



**PERSONAL LICENCE
COURSES LTD**

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

02-12-2016

Dear Sir/Madam

RE: Premises Licence Application

Find attached premises licence application along with relevant fees attached for following premises:

- Just Food & Wine, 1A Alric Avenue, London, NW10 8RB

A copy has been posted to all relevant responsible authorities. Could you make sure all correspondence related to this application is sent directly us on above address.

Cc: Police Licensing Department

Kind Regards

Mr Manpreet S 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 **MR VEERASINGHAM THARMAVATHYNAN**

D.O.B: 15/12/76

(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 JUST FOOD & WINE 1A ALRIC AVENUE			
Post town	LONDON	Postcode	NW10 8RB

Telephone number at premises (if any)	
Non-domestic rateable value of premises	£10250.00

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 THARMAVATHYNAN			First names VEERASINGHAM		
I am 18 years old or over				<input checked="" type="checkbox"/>	Please tick yes
Current postal address if different from premises address		[REDACTED]			
Post town	[REDACTED]	Postcode	[REDACTED]		
Daytime contact telephone number		07838350599			
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

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)

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)			Will the exhibition of films 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 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)			<u>Please give further details</u> (please read guidance note 3) <u>State any seasonal variations for indoor sporting events</u> (please read guidance note 4) <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)
Day	Start	Finish	
Mon			
Tue			
Wed			
Thur			
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				Outdoors	<input type="checkbox"/>
Start	Finish			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)			<u>Will the performance of live 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						
			<u>Please give further details here</u> (please read guidance note 3)			
Tue						
			<u>State any seasonal variations for the performance of live music</u> (please read guidance note 4)			
Wed						
			<u>State any seasonal variations for the performance of live music</u> (please read guidance note 4)			
Thur						
			<u>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</u> (please read guidance note 5)			
Fri						
Sat						
Sun						

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 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 playing of recorded music (please read guidance note 4)			
Thur										
Fri										
Sat							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)			
Sun										

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	Please give further details here (please read guidance note 3)		
Mon					
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					

J

Supply of alcohol Standard days and timings (please read guidance note 6)			<u>Will the supply of alcohol be for consumption – please tick</u> (please read guidance note 7)	On the premises	<input type="checkbox"/>	
Day	Start	Finish		Off the premises	<input checked="" type="checkbox"/>	
				Both	<input type="checkbox"/>	
Mon	08:00	00:00	<u>State any seasonal variations for the supply of alcohol</u> (please read guidance note 4) NONE			
Tue	08:00	00:00				
Wed	08:00	00:00				
Thur	08:00	00:00		<u>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</u> (please read guidance note 5) NONE		
Fri	08:00	00:00				
Sat	08:00	00:00				
Sun	08:00	00:00				

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

Name MR VEERASINGHAM THARMAVATHYNAN	
Address [REDACTED]	
Postcode	[REDACTED]
Personal licence number (if known) [REDACTED]	
Issuing licensing authority (if known) LONDON BOROUGH OF BROMLEY	

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	08:00	00:00	
Tue	08:00	00:00	
Wed	08:00	00:00	
Thur	08:00	00:00	
Fri	08:00	00:00	
Sat	08:00	00:00	
Sun	08:00	00:00	

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)

1. STRICT IMPLEMENTATION OF CHALLENGE 25 POLICY
2. CCTV TO BE INSTALLED AND 31 DAYS RECORDING SYSTEM
3. ALL STAFF TO BE TRAINED IN RESPONSIBLE ALCOHOL RETAILING
4. TRAINING MANUAL WILL BE AVAILABLE AT THE PREMISES.

b) The prevention of crime and disorder

1. CCTV TO BE INSTALLED INSIDE AND OUTSIDE THE PREMISES WITH 31 DAYS STORAGE SYSTEM
2. CCTV IMAGES PROVIDED IMMEDIATELY TO POLICE WHEN REQUESTED.
3. CASH IN TILLS KEPT TO A MINIMUM
4. TILL WILL BE SECURED TO THE COUNTER SO CUSTOMERS CANNOT REACH OVER
5. ALL STOCK TO BE BOUGHT FROM REPUTABLE CASH & CARRY/WHOLESALERS
6. INCIDENT BOOK AVAILABLE ON PREMISES
7. NO ALCOHOLIC DRINKS OR TOBACCO WILL BE PURCHASED BY THE PREMISES FROM UNANNOUNCED SELLERS CALLING AT THE PREMISES.
8. NO BEERS, LAGERS OR CIDER ABOVE 6% ABV TO BE SOLD
9. NO SINGLE CANS OF BEERS, LAGER AND CIDER TO BE SOLD
10. NO BUSINESS RELATION WITH PREVIOUS OWNER OF THE BUSINESS

c) Public safety

1. INSTALLATION OF APPROPRIATE SAFETY EQUIPMENT
2. FIRE EXIT SIGNS DISPLAYED
3. TO COMPLY WITH ALL CURRENT, FIRE AND HEALTH AND SAFETY LAW
4. CCTV WORKING AT ALL TIMES

d) The prevention of public nuisance

1. POSTERS DISPLAYED TO SHOW CCTV MONITORING ANTI SOCIAL BEHAVIOUR.
2. NOTICE DISPLAYED ASKING CUSTOMERS TO LEAVE QUIETLY FROM PREMISES ALSO CUSTOMERS WILL BE TOLD IN PERSON TO LEAVE QUIETLY AND NOT TO DISTURB LOCAL NEIGHBOURHOOD.

