

**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 **O CASTELO LTD**

(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			
O CASTELO 988 -992 HARROW ROAD LONDON			
Post town	LONDON	Postcode	NW10 5NT
Telephone number at premises (if any)			
Non-domestic rateable value of premises		£ 29000	

Part 2 - Applicant Details

Please state whether you are applying for a premises licence as

Please tick as appropriate

- | | |
|---|---|
| a) an individual or individuals * | <input type="checkbox"/> please complete section (A) |
| b) a person other than an individual * | |
| i. as a limited company | <input checked="" 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 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 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)					

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 CASTELO LIMITED
Address 988-992 HARROW ROAD LONDON NW10 5NT
Registered number (where applicable) 09948956
Description of applicant (for example, partnership, company, unincorporated association etc.) LIMITED
Telephone number (if any)
E-mail address (optional)

Part 3 Operating Schedule

When do you want the premises licence to start?

DD	MM	YYYY
3	0	05 2 0 16

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

DD	MM	YYYY

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

O CASTELO IT'S A PORTUGUESE RESTAURANT. WE HAVE TABLES AND CHAIRS FOR OUR COSTUMERS AND ALSO TOILET FACILITIES .

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) NOT APPLICABLE	Indoors	<input type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon			Please give further details here (please read guidance note 3)	Both	<input type="checkbox"/>
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 exhibition of films take place indoors or outdoors or both – please tick (please read guidance note 2)		Indoors <input type="checkbox"/>
			NOT APPLICABLE		Outdoors <input type="checkbox"/>
Day	Start	Finish	Both <input type="checkbox"/>		
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) NOT APPLICABLE
Day	Start	Finish	
Mon			
Tue			State any seasonal variations for indoor sporting events (please read guidance note 4)
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 entertainments 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) NOT APPLICABLE	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			State any seasonal variations for boxing or wrestling entertainment (please read guidance note 4)		
Wed					
Thur			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)		
Fri					
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 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	11:00	00:00			
Tue	11:00	00:00			
			State any seasonal variations for the performance of live music (please read guidance note 4)		
Wed	11:00	00:00			
Thur	11:00	00:00			
			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)		
Fri	11:00	01:00			
Sat	11:00	01:00			
Sun	11:00	00:00			

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 checked="" 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	11:00	00:00			
Tue	11:00	00:00			
			<u>State any seasonal variations for the playing of recorded music</u> (please read guidance note 4)		
Wed	11:00	00:00			
Thur	11:00	00:00			
			<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)		
Fri	11:00	01:00			
Sat	11:00	01:00			
Sun	11:00	00:00			

G

Performances of dance Standard days and timings (please read guidance note 6)			<u>Will the performance of dance take place indoors or outdoors or both – please tick (please read guidance note 2)</u> NOT ALLPICABLE	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<u>Please give further details here (please read guidance note 3)</u>		
Mon					
Tue					
Wed			<u>State any seasonal variations for the performance of dance (please read guidance note 4)</u>		
Thur					
Fri					
Sat			<u>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)</u>		
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 NOT APPLICABLE		
Day	Start	Finish	<u>Will this entertainment take place indoors or outdoors or both – please tick</u> (please read guidance note 2)	Indoors	<input type="checkbox"/>
Mon				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Tue			<u>Please give further details here</u> (please read guidance note 3)		
Wed					
Thur			<u>State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g)</u> (please read guidance note 4)		
Fri					
Sat			<u>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</u> (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 checked="" type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input checked="" type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 3)		
Mon	23:00	00:30			
			State any seasonal variations for the provision of late night refreshment (please read guidance note 4)		
Tue	23:00	00:30			
			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)		
Wed	23:00	00:30			
Thur	23:00	00:30			
Fri	23:00	01:30			
Sat	23:00	01:30			
Sun	23:00	00:30			

LEAF 10/11

8/12

J

Supply of alcohol Standard days and timings (please read guidance note 6)			Will the supply of alcohol be for consumption – <u>please tick</u> (please read guidance note 7)	On the premises	<input type="checkbox"/>
				Off the premises	<input type="checkbox"/>
Day	Start	Finish		Both	<input checked="" type="checkbox"/>
Mon	11:00	00:00	State any seasonal variations for the supply of alcohol (please read guidance note 4)		
Tue	11:00	00:00			
Wed	11:00	00:00	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	11:00	00:00			
Fri	11:00	01:00			
Sat	11:00	01:00			
Sun	11:00	00:00			

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

Name ANDERSON JESUS FERREIRA	
Address [REDACTED] LONDON	
Postcode	[REDACTED]
Personal licence number (if known)	
Issuing licensing authority (if known)	

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).

