



# 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... *Syriana Ltd, trading as Sham Lounge* .....

..... 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 <i>93 KENTON ROAD HARROW HA3 0AN</i>	
Post town <i>HARROW</i>	Post code <i>HA3 0AN</i>

Telephone number of premises (if any)

[REDACTED]

Non-domestic rateable value of premises

*£ 10,890*

## Part 2 - Applicant details

Please state whether you are applying for a premises licence as

- |                                                                                                                                                                         | <b>Please tick ✓ Yes</b>                                        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|
| a) An individual or individuals*                                                                                                                                        | <input type="checkbox"/> please complete section (A)            |
| b) a person other than an individual*                                                                                                                                   |                                                                 |
| i. as a limited company/limited liability partnership                                                                                                                   | <input checked="" type="checkbox"/> please complete section (B) |
| ii. as a partnership (other than limited liability)                                                                                                                     | <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:

- |                                                                                                                                                    | <b>Please tick ✓ Yes</b>            |
|----------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|
| <input type="checkbox"/> I am carrying on or proposing to carry on a business which involves the use of the premises for licensable activities; or | <input checked="" type="checkbox"/> |
| <input type="checkbox"/> 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**

<b>Date of Birth</b>	<b>I am 18 years old or over</b> <input type="checkbox"/> (Please tick yes)
<b>Nationality</b>	

**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**

**Date of Birth**

I am 18 years old or over  (Please tick yes)

**Nationality**

**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	<i>Syriana Limited</i>
Address	<i>93 kenton road Harrow HA3 0AN</i>
Registered number (where applicable)	
Description of applicant (for example, partnership, company, unincorporated association etc.)	<i>Limited company</i>
Telephone number (if any)	
E-mail address (optional)	<i>shamlounge@yahoo.com</i>

**Part 3 Operating Schedule**

When do you want the premises licence to start?

Day		Month		Year			
2	0	0	4	2	0	1	7

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)

Mediterranean restaurant and shisha lounge, with an indoor capacity of 30 persons and outdoor regulated (front of premises) smoking area with a capacity of 35 persons.

The premises has a valid A3 license and does not serve alcohol.

Front and rear fire door exits with a fully functional kitchen and unisex bathroom (1 toilet).

**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 late night refreshment** (if ticking yes, fill in box I)

**Sale of alcohol** (if ticking yes, fill in box J)

**In all cases complete boxes K, L and M**

**A**

<b>Plays</b> Standard days and timings (please read guidance note 7)			<b>Will the performance of a play take place indoors or outdoors or both – please tick [✓] (please read guidance note 3).</b>	Indoors	
				Outdoors	
Day	Start	Finish		Both	
Mon			<b><u>Please give further details here</u></b> (please read guidance note 4)		
Tue					
Wed			<b><u>State any seasonal variations for performing plays</u></b> (please read guidance note 5)		
Thur					
Fri			<b><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></b> (please read guidance note 6)		
Sat					
Sun					

**B**

<b>Films</b> Standard days and timings (please read guidance note 7)			<b>Will the performance of films take place indoors or outdoors or both</b> – please tick [✓] (please read guidance note 3).	Indoors		
Day	Start	Finish		Outdoors		
Mon			<b>Please give further details here</b> (please read guidance note 4)	Both		
Tue						
Wed				<b>State any seasonal variations for the exhibition of films</b> (please read guidance note 5)		
Thur						
Fri				<b>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</b> (please read guidance note 6)		
Sat						
Sun						

**C**

<b>Indoor sporting events</b> Standard days and timings (please read guidance note 7)			<b>Please give further details</b> (please read guidance note 4)
Day	Start	Finish	
Mon			<b>State any seasonal variations for indoor sporting events</b> (please read guidance note 5)
Tue			
Wed			
Thur			<b>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</b> (please read guidance note 6)
Fri			
Sat			
Sun			

**D**

<b>Boxing or wrestling entertainment</b> Standard days and timings (please read guidance note 7)			<b>Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick [✓] (please read guidance note 3).</b>	Indoors	
Day	Start	Finish		Outdoors	
Mon			<b>Please give further details here</b> (please read guidance note 4)	Both	
Tue					
Wed				<b>State any seasonal variations for boxing or wrestling entertainment (please read guidance note 5)</b>	
Thur					
Fri				<b>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</b> (please read guidance note 6)	
Sat					
Sun					

**E**

<b>Live Music</b> Standard days and timings (please read guidance note 7)			<b>Will the performance of live music take place indoors or outdoors or both – please tick [✓] (please read guidance note 3)</b>	Indoors	
Day	Start	Finish		Outdoors	
Mon			<b>Please give further details here</b> (please read guidance note 4)	Both	
Tue					
Wed				<b>State any seasonal variations for the performance of live music (please read guidance note 5)</b>	
Thur					
Fri				<b>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</b> (please read guidance note 6)	
Sat					
Sun					

