



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 ..SURINDER NATH VERMA.....

.....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	
Shurgard Alperton Park Royal North Circular Road London	
Post town Park Royal	Post code NW10 7QS

Telephone number of premises (if any)

Non-domestic rateable value of premises

Part 2 - Applicant details

Please state whether you are applying for a premises licence as

Please tick ✓ 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/limited liability partnership | <input 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 ✓ Yes

- | | | |
|---|---|--------------------------|
| - | I am carrying on or proposing to carry on a business which involves the use of the premises for licensable activities; or | <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

VERMA

First names

SURINDER NATH

Date of Birth		I am 18 years old or over <input checked="" 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)

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
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			
0	1	0	2	2	0	1	8

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)

I am applying premise license to carry online sales of alcohol.

My premises/Warehouse will be located at Shurgard safe storage Park Royal which is commercial self-storage place.

It is a safe storage place which is located at North Circular road which is in industrial area and it is away from residential areas

Premises/Warehouse have CCTV Cameras on entrance and exit point which will help in case anything happen and recording will be available to police or Licensing officer if requested.

Premises/Warehouse have centralised alarm system.

Alcohol will be stored at a unit which will be renting from shurgard and will be storing alcohol there for purpose of selling alcohol online, Mail order and over the Phone.

There won't be any over the counter sales of alcohol to members of public from premises/warehouse
Premise/warehouse solely used for storage of alcohol.

Members of public wont be allowed to pick up alcohol from premises/warehouse.

Premise will be complying with all Fire and Safety Rules

Premise/warehouse wont be open to memebbers of Public .

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

B

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

C

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

D

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

E

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

F

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

G

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

H

Anything of a similar description to that falling within (e), (f) or (g) Standard days and timings (please read guidance note 7)			Please give a description of the type of entertainment you will be providing		
Day	Start	Finish	Will this entertainment take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors	<input type="checkbox"/>
Mon				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Tue			Please give further details here (please read guidance note 4)		
Wed					
Thur			State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g) (please read guidance note 5)		
Fri					
Sat			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 (please read guidance note 6)		
Sun					

I

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	
Day	Start	Finish		Outdoors	
				Both	
Mon			Please give further details here (please read guidance note 4)		
Tue					
Wed			State any seasonal variations for the provision of late night refreshment (please read guidance note 5)		
Thur					
Fri			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					
Sun					

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	✓
				Both	
Mon	00:00	23:59	State any seasonal variations for the provision of late night refreshment (please read guidance note 5)		
Tue	00:00	23:59			
Wed	00:00	23:59	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	00:00	23:59			
Fri	00:00	23:59			
Sat	00:00	23:59			
Sun	00:00	23:59			

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 SURINDER NATH VERMA

Date of Birth [REDACTED]

Address [REDACTED]

[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)

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	<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>
Mon			
Tue			
Wed			
Thur			
Fri			
Sat			
Sun			

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)**

PLEASE FIND ATTACHED SHEET FOR EXPLANATION

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

PLEASE FIND ATTACHED SHEET FOR EXPLANATION

c) **Public safety**

PLEASE FIND ATTACHED SHEET FOR EXPLANATION

d) **The prevention of public nuisance**

PLEASE FIND ATTACHED SHEET FOR EXPLANATION

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

PLEASE FIND ATTACHED SHEET FOR EXPLANATION

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.

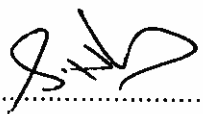
IT IS AN OFFENCE UNDER SECTION 24B OF THE IMMIGRATION ACT 1971 FOR A PERSON TO WORK WHEN THEY KNOW, OR HAVE REASONABLE CAUSE TO BELIEVE, THAT THEY ARE DISQUALIFIED FROM DOING SO BY REASON OF THEIR IMMIGRATION STATUS. THOSE WHO EMPLOY AN ADULT WITHOUT LEAVE OR WHO IS SUBJECT TO CONDITIONS AS TO EMPLOYMENT 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 25/01/2018

Capacity

