



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 Willesden Pizza Limited

.....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	
DUDDEN 87 Willesden HILL LANE	Received 27 OCT 2017 DIGITAL POSTROOM 1
Post town LONDON	Post code NW10 1BD

Telephone number of premises (if any)

0208 451 5353

Non-domestic rateable value of premises

£ 14250

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 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:

- | | Please tick <input checked="" type="checkbox"/> Yes |
|---|---|
| - 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"/> |
| - 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

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)

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 <input type="checkbox"/> (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	WILLESDEN PIZZA LIMITED
Address	87 DUDDEN HILL LANE LONDON NW10 1BD
Registered number (where applicable)	██████████
Description of applicant (for example, partnership, company, un ncorporated association etc.)	LIMITED COMPANY
Telephone number (if any)	██████████
E-mail address (optional)	

Part 3 Operating Schedule

When do you want the premises licence to start?

Day		Month		Year			
0	5	0	9	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)

THE PREMISES IS A GROUND FLOOR SHOP WHICH IS
USED AS PIZZA DELIVERY AND TAKE AWAY BUSINESS

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 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

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

Late night refreshment Standard days and timings (please read guidance note 7)			Will the provision of late night refreshment take place indoors or outdoors or both – please tick [✓] (please read guidance note 3).	Indoors	<input checked="" type="checkbox"/>
Day	Start	Finish		Outdoors	
Mon	23.00	00.30	Please give further details here (please read guidance note 4) SELLING ADN DELIVERING COLD AND HOT FOOD AND SOFT DRINK	Both	
Tue	23.00	00.30			
Wed	23.00	00.30	State any seasonal variations for the provision of late night refreshment (please read guidance note 5)		
Thur	23.00	00.30			
Fri	23.00	2.00	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 6)		
Sat	23.00	2.00			
Sun	23.00	00.30			

J

Supply of alcohol Standard days and timings (please read guidance note 7)			Will the supply of alcohol be for consumption (Please tick box ✓) (please read guidance note 8)	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 5)	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 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... [REDACTED]

Date of Birth... [REDACTED]

Address... [REDACTED]

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 9)

NONE

L

Hours premises are open to the public Standard days and timings (please read guidance note 7)			<u>State any seasonal variation (please read guidance note 5)</u>
Day	Start	Finish	
Mon	11.30	00.30	
Tue	11.30	00.30	
Wed	11.30	00.30	<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>
Thur	11.30	00.30	
Fri	11.30	2.00	
Sat	11.30	2.00	
Sun	11.30	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, e) (please read guidance note 10)**

THERE IS ALWAYS A RESPONSIBLE PERSON IN THE PREMISES MAKING SURE THAT THE SHOP AND ITS SURROUNDING AREAS ARE KEPT CLEAN AND TIDY AND NO OBSTACLE IS PLACED IN THE PAVEMENT NEAR THE SHOP

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

MAKE SURE THAT THERE ARE NO GATHERING OF PEOPLE NEAR THE SHOP AND ANY SUSPICIOUS PERSON OR INCIDENT WILL BE REPORTED TO THE POLICE . ALL STAFF AND DELIVERY PERSONNEL HAVE BEEN TRAINED AND INFORMED OF THEIR RESPONSIBILITIES AND THEIR DUTIES TO BE VIGILANT AND REPORT ANY ACTIVITIES IMMEDIATELY TO THE MANAGER WHO WOULD INFORM THE RELEVANT AUTHORITIES.

c) **Public safety**

THE MANAGER AND THE STAFF HAVE BEEN TRAINED TO MAKE SURE THAT THERE WOULD BE NO OBSTRUCTION OR OBSTACLE IN THE PAYVEMENT OR INFRONT OF THE SHOP . PROPER ARRANGEMENT HAS BEEN MADE FOR STHE DISPOSAL OF RUBBISH OR PACKAGING MATERIALS .

d) **The prevention of public nuisance**

MAKE SURE THAT THERE WOULD BE NO LOUD NOISE, MUSIC OR ANY SIMILIAR ACTIVITIES CARRIED OUT BY STAFF OR CUSTOMERS WHILE IN THE PREMISES
MAKE SURE THAT ALL LEFT OVERS OR USED BOXES ARE PROPERLY DISPOSED AND PLACED IN THE BINS PROVIDED

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

THE MANAGERS ARE FULLY TRAINED TO SAFEGARD ALL CHILDREN WHO MAY OCCAISNALLY COME TO THE PREMISES FOR TAKE AWAY PIZZA AND TO MAKE SURE TO SERVE THEM PROMPTLY , AND THAT THEY ARE PROPERLY TREATED AND OBSERVED AND PROTECTED FROM ANY HARM WHILE THEY ARE IN 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
- 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.

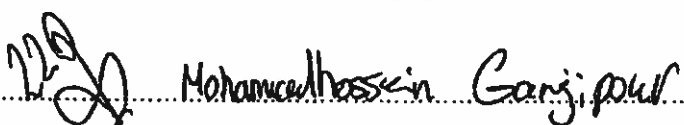
IT IS AN OFFENCE UNDER SECTION 24B OF THE IMMIGRATION ACT 1971 FOR A PERSON TO WORK WHEN THEY KNOW, OR HAVE REASONABLE CAUSE TO BELIEVE, THAT THEY ARE DISQUALIFIED FROM DOING SO BY REASON OF THEIR IMMIGRATION STATUS. THOSE WHO EMPLOY AN ADULT WITHOUT LEAVE OR WHO IS SUBJECT TO CONDITIONS AS TO EMPLOYMENT 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  Mohamedhossain Ganjipour

Date 30-08-2017

Capacity Director

For joint applications signature of 2nd applicant or 2nd 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

Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 14)	
87 DUDDEEN HILL LANE	
Post town LONDON	Post code NW10 1BD
Telephone number	[REDACTED]
E-mail address (optional)	[REDACTED]