



Licensing Department
Brent Council
Brent Civic Centre
Engineers Way
Wembley
HA9 0FJ

By guaranteed post

Our ref: EM1/JB4/BOX11/16
Your ref:

31 July 2018

Dear Madam

FR29, Boxpark Wembley, 18 Olympic Way, Wembley, HA9 0JT
Application for New Premises Licence

We have been instructed by Boxpark Trading Ltd to make application for a new Premises Licence for the above premises.

We enclose the following:

1. Completed form of application
2. Site location plan - BPW-BDP-(0)AP001 P03
3. Unit location plan - BPW-BDP-(0-)AP037 Rev PO5
4. Unit layout plan - BPW-BDP-(0-)AP038 Rev PO2

We confirm that no DPS has yet been nominated and our clients will not exercise any granted Licence until a DPS has been appointed.

We are grateful to you for advising that you will circulate a copy of this application to all authorities on our behalf.

The appropriate notice will be displayed on the premises for 28 days starting on the 2 August 2018.

A notice will appear in a local newspaper within 10 working days of this application being lodged.

7 Queen Square, Bristol BS1 4JE
Tel: +44 (0)117 906 9400 Fax: +44 (0)117 906 9401

3 Fitzhardinge Street, Manchester Square, London W1H 6EF
Tel: +44 (0)20 7299 9800 Fax: +44 (0)20 7299 9801

DX: 7845 Bristol DX: 42734 Oxford Circus North

Gregg Latchams is the trading name
of Gregg Latchams Limited.

Registered in England & Wales: 6899567
Registered office: 7 Queen Square
Bristol BS1 4JE. VAT No: 137848239.

Authorised & regulated by the
Solicitors Regulation Authority - No 607476.

We shall be most grateful if you will kindly acknowledge safe receipt of this application.

Yours faithfully



Gregg Latchams Limited

Tel: +44 (0)117 906 9240

Fax: +44 (0)117 906 9401

Email: [REDACTED]

7 Queen Square, Bristol BS1 4JE
Tel: +44 (0)117 906 9400 Fax: +44 (0)117 906 9401

3 Fitzhardinge Street, Manchester Square, London W1H 6EF
Tel: +44 (0)20 7299 9800 Fax: +44 (0)20 7299 9801

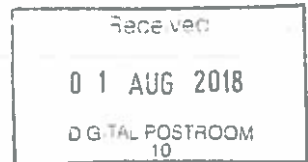
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Application for a Premises Licence to be granted
under the Licensing Act 2003
PLEASE READ THE FOLLOWING INSTRUCTIONS FIRST

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 Boxpark Trading Ltd
(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			
FR29 Boxpark Wembley 18 Olympic Way			
Post town	Wembley	Post code	HA9 0JT

Telephone number at premises (if any)	To be Advised
Non-domestic rateable value of premises	Not Yet Assessed

Part 2 - Applicant Details

Please state whether you are applying for a premises licence as

Please tick 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 | <input checked="" type="checkbox"/> | please complete section (B) |
| | ii. as a partnership | <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 checked="" type="checkbox"/> |
| I am making the application pursuant to a | |
| statutory function or | <input type="checkbox"/> |
| a function discharged by virtue of Her Majesty's prerogative | <input type="checkbox"/> |

(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 Boxpark Trading Ltd
Address [REDACTED]
Registered number (where applicable) [REDACTED]
Description of applicant (for example, partnership, company, unincorporated association etc.) 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
3	0	0
8	2	0
1	8	

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

Day	Month	Year
1	1	1
1	1	1
1	1	1

Please give a general description of the premises (please read guidance note1)

Retail units with bar/restaurant facilities

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 of the Licensing Act 2003 and Schedules 1 and 2 to the Licensing Act 2003)

Provision of regulated entertainment (please read guidance note 2)

Please tick yes

- | | |
|--|-------------------------------------|
| a) plays (if ticking yes, fill in box A) | <input type="checkbox"/> |
| b) films (if ticking yes, fill in box B) | <input type="checkbox"/> |
| c) indoor sporting events (if ticking yes, fill in box C) | <input type="checkbox"/> |
| d) boxing or wrestling entertainment (if ticking yes, fill in box D) | <input type="checkbox"/> |
| e) live music (if ticking yes, fill in box E) | <input checked="" type="checkbox"/> |
| f) recorded music (if ticking yes, fill in box F) | <input checked="" type="checkbox"/> |
| g) performances of dance (if ticking yes, fill in box G) | <input type="checkbox"/> |
| h) anything of a similar description to that falling within (e), (f) or (g)
(if ticking yes, fill in box H) | <input type="checkbox"/> |