**F**

<b>Recorded music</b> Standard days and timings (please read guidance note 7)			<b>Will the playing of recorded music take place indoors or outdoors or both – please tick [✓] (please read guidance note 3)</b>	Indoors	
Day	Start	Finish		Outdoors	
Mon	14.00	00.00	<b>Please give further details here</b> (please read guidance note 4) <i>Low key ambience music to be played as background music while customers are seated indoors or outdoors.</i>	Both	✓
Tue	14.00	00.00			
Wed	14.00	00.00		<b>State any seasonal variations for playing recorded music (please read guidance note 5)</b>	
Thur	14.00	00.00		—	
Fri	14.00	01.00		<b>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 6)</b>	
Sat	12.00	01.00		—	
Sun	12.00	00.00			

**G**

<b>Performances of dance</b> Standard days and timings (please read guidance note 7)			<b>Will the performance of dance take place indoors or outdoors or both – please tick [✓] (please read guidance note 3).</b>	Indoors	
Day	Start	Finish		Outdoors	
Mon			<b>Please give further details here</b> (please read guidance note 4)	Both	
Tue					
Wed				<b>State any seasonal variations for the performance of dance (please read guidance note 5)</b>	
Thur					
Fri				<b>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 6)</b>	
Sat					
Sun					



I

<b>Late night refreshment</b> Standard days and timings (please read guidance note 7)			<b>Will the provision of late night refreshment take place indoors or outdoors or both – please tick [✓]</b> (please read guidance note 3).	Indoors
Day	Start	Finish		Outdoors
Mon	23:00	01:00	<b>Please give further details here</b> (please read guidance note 4) <i>provision of soft drinks, hot drinks, milkshake, smoothies and fresh juices.</i>	Both
Tue	23:00	01:00		
Wed	23:00	01:00	<b>State any seasonal variations for the provision of late night refreshment</b> (please read guidance note 5)	
Thur	23:00	01:00		
Fri	23:00	02:00		
Sat	23:00	02:00	<b>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</b> (please read guidance note 6)	
Sun	23:00	01:00		

J

<b>Supply of alcohol</b> Standard days and timings (please read guidance note 7)			<b>Will the supply of alcohol be for consumption</b> <b>(Please tick box ✓)</b> (please read guidance note 8)	On the premises
Day	Start	Finish		Off the premises
Mon			<b>State any seasonal variations for the provision of late night refreshment</b> (please read guidance note 5)	Both
Tue				
Wed			<b>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</b> (please read guidance note 6)	
Thur				
Fri				
Sat				
Sun				

State the name and details of the individual whom you wish to specify on the licence as designated premises supervisor (Please see declaration about the entitlement to work in the checklist at the end of the form):

Name.....  
 Date of Birth.....  
 Address.....  
 .....  
 Postcode.....  
 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 9)

**L**

Hours premises are open to the public Standard days and timings (please read guidance note 7)			State any seasonal variation (please read guidance note 5)
Day	Start	Finish	
Mon	10:00	01:00	<p><u>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 6)</u></p>
Tue	10:00	01:00	
Wed	10:00	01:00	
Thur	10:00	01:00	
Fri	10:00	02:00	
Sat	10:00	02:00	
Sun	10:00	01:00	

**M** 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 10)**

Strong management and effective staff training is put in place so all staff are aware of the license and requirements.

- Appropriate operating schedule clearly displayed and supervisor on site at all times to oversee training and authorize sales.
- We aim to carry out our business functions while adhering closely to our policies, and meeting our objectives.

**b) The prevention of crime and disorder**

- Integrated security systems with the use of CCTV cameras installed in various areas around the premises.

- The premises are well lit indoors and outdoors and all staff are well trained and understand the policies put in place to create a safe and secure environment.

**c) Public safety**

We have well trained staff on site as well as an SIA licensed door supervisor operating at busy times.

All parts of the premises will be maintained (doors, heaters, electricals, sanitary accommodation) and a log book kept for inspection purposes.

CCTV installed on premises

**d) The prevention of public nuisance**

Customers will not be admitted outside opening hours. All external lighting and sound to be positioned in a way so as not to cause disturbance to neighbours. Adequate signs put up asking customers to respect neighbours and keep disturbance to a minimum.


