



**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 SAROJA STANLEY FERNANDO  
*(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 <b>531-533 HIGH ROAD</b>			
<b>Post town</b>	WEMBLEY	Postcode	<b>HA0 2DJ</b>

Telephone number at premises (if any)	
Non-domestic rateable value of premises	<b>£ 50500</b>

**Part 2 - Applicant details**

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

- a) an individual or individuals \*       please complete section (A)
- b) a person other than an individual \*
  - i as a limited company/limited liability partnership       please complete section (B)
  - ii as a partnership (other than limited liability)       please complete section (B)



- iii as an unincorporated association or  please complete section (B)
- iv other (for example a statutory corporation)  please complete section (B)
- c) a recognised club  please complete section (B)
- d) a charity  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 type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input checked="" type="checkbox"/>	Other Title (for example, Rev)	
<b>Surname</b> FERNANDO			<b>First names</b> SAROJA STANLEY		
<b>Date of birth</b>	[REDACTED]		I am 18 years old or over	<input checked="" type="checkbox"/>	Please tick yes
<b>Nationality</b>	BRITISH				
Current residential address if different from premises address	[REDACTED]				



Post town	██████████	Postcode	██████████
Daytime contact telephone number		██████████	
E-mail address (optional)			

**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 residential 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
10	10	82019

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

DD	MM	YYYY

Please give a general description of the premises (please read guidance note 1)  
THIS IS A LARGE TWO FLOORS PREMISES, WHICH HAS BEEN OPERATING AS A LICENSED PREMISES FOR VERY LONG TIME AND IT WAS THEN GONE FINANCIALLY BANKRUPT AND CLOSED BY THE PREVIOUS OWNER. NOW IT HAS BEEN TAKEN OVER AND FULLY RENOVATED BY THE CURRENT RESTAURATEUR. IT IS NOW A SPECIALIST SOUTH INDIAN RESTURANT, SERVED IN CLAYPOT. HIGH END RESTAURANT FOCUSED ON QUALITY AND EXPENSIVE FOOD OFFERED TO FAMILIES WHO WANT TO ENJOY TRADITIONAL INDIAN FOOD, COOKED AND SERVED IN CLAY POT. IT HAS BOTH GROUND FLOOR AND BASEMENT. IT WILL ALSO CATER FOR SMALL FAMILY CELEBRATIONS IN THE BASEMENT ALL 7 DAYS.

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**

## A

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



C

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



**D**

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

**E**

<b>Live music</b> Standard days and timings (please read guidance note 7)			<b><u>Will the performance of live music take place indoors or outdoors or both – please tick</u></b> (please read guidance note 3)	Indoors	<input checked="" type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
<b>Day</b>	<b>Start</b>	<b>Finish</b>			
Mon	23.00	05.00	<b><u>Please give further details here</u></b> (please read guidance note 4)  IT WILL BE INDIAN SONGS SING BY LOCAL ARITISTS. IT WILL BE AN OCCASIONAL EVENT ONLY		
Tue	23.00	05.00			
Wed	23.00	05.00	<b><u>State any seasonal variations for the performance of live music</u></b> ( THE HOURS PROPOSED INCLUDES SPECIAL EVENT SUCH AS NEW YEAR, DIWALI CELEBRATIONS		
Thur	23.00	05.00			
Fri	23.00	05.00	<b><u>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</u></b> (please read guidance note 6)		
Sat	23.00	05.00			
Sun	23.00	05.00			

## F

Recorded music Standard days and timings (please read guidance note 7)			<u>Will the playing of recorded music take place indoors or outdoors or both – please tick</u> (please read guidance note 3)	Indoors	<input checked="" type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon	23.00	05.00	<u>Please give further details here</u> (please read guidance note 4)	Both	<input type="checkbox"/>
Tue	23.00	05.00			
Wed	23.00	05.00	<u>State any seasonal variations for the playing of recorded music</u> (please read guidance note 5) THE HOURS PROPOSED INCLUDES SPECIAL EVENT SUCH AS NEW YEAR, DIWALI CELEBRATIONS		
Thur	23.00	05.00			
Fri	23.00	05.00	<u>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</u> (please read guidance note 6)		
Sat	23.00	05.00			
Sun	23.00	05.00			

## G

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

## H

<b>Anything of a similar description to that falling within (e), (f) or (g)</b> 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	<b><u>Will this entertainment take place indoors or outdoors or both – please tick</u></b> (please read guidance note 3)	Indoors	<input type="checkbox"/>
Mon				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Tue			<b><u>Please give further details here</u></b> (please read guidance note 4)		
Wed					
Thur			<b><u>State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g)</u></b> (please read guidance note 5)		
Fri					
Sat			<b><u>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</u></b> (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 – <b>please tick</b> (please read guidance note 3)	Indoors	<input checked="" type="checkbox"/>			
				Outdoors	<input type="checkbox"/>			
				Both	<input type="checkbox"/>			
Day	Start	Finish	<b>Please give further details here</b> (please read guidance note 4)					
Mon	23.00	05.00						
Tue	23.00	05.00						
Wed	23.00	05.00				<b>State any seasonal variations for the provision of late night refreshment</b> (please read guidance note 5)		
Thur	23.00	05.00						
Fri	23.00	05.00				<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)		
Sat	23.00	05.00						
Sun	23.00	05.00						



