

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 Kanagaratnam Selvaratnam

(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			
Kanagaratnam Selvaratnam Kanaga Mart Ltd 755 Harrow Road HA0 2LW			
Post town	Wembley	Postcode	HA0 2LW

Telephone number at premises (if any)	N/A
Non-domestic rateable value of premises	£9,900

Part 2 - Applicant details

Please state whether you are applying for a premises licence as Please tick as appropriate

- | | | |
|--|-------------------------------------|-----------------------------|
| a) an individual or individuals * | <input checked="" type="checkbox"/> | please complete section (A) |
| b) a person other than an individual * | <input type="checkbox"/> | |
| 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 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 (by ticking yes to one box below):

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 Selvaratnam			First names Kanagaratnam		
Date of birth [REDACTED]		I am 18 years old or over <input checked="" type="checkbox"/>		Please tick yes	
Nationality		British			
Current residential address if different from premises address		[REDACTED]			
Post town	[REDACTED]	Postcode	[REDACTED]		
Daytime contact telephone number		[REDACTED]			
E-mail address (optional)					
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)

Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	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 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
<input type="text"/>	<input type="text"/>	<input type="text"/>

If you wish the licence to be valid only for a limited period, when do you want it to end?

DD	MM	YYYY
<input type="text"/>	<input type="text"/>	<input type="text"/>

Please give a general description of the premises (please read guidance note 1)
Convenience store, situated on the ground floor of two-story building, forming part of retail parade, facing a main road.

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 and Schedules 1 and 2 to the Licensing Act 2003)

Provision of regulated entertainment (please read guidance note 2)

Please tick all 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

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	<input type="checkbox"/>
				Outdoors	<input checked="" type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<u>Please give further details here</u> (please read guidance note 4) Please Note:		
Mon					
Tue			<u>State any seasonal variations for the provision of late night refreshment</u> (please read guidance note 5)		
Wed					
Thu			<u>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</u> (please read guidance note 6)		
Fri					
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 (please read guidance note 8)	On the premises	<input type="checkbox"/>			
				Off the premises	<input checked="" type="checkbox"/>			
				Both	<input type="checkbox"/>			
Day	Start	Finish	State any seasonal variations for the supply of alcohol (please read guidance note 5)					
Mon	11:00	23:00						
Tue	11:00	23:00						
Wed	11:00	23:00						
Thu	11:00	23:00				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) hours		
Fri	11:00	23:00						
Sat	11:00	23:00						
Sun	11:00	23:00						

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	Subarajini Selvaratnam
Date of birth	██████████
	██████████ ██████████
Postcode	██████████
Personal licence number (if known)	
Applied for	
Issuing licensing authority (if known)	London Borough of Brent

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 variations</u> (please read guidance note 5)
Day	Start	Finish	
Mon	07:00	23:00	<u>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</u> (please read guidance note 6)
Tue	07:00	23:00	
Wed	07:00	23:00	
Thu	07:00	23:00	
Fri	07:00	23:00	
Sat	07:00	23:00	
Sun	07:00	23:00	

M Describe any additional steps you intend to take to promote the four licensing objectives as a result of the proposed variation:

a) General – all four licensing objectives (b, c, d and e) (please read guidance note 11)

It will be ensured that all four licensing objectives will be promoted as detailed in each section below.

-The premises will not sell any beer, lager, or cider that is equal to or greater than 6% ABV. For the avoidance of doubt, this does not include specialist products from craft or microbreweries or limited edition / seasonal products (e.g. Christmas gift packs), subject to Police and Local Authority discretion.

-No sales of single cans of beer, lager or cider.

-No sale of miniature spirits (5cl)

b) The prevention of crime and disorder

-External and internal CCTV operating 24 hours a day, the recording stored for 31 days and made available upon request by a relevant officer of a responsible authority.

-Joining retail watch schemes and liaising with the local police.

-Appropriate staff training in responsible alcohol retailing to be completed, training records shall be made available for inspection upon request by a relevant officer of a responsible authority.

-Highly visible sign outside the premises that shows opening hours under the terms of the premises license during which licensable activities are permitted.

-Clear signs stating that any theft or criminal behavior will be reported to the police will be prominently displayed at the premises at all times, and the police will be contacted regarding any criminal activity.

-Adequate lighting provided inside and outside the premises.

-A zero-tolerance policy will be implemented regarding the use of illegal drugs on the premises and all offenders will be reported to police, a notice shall be displayed at the premises.

-Keep clear view of the premises

-Liaise with the local police and joining neighbourhood schemes.

-Abide by the law

All purchases shall be made from a reputable supplier

c) Public safety

-To comply with all current, fire and health and safety legislation as required by the law.

-Health and safety risk assessments to be carried out regularly

-All employees will receive training on health and safety & food safety

-Staff to be trained in fire evacuation procedures

-Fire exit signs shall be displayed, where it can be easily visible

-Installation of appropriate and adequate safety equipment.

d) The prevention of public nuisance

- A notice will be displayed stating (No loitering) please leave quietly and respect neighbours.
- Deliveries of goods will be carried out at such a time or in such a manner as to prevent nuisance and disturbance to nearby businesses and residents.
- Staff who arrive early morning or depart late at night will be asked not to cause disturbance to nearby residents.
- Depositing of waste will be at times that minimise any nuisance to nearby neighbours.
- Strict policy not to serve drunken customers.
- Monitor anti-social behavior through CCTV.
- DPS contact details shall be clearly displayed for the public living with the vicinity
- All incidents shall be recorded in the incident book and shall be made available for inspection upon request by a relevant officer of a responsible authority
- Staff will receive training in Preventing Nuisance.
- A notice will be displayed asking customers to dispose rubbish in the bin provided.

e) The protection of children from harm

- A challenge 25 proof of age scheme shall operate at the premises.
- Challenge 25 Signage shall be displayed advising customers that the scheme is in place.
- All staff authorised to sell alcohol will be trained in the Challenge 25 scheme and this training will be documented to include the date the training was given, the name of the person who gave the training, the person who received the training and signatures by both trainer and trainee.
- Challenge 25 posters shall be displayed in prominent positions around the till advising customers of the Proof of Age policy in force at the premises.
- Spirit & Cigarettes to be kept behind the counter.

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.
- [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 (see guidance note 12). **If signing on behalf of the applicant, please state in what capacity.**

Declaration	<ul style="list-style-type: none"> [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	<i>H. Cameron</i>
Date	27/10/2020
Capacity	Agent

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) Hilda Cameron Licensing & Qualifications Ltd Westminster Business Centre Printing House Lane			
Post town	Hayes	Postcode	UB3 1AP
Telephone number (if any)	07502224452		
If you would prefer us to correspond with you by e-mail, your e-mail address (optional) hilda@lqaa.co.uk			