**e) The protection of children from harm**

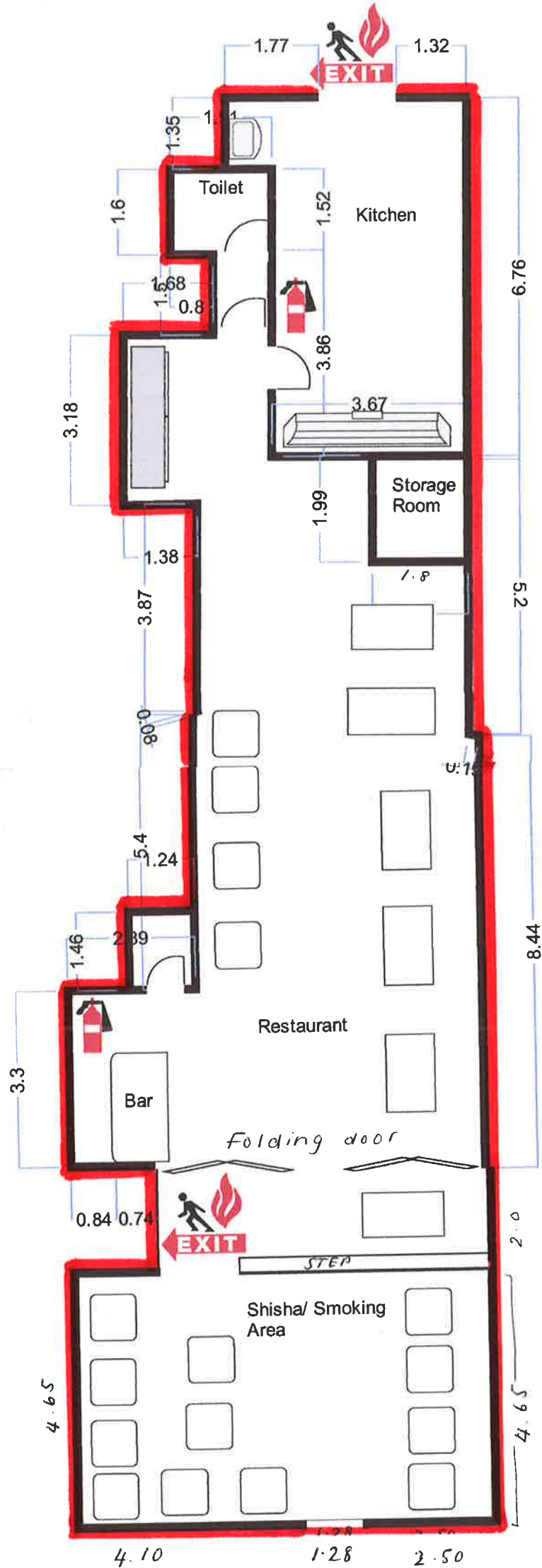
Prevention of s18 to individuals who fail to provide ID when asked or below the legal age of 18.

Children in restaurant area to be supervised at all times, and are not allowed to sit within the smoking area.

Key :

1cm : 1metre

 Licensable area



**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
- I understand that if I do not comply with the above requirements my application will be rejected
- (Applicable to all individual applicants, including those in a partnership which is not a limited liability partnership, but not companies or limited liability partnerships) I have included documents demonstrating my entitlement to work in the United Kingdom (please read note 15).

**IT IS AN OFFENCE, UNDER SECTION 158 OF THE LICENSING ACT 2003, TO MAKE A FALSE STATEMENT IN OR IN CONNECTION WITH THIS APPLICATION. THOSE WHO MAKE A FALSE STATEMENT MAY BE LIABLE ON SUMMARY CONVICTION TO A FINE OF ANY AMOUNT.**


**IT IS AN OFFENCE UNDER SECTION 24B OF THE IMMIGRATION ACT 1971 FOR A PERSON TO WORK WHEN THEY KNOW, OR HAVE REASONABLE CAUSE TO BELIEVE, THAT THEY ARE DISQUALIFIED FROM DOING SO BY REASON OF THEIR IMMIGRATION STATUS. THOSE WHO EMPLOY AN ADULT WITHOUT LEAVE OR WHO IS SUBJECT TO CONDITIONS AS TO EMPLOYMENT WILL BE LIABLE TO A CIVIL PENALTY UNDER SECTION 15 OF THE IMMIGRATION, ASYLUM AND NATIONALITY ACT 2006 AND PURSUANT TO SECTION 21 OF THE SAME ACT, WILL BE COMMITTING AN OFFENCE WHERE THEY DO SO IN THE KNOWLEDGE, OR WITH REASONABLE CAUSE TO BELIEVE, THAT THE EMPLOYEE IS DISQUALIFIED.**

**Part 4 – Signatures** (please read guidance note 11)

**Signature of applicant or applicant’s solicitor or other duly authorised agent.** (Please read guidance note 12). **If signing on behalf of the applicant please state in what capacity.**

**Declaration**

- (Applicable to individual applicants only, including those in a partnership which is not a limited liability partnership) I understand I am not entitled to be issued with a licence if I do not have the entitlement to live and work in the UK (or if I am subject to a condition preventing me from doing work relating to the carrying on of a licensable activity) and that my licence will become invalid if I cease to be entitled to live and work in the UK (please read guidance note 15).
- The DPS named in this application form is entitled to work in the UK (and is not subject to conditions preventing him or her from doing work relating to a licensable activity) and I have seen a copy of his or her proof of entitlement to work, if appropriate (please see note 15)

Signature ..... 

Date ..... 21/04/2017

Capacity ..... DIRECTOR

For joint applications signature of 2<sup>nd</sup> applicant or 2<sup>nd</sup> applicant's solicitor or other authorised agent. (Please read guidance note 13). If signing on behalf of the applicant please state in what capacity.

Signature .....

Date .....

Capacity .....

<b>Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 14)</b>	
93 KENTON ROAD.	
<b>Post town</b> Harrow	<b>Post code</b> HA3 0AN
<b>Telephone number</b> [REDACTED]	
<b>E-mail address (optional)</b> [REDACTED]	