## Brent

## 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.
IWe.... Pasha London Lt
apply for a premises licence under section 17 of the Licensing Act 2003 for the premises described in Part 1 below (the premises) and l/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 |  |
| :--- | :--- |
| UNIT 2 DARWIN HOUSE |  |
| $112 O$ HARRON ROA |  |
| NWIO SNA |  |
| Post town LONDON | Post code <br> NWIOSNAA |

Telephone number of premises (if any)

Non-domestic rateable value of premises

02089602299
£ 1625

## Part 2 - Applicant details

Please state whether you are applying for a premises licence as
Please tick $\checkmark$ Yes
please complete section (A)
a) An individual or individuals*
b) a person other than an individual*
i. as a limited company/limited liability partnership
ii. as a partnership (other than limited liability)
iii. as an unincorporated association or
iv. other (for example a statutory corporation)
c) a recognised club
d) a charity
e) the proprietor of an educational establishment
f) a health service body
g) a person who is registered under Part 2 of the Care Standards Act
please complete section (B)
please complete section (B)
please complete section (B)
please complete section (B)
please complete section (B)
please complete section (B)
please complete section (B)
please complete section (B)
please complete section (B)
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
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:
- 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


## Please tick $\checkmark$ Yes

(A) INDIVIDUAL. APPLICANTS (fill in as applicable)
$\mathrm{Mr} \square$
Mrs $\square$

Miss $\square$
Ms $\square$
Other title
(for example, Rev)

## Surname



First names


| Date of Birth | I am 18 years old or over $\square$ (Please tick yes) |
| :--- | :--- |
| Nationality |  |

## Current postal address <br> if different from premises address

## Post Town

$\square$
Daytime contact telephone number $\square$

E-mail address (optional) $\square$
Where applicable (if demonstrating a right to work via the Home Office online right to work checking service), the 9 -digit 'share code' provided to the applicant by that service (please see note 15 for information)

## SECOND INDIVIDUAL APPLICANT (if applicable)

$\mathrm{Mr} \square$
Mrs $\square$
Miss
Ms

Other title (for example, Rev)

First names
$\square$

| Date of Birth | I am 18 years old or over $\square$ (Please tick yes) |
| :--- | ---: |
| Nationality |  |

Where applicable (if demonstrating a right to work via the Home Office online right to work checking service), the 9 -digit 'share code' provided to the applicant by that service (please see note 15 for information)

## Current postal address if different from premises address



Daytime contact telephone number $\square$
E-mail address
(optional) $\square$
(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 PASHA LONDON LTC |
| :--- |
| Address UNIT 2, DARWIN HOUSE |
| MILO HARROW ROAD |
| LONDON NWIO SNA |
| Registered number (where applicable) 11605407 |

Description of applicant (for example, partnership, company, unincorporated association etc.)

| LIMITED $\quad$ COMPANy |  |
| :--- | :--- | :--- |
| Telephone number (if any) | $0208 \quad 960 \quad 290$ |
| E-mail address (optional) |  |

Part 3 Operating Schedule

When do you want the premises licence to start?

| Day | Month |  |  | Year |  |  |  |
| :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- |
| 3 | 0 | 0 | 1 | 2 | 0 | 2 | 0 |

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 $\square$

Please give a general description of the premises (please read guidance note 1 )
The premesis is covered over 2 floors. The ground floor attatched to a canopy which has a seating area. Inside there is a small kitchens on the ground floor, male \& female toilets and a counter desk.

The first tor has as mall balcony awe and the rest is seating for foo consumption
me require a licence for the sale of hot food \& beverages (non alcoholic) after 23:00 hours an our opening times ave from $16: 00$ to $02: 00 \mathrm{AM}$.
we also require the licence to shan boxing fights as wee have acquired subionphars ham BAN BT sports \& sly spurts.