e) The protection of children from harm

1. STAFF TO BE TRAINED REGULARLY IN UNDERAGE SALES PREVENTION.
2. CHALLENGE 25 POLICY IN PLACE
3. CHALLENGE 25 POSTERS DISPLAYED WHERE ALCOHOL IS SOLD
4. "NO PROOF OF AGE - NO SALE" SIGN AGE DISPLAYED.
5. ALCOHOL KEPT AWAY FROM CONFECTIONERY SHELF
6. REFUSAL BOOK KEPT AT PREMISES AND UPDATED ON EVERY OCCASION WHEN ALCOHOL IS REFUSED TO UNDERAGE.

Checklist:

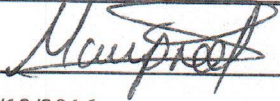
Please tick to indicate agreement

- 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	02/12/2016
Capacity	DULY AUTHORISED 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)

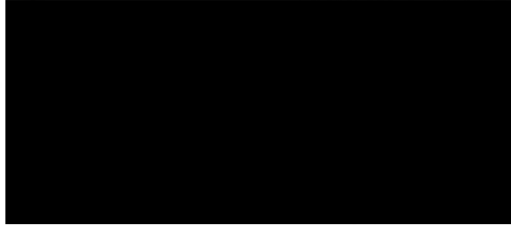
**MR MANPREET S KAPOOR
PERSONAL LICENCE COURSES LTD
INFOTREE HOUSE
NEWPORT ROAD**

Post town	HAYES	Postcode	UB4 8JX
Telephone number (if any)	020 8606 0558		
If you would prefer us to correspond with you by e-mail, your e-mail address (optional) info@personallicensecourses.co.uk			

Consent of individual to being specified as premises supervisor

I MR VEERASINGHAM THARMAVATHINAN
[full name of prospective premises supervisor]

of



.....
[home address of prospective premises supervisor]

hereby confirm that I give my consent to be specified as the designated premises supervisor in relation to the application for

NEW PREMISES.
[type of application]

by

MR VEERASINGHAM THARMAVATHINAN
[name of applicant]

relating to a premises licence N/A
[number of existing licence, if any]

for

JUST FOOD & WINE
1A ALRIC AVENUE
LONDON
NW10 8RB.

.....
[name and address of premises to which the application relates]

and any premises licence to be granted or varied in respect of this application made by

MR VEERASINGHAM THARMAVATHYANAN
[name of applicant]

concerning the supply of alcohol at

JUST FOOD & WINE
1A ALRIC AVENUE
LONDON
NW10 8RB.

[name and address of premises to which application relates]

I also confirm that I am applying for, intend to apply for or currently hold a personal licence, details of which I set out below.

Personal licence number

[insert personal licence number, if any]

Personal licence issuing authority

LONDON BOROUGH OF BROMLEY
[insert name and address and telephone number of personal licence issuing authority, if any]

Signed

* Vgpr

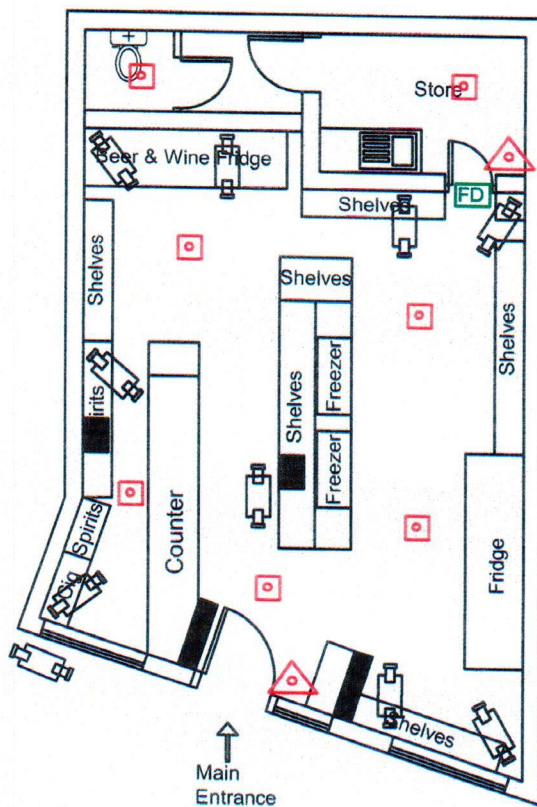
Name (please print)

MR VEERASINGHAM THARMAVATHYANAN

Date

02/12/2016

Proposed Licence Plan



Property Address:
 1A Alric Avenue
 London
 NW10 8RB

Drawing no: P/HBS/81	Date: 30th Nov 2016
Key	Scale:1:100 Paper: A4
	FIRE EXTINGUISHER
	FIRE EXIT SIGNS
	EMERGENCY LIGHTING
	Fire Checkl Door
	CCTV CAMERAS
CCTV RECORDING 31 DAYS	
SHUTTERS PROVIDED	
ALARM SYSTEM TO AOISPEC OR SIMILAR FITTED	