



## 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 ..... Kishor Narandas Gohil .....

..... 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 Barham Park Wembley	
Post town Wembley	Post code HA0 2HB

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:

- |   |   |                                     |                   |
|---|---|-------------------------------------|-------------------|
| - | 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"/> | Please tick ✓ Yes |
| - | 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 X       Mrs       Miss       Ms       Other title   
(for example, Rev)

gohil

kishor

Surname

First name

Date of Birth	<input type="text"/>	I am 18 years old or over <input type="checkbox"/> (Please tick yes)
Nationality	<input type="text"/>	

Current postal address if different from premises address

Post Town

Postcode

Daytime contact telephone number

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  Mrs   Ms  Other title (for example, Rev)

Surname

First names

Date of Birth  I am 18 years old or over  (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

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)

P

### Part 3 Operating Schedule

When do you want the premises licence to start?

Day		Month		Year			
0	3	1	0	2	0	2	4

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

1	2	1	0	2	0	2	4
---	---	---	---	---	---	---	---

If 5,000 or more people are expected to attend the premises at any one time, please state the number expected to attend

1500 at any given time
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Please give a general description of the premises (please read guidance note 1)

There will be enclosed 25 m x 40m marquee with barriers around it and security for the full days / nights taking care of the equipment

This event is to celebrate 10 days Navratri

**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**

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

**B**

<b>Films</b> 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			<b>Please give further details here</b> (please read guidance note 4)	Both	
Tue					
Wed			<b>State any seasonal variations for the exhibition of films</b> (please read guidance note 5)		
Thur					
Fri			<b>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</b> (please read guidance note 6)		
Sat					
Sun					

**C**

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

**D**

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

**E**

<b>Live Music</b> Standard days and timings (please read guidance note 7)			Will ind reac
Day	Start	Finish	
Mon	7pm	11pm	<b>Ple</b> <b>LIV</b>
Tue	7pm	11pm	<b>Stat</b> <b>gui</b>
Wed	7pm	11pm	<b>Nor</b> <b>per</b> <b>left,</b>
Thur	7pm	11pm	
Fri	7pm	11.30pm	
Sat	7pm	11.30pm	
Sun	7pm	11.30pm	



**F**

<b>Recorded music</b> 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			<b>Please give further details here</b> (please read guidance note 4)  <b>State any seasonal variations for playing recorded music</b> (please read guidance note 5)  <b>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</b> (please read guidance note 6)	Both	
Tue					
Wed					
Thur					
Fri					
Sat					
Sun					

**G**

<b>Performances of dance</b> 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	7pm	11pm	<b>Please give further details here</b> (please read guidance note 4) VARIATION OF DANCES ON STAGE PLUS GROUND WORKSHOPS  <b>State any seasonal variations for the performance of dance</b> (please read guidance note 5)  <b>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</b> (please read guidance note 6)	Both	✓
Tue	7pm	11pm			
Wed	7pm	11pm			
Thur	7pm	11pm			
Fri	7pm	11.30pm			
Sat	7pm	11.30pm			
Sun	7pm	11.30pm			

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 SAME AS ABOVE		
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	7pm	11pm		Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Tue	7pm	11pm	<b><u>Please give further details here</u></b> (please read guidance note 4)		
Wed	7pm	11pm			
Thur	7pm	11.30pm	<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	7pm	11.30pm			
Sat	7pm	11.30pm	<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	7pm	11.30pm			

I

<b>Late night refreshment</b> 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). N/A	Indoors	<input checked="" type="checkbox"/>
Day	Start	Finish		Both	
Mon			<b>Please give further details here</b> (please read guidance note 4) N/A		
Tue					
Wed			<b>State any seasonal variations for the provision of late night refreshment</b> (please read guidance note 5)		
Thur					
Fri			<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					
Sun					

J

<b>Supply of alcohol</b> 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	
Mon			<b>State any seasonal variations for the provision of late night refreshment</b> (please read guidance note 5)	Both	
Tue					
Wed			<b>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</b> (please read guidance note 6)		
Thur					
Fri					
Sat					
Sun					

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 Bharat kumar Patel  
 Date \_\_\_\_\_ of \_\_\_\_\_  
 Birth [REDACTED]  
 Address [REDACTED]  
 Postcode [REDACTED]  
 [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)			State any seasonal variation (please read guidance note 5)
Day	Start	Finish	
Mon	7pm	11.00pm	<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>
Tue	7pm	11.00pm	
Wed	7pm	11.00pm	
Thur	7pm	11.30 PM	
Fri	7pm	11.30 pm	
Sat	7pm	11.30pm	

Sun	7pm	11.30pm

**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)**

WE WILL BE HAVING 15 LICENCED SECURITY ONSITE AT ALL TIME. We will also have 2 x Medics throughout the event St Johns Frec 3 & Frec 4

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

THE SECURITY WILL BE MONITORING THE MEMBERS OF THE PUBLIC AT ALL TIMES FOR THEIR SAFETY.

c) **Public safety**

THE SECURITY WILL REMOVE SUCH INDIVIDUALS IF NECCESARY FROM THE EVENT

d) **The prevention of public nuisance**

SAME WILL APPLY AS ABOVE. ANY NUISANCE CAUSED WILL BE ESCORTED OUT.

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

THE SECURITY WILL BE LOOKING OUT FOR ANY HARM THAT MAY OCCUR TO ANYONE ON THE DAY AND ALSO THERE WILL BE NO GLASS BOTTLE ALLOWED OR SOLD DURING THE EVENT DAYS.

**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 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)

Signature Kishor Gohil

Date .....22<sup>nd</sup> July 2024.....

Capacity ORGANISERS.....

**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

.....

<b>Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 14)</b>	
<b>Post town</b>	<b>Post code</b>
<b>Telephone number</b>	
<b>E-mail address (optional)</b>	