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

E

Live music Standard days and timings (please read guidance note 7)			<u>Will the performance of live music take place indoors or outdoors or both – please tick</u> (please read guidance note 3)	Indoors	<input checked="" type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<u>Please give further details here</u> (please read guidance note 4) Live music at the discretion managements discretion		
Mon	1000	2300			
Tue	1000	2300	<u>State any seasonal variations for the performance of live music</u> (please read guidance note 5)		
Wed	1000	2300			
Thur	1000	2300	<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> (please read guidance note 6)		
Fri	1000	2300			
Sat	1000	2300			
Sun	1000	2300			

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"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<u>Please give further details here</u> (please read guidance note 4) Recorded music at the managements discretion		
Mon	1000	2300			
Tue	1000	2300	<u>State any seasonal variations for the playing of recorded music</u> (please read guidance note 5)		
Wed	1000	2300			
Thur	1000	2300	<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)		
Fri	1000	2300			
Sat	1000	2300			
Sun	1000	2300			

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 checked="" type="checkbox"/>
					Outdoors	<input type="checkbox"/>
					Both	<input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 4) Hot food and beverage at the managements discretion			
Mon						
	2300	2330				
Tue						
	2300	2330	State any seasonal variations for the provision of late night refreshment (please read guidance note 5)			
Wed						
	2300	2330				
Thur						
	2300	2330	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)			
Fri						
	2300	2330				
Sat						
	2300	2330				
Sun						
	2300	2330				

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	<input checked="" type="checkbox"/>			
				Off the premises	<input type="checkbox"/>			
				Both	<input type="checkbox"/>			
Day	Start	Finish	State any seasonal variations for the supply of alcohol (please read guidance note 5)					
Mon	1000	2300						
Tue	1000	2300						
Wed	1000	2300						
Thur	1000	2300						
Fri	1000	2300						
Sat	1000	2300						
Sun	1000	2300						
						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)		

State the name and details of the individual whom you wish to specify on the licence as premises supervisor

Name To be Advised	
Date of Birth	
Address	
Postcode	
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 variations</u> (please read guidance note 5)
Day	Start	Finish	
Mon			<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)
	0700	2330	
Tue			
	0700	2330	
Wed			
	0700	2330	
Thur			
	0700	2330	
Fri			
	0700	2330	
Sat			
	0700	2330	
Sun			
	0700	2330	

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 see attached proposed conditions

b) The prevention of crime and disorder

Please see attached proposed conditions

c) Public safety

Please see attached proposed conditions

d) The prevention of public nuisance

Please see attached proposed conditions

e) The protection of children from harm

Please see attached proposed conditions

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 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	(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 read note 15)
Signature	
Date	31 July 2018
Capacity	Gregg Latchams Ltd Solicitors and Authorised Agents

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)			
Gregg Latchams Ltd (Jo Brown) 			
Post town		Post code	
Telephone number (if any)			
If you would prefer us to correspond with you by e-mail your e-mail address (optional) 			

FR29, BOXPARK WEMBLEY, 18 OLYMPIC WAY, WEMBLEY, HA9 0JT
APPLICATION FOR NEW PREMISES LICENCE

Proposed Conditions

1. Alcohol consumption is restricted to demise of the premises as shown on the layout plan and not for consumption in the communal atrium space.
2. CCTV cameras located within the premises to cover all public areas including entrances and capable of obtaining a clear facial recognition images and a clear head and shoulders image of every person entering or leaving the premises and images to be securely retained for a period of 31 days.
3. CCTV system to operate and record 24 hours a day.
4. All equipment must have an accurate time and date generation.
5. Members of staff trained in the use of the CCTV to be able to provide viewable copies of CCTV to police on demand or as soon as is reasonably practicable.
6. On Wembley Major Event Day Polycarbonate or non-glass drinking vessels only.
7. On Wembley Major Event Days the service of alcohol prohibited to a minimum of 30 minutes prior to kick off until a time not less than 15 minutes post kick off save for persons demonstrating purchase of a substantial meal.
8. On Wembley Major Event Days the DPS will work in partnership with the Police and if necessary comply with a direction given by a member of Brent Police Licensing or a senior Police officer on duty at the event.
9. Customers will not take open drink containers outside the premises
10. The premises shall operate a Challenge 25 policy with suitable signage displayed on the premises advising customers that this policy is in place. Only acceptable forms of photo ID are recognised photographic ID such as a driving licence or passport.
11. Signs to be displayed on the premises reminding customers to leave quietly.
12. A comprehensive incident log to be kept on the premises and the licence holder to ensure that any incidents are logged within 24 hours of them occurring and shall include:
 - a. date
 - b. time
 - c. location
 - d. persons concerned
 - e. summary of incident

-
- f. identify any emergency services persons who attended
13. To operate anti drugs policy with signage to be displayed notifying customers of this.
14. Staff training to be provided to all staff involved in the sale of alcohol commensurate with their duties. A copy of training records to be kept on site and to be made available for inspection by the police and licensing authority on request.
15. Persons leaving the premises to smoke shall not be permitted to take glass vessels from the premises
16. Should any queue form for customers seeking to gain entry to the premises then this queue shall be properly organised by the premises licence holder and monitored