision of late night refreshment (please read guidance note 4)		
Thur	10.30	01.00			
Fri	10.30	03.00	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	10.30	03.00			
Sun	10.30	01.00			

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			State any seasonal variations for the provision of late night refreshment (please read guidance note 4)	Both	
Tue					
Wed			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					
Fri					
Sat					
Sun					

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

Name.....

Address.....

Postcode.....

Personal Licence number(if known)

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)

O

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

Day	Start	Finish
Mon	11.00 AM	01.00 AM
Tue	11.00 AM	01.00 AM
Wed	11.00 AM	01.00 AM
Thur	11.00 AM	01.00 AM
Fri	11.00 AM	03.00 AM
Sat	11.00 AM	03.00 AM
Sun	11.00 AM	01.00 AM

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)

Not allowed to be drink Alcohol in side premises
Any one who appears to be drunk/aggressive will not be permitted on the premises. We provide substantial and quality food
A suitable evacuation plan in case of emergency.
Free drinking water will be available at all the times.

b) The prevention of crime and disorder

No binge drink promotions will take place.
No bottles or glasses shall be taken off the premises.
Registration with crime prevention initiatives run by police
Not allowed any drunk/aggressive ~~with~~ person into premises

c) Public safety

our staff will be aware of licensing laws,
we will fully support any directives received from the authorities.
Maintenance of full risk assessments appropriate for proposed premises operation.

d) The prevention of public nuisance

All customers will be reminded of consideration to the public and noise levels when entering and leaving the premises.
No bottles or glass shall be taken off the premises.
Doors and windows shall be kept closed.

e) The protection of children from harm

Training of staff to ensure compliance with the law in relation consumption of alcohol by persons under 18 years.
Under 18 years with a responsible adult.
Proof of age will be asked if someone appears under age.
No bottles or glasses shall be taken off the premises.

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 *[Handwritten Signature]*

Date *02.02.2016*

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)	
Post town	Post code
Telephone number	
E-mail address (optional)	

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:-

Regulatory Services (Licensing)
Brent Council
Fifth Floor
Brent Civic Centre
Engineers Way
Wembley
HA9 0FJ

☎ 020 8937 5359

Email: environmentandprotection@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
Fifth Floor
Brent Civic Centre
Engineers Way
Wembley
HA9 0FJ

Tel: 020 8733 3206

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

Tel: 020 8555 1200 x38778

Trading Standards
Fifth Floor
Brent Civic Centre
Engineers Way
Wembley
HA9 0FJ

Tel: 020 8937 5555

Environmental Health
Fifth Floor
Brent Civic Centre
Engineers Way
Wembley
HA9 0FJ

Tel: 020 8937 5252

Children's Services
Brent Civic Centre
Engineers Way
Wembley
HA9 0FJ

Licensing Authority
Fifth Floor
Brent Civic Centre
Engineers Way
Wembley
HA9 0FJ
Tel: 020 8937 5359

Area Planning Service
Brent Civic Centre
Engineers Way
Wembley
HA9 0FJ

Tel: 020 8937 5210

Public Safety Team
Fifth Floor
Brent Civic Centre
Engineers Way
Wembley
HA9 0FJ

Tel: 020 8937 5359

DAAT
Public Health Directorate
Brent Civic Centre
Engineers Way
Wembley
HA9 0FJ

Official Use Only.

Fee

Plan x 2

DPS Consent (if applicable)

Advertising