NOT APPLICABLE

L

Hours premises are open to the public Standard days and timings (please read guidance note 6)			<u>State any seasonal variations</u> (please read guidance note 4)
Day	Start	Finish	
Mon	09:00	00:30	<u>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</u> (please read guidance note 5)
Tue	09:00	00:30	
Wed	09:00	00:30	
Thur	09:00	00:30	
Fri	09:00	01:30	
Sat	09:00	01:30	
Sun	09:00	00:30	

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)

CCTV WILL BE INSTALED WITH 31 DAYS DATA. STAFF TRAINING REGARDING THE FOUR LICENSE OBJECTIVES, UNDER 25 CHALLENGE, SIGNAGE LIKE NO PROOF NO SALE, RESPECT OUR NEIGHBOURS WHEN YOU LEAVE THE PREMISES, REFUSAL BOOK, STAFF TRAINING RECORDS. DRUNK OR VIOLENT CUSTOMERS WILL NOT BE SERVED. WE WILL HAVE A FIRE AND HEALTH SAFETY RISK ASSESSMENT. WE WILL PARTICIPATE IN PUB WATCH MEETINGS IF INVITED. ALCOHOL DRINKS WILL BE STORED AWAY FROM CHILDREN

b) The prevention of crime and disorder

CCTV WITH DATA FOR 31 DAYS. WILL BE INSTALLED. THE BUSINESS WILL HAVE A STAFF MEMBER THAT IS FAMILIAR WITH THE CCTV OPERATION. STAFF WILL BE TRAINED TO DON'T SERVE DRUNK AND VIOLENT CUSTOMERS. DPS AND PREMISES LICENSE HOLDER WILL PARTICIPATE IN PUB WATCH AND LOCALS NEIGHBOURS ASSOCIATION MEETINGS IF INVITED. OUR BUSINESS WILL NOT ENGAGE ON IRRESPONSIBLE ALCOHOL PROMOTIONS. REFUSAL BOOK.

c) Public safety

DRUNK AND VIOLENT PEOPLE WILL NOT BE SERVED. CCTV WITH DATA FOR 31 DAYS WILL BE INSTALLED. WE WILL PARTICIPATE IN PUB WATCH MEETINGS AND WITH LOCAL NEIGHBOURS ASSOCIATION. WE HAVE A FIRE RISK ASSESSMENT AND POLICY AND ALSO HEALTH SAFETY RISK ASSESSMENT AND POLICY. ALCOHOL WILL BE STORED IN A COOL DRY PLACE AND AWAY OF ANY HEAT SOURCE. NO IRRESPONSIBLE PROMOTIONS. WE IMPLEMENT ANY RECOMMENDATIONS GIVEN BY THE POLICE AND OTHER AUTHORITIES.

d) The prevention of public nuisance

DELIVERIES DONE BY OUR SUPPLIERS AND RUBISH COLLECTION WILL TAKE PLACE WITHIN THE RECOMMENDED TIMES GIVEN BY AUTHORITIES
STAFF MEMBER TO CLEAN ANY RUBISH OR LITTERING IN FRONT OUR PREMISES DURING THE DAY ON A REGULAR BASIS. NO VERTICAL DRINKING. SIGNAGE WILL BE IN PLACE. STAFF TRAINING. MANAGEMENT WILL NOT ALLOWED MORE THEN 5 X CUSTOMERS SMOKING AT SAME TIME OUTSIDE THE FACILITIES.

e) The protection of children from harm

STAFF WILL BE TRAINED ON REGULAR BASIS REGARDING THE PROTECTION OF CHILDREN FROM HARM. OUR BUSINESS WILL HAVE A UNDER 25 CHALLENGE POLICY. NO PROOF, NO SALE. SIGNAGE AND POSTERS WILL GO UP. STAFF TRAINING RECORDS. REFUSAL BOOK. ALCOHOL DRINKS TO BE STORED AWAY FROM CHILDREN. WINE IS STORED ON TOP SHELF AND SPIRITS IS STORED BEHIND THE COUNTER AND THE MAIN STOCK ON DRY STORAGE WILL BE LOCKED

Checklist:

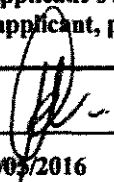
Please tick to indicate agreement

- 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	02/03/2016
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)

**MANUEL ROCHA
UNIT 35 BATTERSEA BUSINESS CENTRE
99-109 LAVENDER HILL**

Post town	LONDON	Postcode	SW11 5QL
Telephone number (if any)	07868697778		
If you would prefer us to correspond with you by e-mail, your e-mail address (optional) MANUELROCHA01@HOTMAIL.COM			