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 wrestiing 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



## C

Indoor sporting events
Standard days and timings (please read guidance note 7)

| Day | Start | Finish |
| :--- | :--- | :--- |
| Mon | $23: 00$ | $02: 01$ |
| Tue | $23: 00$ | $02: 00$ |
| Wed | $23: 00$ | $02: 00$ |
| Thur | $23: 00$ | $02: 00$ |
| Fri | $23: 00$ | $02: 00$ |
| Sat | $23: 00$ | $02: 00$ |
| Sun | $23: 00$ | $02: 00$ |

Please give further details (please read guidance note 4)
Showing football games
State any seasonal variations for indoor sporting events (please read guidance note 5)
events shown only during normal operating
hours.

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 6)
N/A shown during operating hours.

D



## 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 [ $\sqrt{ }$ ] (please read guidance note 3) | Indoors | $\checkmark$ |
| :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  | Outdoors |  |
| Day | Start | Finish |  | Both |  |
| Mon | 23:00 | 02:00 |  | Please give further details here (please read guidance note 4) |  |  |
|  |  |  | Ampliefied music to be played from recorded |  |  |
| Tue | 23:00 | 02:00 | list. |  |  |
| Wed | $23: 00$ | 02:00 | State any seasonal variations for playing recorded music (please read quidance note 5) <br> NTA as will only be played during operating hoves. |  |  |
| Thur | 23:00 | 0200 |  |  |  |
| Fri | 23:00 | 12:00 | 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 quidance note 6 ) |  |  |
| Sat | 23:00 | 02:00 | N/A only flayed doriy operatiry hours |  |  |
| Sun | 23:00 | 02:00 |  |  |  |

## G



## H



| 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 [ $\sqrt{ }]$ (please read guidance note 3). | Indoors |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  | Outdoors |  |
|  |  |  | Both |  |
| Day | Start | Finish |  |  |  |
| Mon | 23:00 | 02:00 |  | Please give further details here (please read guidance note 4) <br> - Servirg ught food - Jurgers \& chips <br> - Hot beverajes tea \& coffee <br> - Descerts - watflen \& cootrie dough |  |  |
| Tue | 23:00 | 02:00 |  |  |  |  |
| Wed | 23,00 | 02:00 | State any seasonal variations for the provision of late night refreshment (please read guidance note 5) <br> Tuming a type of food wit remain same throughout the year. |  |  |
| Thur | 23:00 | 02:00 |  |  |  |  |  |  |
| Fri | 23.00 | $02: 00$ | 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 | 12:00 | N/A will only be served durng operating hours. |  |  |
| Sun | $23: 00$ | 02:00 |  |  |  |  |  |  |



```
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)
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## 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)

No form of adult service n $\&$ activities will take place
on the premesis.

## L



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)

Non Smoking signs displayed
No alcohol allowed on site
CCTV installed
Neijubous informed of events
extra security on major events
b) The prevention of crime and disorder
security at the door on major events.
No alcohol served or consumed on premesis
CCTV installed for safety
c) Public safety

CCTV installed
Police will be informed of any disruptions
security present on major events to control the crowd
d) The prevention of public nuisance

- Inform neighbours of upcoming major events
- Music will not be played loud to disturb réybbourt
- No crowd gathering outside the premesis
e) The protection of children from harm
- No alcohol to be served
- No smoking for under 181s
- No Drugs allowed on site
- Ensure children are supervised at all times


## Checklist

- 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 or my share code issued by the Home Office online right to work checking service (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, or have conducted an online right to work check using the Home Office online right to work checking service which confirmed their right to work (please see note 15)
nature


Date ......28-01-202020
Capacity $\qquad$

For joint applications signature of $2^{\text {nd }}$ applicant or $2^{\text {nd }}$ 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 $\qquad$
Date $\qquad$
Capacity $\qquad$

Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 14)

| Post town | Post code |
| :--- | :--- |
| Telephone number |  |
| E-mail address (optional) |  |