**J**

<b>Supply of alcohol</b> Standard days and timings (please read guidance note 7)			<b><u>Will the supply of alcohol be for consumption – please tick</u></b> (please read guidance note 8)	On the premises	<input checked="" type="checkbox"/>
				Off the premises	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<b><u>State any seasonal variations for the supply of alcohol</u></b> (please read guidance note 5)		
Mon	00.00	00.00			
Tue	00.00	00.00			
Wed	00.00	00.00			
Thur	00.00	00.00			
Fri	00.00	00.00			
Sat	00.00	00.00			
Sun	00.00	00.00			
			<b><u>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</u></b> (please read guidance note 6)		

**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 SAROJA STANLEY FERNANDO	
Date of birth [REDACTED]	
Address [REDACTED]	
Postcode	[REDACTED]



Personal licence number (if known)

[Redacted]

Issuing licensing authority (if known)

[Redacted]

□□□□

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

<b>Hours premises are open to the public</b> Standard days and timings (please read guidance note 7)			<b>State any seasonal variations</b> (please read guidance note 5)
Day	Start	Finish	
Mon	00.00	00.00	
Tue	00.00	00.00	
Wed	00.00	00.00	
Thur	00.00	00.00	<b>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</b> (please read guidance note 6)



Fri	00.00	00.00	
Sat	00.00	00.00	
Sun	00.00	00.00	

**M** Describe the steps you intend to take to promote the four licensing objectives:

**a) General – all four licensing objectives (b, c, d and e)** (please read guidance note 10)

SEE ATTACHED CONDITIONS

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

SEE ATTACHED CONDITIONS

**c) Public safety**

SEE ATTACHED CONDITIONS

**d) The prevention of public nuisance**



SEE ATTACHED CONDITIONS

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

SEE ATTACHED CONDITIONS

**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.**

<b>Declaration</b>	<ul style="list-style-type: none"> <li>• [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).</li> <li>• 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)</li> </ul>
Signature	NIRA SURESH
Date	28/06/2019
Capacity	LICENSING AGENT

**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	



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

ARKA LICENSING CONSULTANTS  
TRIDENT BUSINESS CENTRE  
89 BICKERSTETH ROAD  
LONDON

Post town	<b>LONDON</b>	Postcode	<b>SW17 9SH</b>
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Telephone number (if any)	0203 40 51886/ 07803 90 3897
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If you would prefer us to correspond with you by e-mail, your e-mail address (optional)  
CONTACT@ARKALICENSING.CO.UK



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**CONDITIONS in line with the four licensing objectives**

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1. A CCTV system shall be installed and maintained in a good working order at the premises.
2. CCTV recording shall be kept for 31 days and shall be made available to the police or an authorised officer of Brent Council upon request.
3. The CCTV system shall provide coverage of the customer entrance to the premises.
4. The CCTV system shall be capable of obtaining clear facial recognition images of every person entering the premises.
5. The CCTV images shall be kept in an easily downloadable format.
6. The designated smoking area (DSA) shall be located at the front of the premises on High Road, Wembley
7. When the premises licence is in operation the DSA shall be limited to no more than 7 people at any one time.
8. Customers shall not be permitted to take open drink containers outside the premises as defined on the plan submitted to and approved by the Licensing Authority.
9. Signage indicating the store operates a Challenge 25 policy shall be displayed at the point of sale.
10. A copy of the premises licence summary including the hours which licensable activities are permitted shall be visible from the outside of each entrance to the premises.
11. Alcohol shall only be provided as an accompaniment to a main meal.
12. There shall be no vertical drinking in the premises.
13. All windows shall remain closed during any licensable activity.
14. The licensee shall ensure customers leave the premises in a quiet and orderly manner.



15. No children shall be admitted unless accompanied by a responsible adult. All children must leave the premises by midnight.

16. A sign stating 'No proof of age, No sale' shall be displayed at the point of sale.

17. Notices asking customers to leave quietly shall be conspicuously displayed at all exits.

18. No noise or vibration shall be detectable at any neighbouring noise sensitive premises. The level of music shall be arranged so as not to cause a nuisance to local residents.

19. An incident log shall be kept at the premises, and made available for inspection on request to an authorised officer of Brent Council or the Police, which will record the following: (a) all crimes reported to the venue (b) all ejections of patrons (c) any complaints received (d) any incidents of disorder (e) all seizures of drugs or offensive weapons (f) any faults in the CCTV system or searching equipment or scanning equipment (h) any visit by a relevant authority or emergency service.

20. Any staff directly involved in selling alcohol for retail to consumers and staff who provide training including managers shall undergo regular training of the Licensing Act 2003 legislation (at least every 12 months). The training shall be documented and signed off by the DPS and the member of staff receiving the training. This training log shall be kept centrally and made available for inspection by police and relevant authorities upon request.