



SCHEDULE 2

regulation 10

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/we RAHMAT ULLAH

.....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 2 KILBURN BRIDGE, KILBURN HIGH ROAD,	
Post town LONDON	Post code NW6 6HT

Telephone number of premises (if any)

0779 5553155

Non-domestic rateable value of premises

£18500

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 | <input 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 ☐
- I am making the application pursuant to a
 - o Statutory function or ☐
 - o A function discharged by virtue of Her Majesty's prerogative ☐

(A) INDIVIDUAL APPLICANTS (fill in as applicable)

Mr ☒ Mrs ☐ Miss ☐ Ms ☐ Other title ☐
(for example, Rev)

Surname

First names

ULLAH

RAHMAT

Please tick ✓ Yes

I am 18 years old or over ☐

Current postal address
if different from premises address

2 KILBURN BRIDGE,
KILBURN HIGH ROAD

Post Town

LONDON

Postcode

NW6 6HT

Daytime contact telephone number

0779 555 3155

E-mail address (optional)

Favorite786@live.com

SECOND INDIVIDUAL APPLICANT (if applicable)Mr ☐Mrs ☐Miss ☐Ms ☐Other title
(for example, Rev) ☐

Surname

First names

I am 18 years old or over

Please tick ☒ Yes☐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)

Part 3 Operating Schedule

When do you want the premises licence to start?

Day		Month		Year			
0	5	0	6	2	0	1	2

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

--

Please give a general description of the premises (please read guidance note 1)

IT IS CALLED FAMISHED CAFE, WE ARE SELLING
TEAS, COFFEES, AND ALL THE BURGERS.
AND ALL THE SOFT DRINKS.

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 entertainment facilities for:

- i) making music (if ticking yes, fill in box I) ☐
- j) dancing (if ticking yes, fill in box J) ☐
- k) entertainment of a similar description to that falling within (i) or (j) (if ticking yes, fill in box K) ☐

✗ **Provision of late night refreshment** (if ticking yes, fill in box L) ☒

Sale of alcohol (if ticking yes, fill in box M) ☐

In all cases complete boxes N, O and P

A

Plays Standard days and timings (please read guidance note 6)			Will the performance of a play take place indoors or outdoors or both – please tick [✓] (please read guidance note 2).	Indoors	
Day	Start	Finish		Outdoors	
				Both	
Mon			<u>Please give further details here</u> (please read guidance note 3)		
Tue					
Wed			<u>State any seasonal variations for performing plays</u> (please read guidance note 4)		
Thur					
Fri			<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> (please read guidance note 5)		
Sat					
Sun					

B

Films Standard days and timings (please read guidance note 6)			Will the performance of films take place indoors or outdoors or both – please tick [✓] (please read guidance note 2).	Indoors	
Day	Start	Finish		Outdoors	
Mon			<u>Please give further details here</u> (please read guidance note 3)	Both	
Tue					
Wed			<u>State any seasonal variations for the exhibition of films</u> (please read guidance note 4)		
Thur					
Fri			<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> (please read guidance note 5)		
Sat					
Sun					

C

Indoor sporting events Standard days and timings (please read guidance note 6)			<u>Please give further details</u> (please read guidance note 3)
Day	Start	Finish	
Mon			<u>State any seasonal variations for indoor sporting events</u> (please read guidance note 4)
Tue			
Wed			
Thur			<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> (please read guidance note 5)
Fri			
Sat			
Sun			

D

Boxing or wrestling entertainment Standard days and timings (please read guidance note 6)			Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick [✓] (please read guidance note 2).	Indoors	
				Outdoors	
				Both	
Day	Start	Finish	Please give further details here (please read guidance note 3)		
Mon					
Tue					
Wed			State any seasonal variations for boxing or wrestling entertainment (please read guidance note 4)		
Thur					
Fri					
Sat			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 (please read guidance note 5)		
Sun					

E

Live Music Standard days and timings (please read guidance note 6)			Will the performance of live music take place indoors or outdoors or both – please tick [✓] (please read guidance note 2)	Indoors	
				Outdoors	
				Both	
Day	Start	Finish	Please give further details here (please read guidance note 3)		
Mon					
Tue					
Wed			State any seasonal variations for the performance of live music (please read guidance note 4)		
Thur					
Fri					
Sat			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 (please read guidance note 5)		
Sun					

F

Recorded music Standard days and timings (please read guidance note 6)			Will the playing of recorded music take place indoors or outdoors or both – please tick [✓] (please read guidance note 2)	Indoors	
Day	Start	Finish		Outdoors	
Mon			Please give further details here (please read guidance note 3)	Both	
Tue					
Wed			State any seasonal variations for playing recorded music (please read guidance note 4)		
Thur					
Fri			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 guidance note 5)		
Sat					
Sun					

G

Performances of dance Standard days and timings (please read guidance note 6)			Will the performance of dance take place indoors or outdoors or both – please tick [✓] (please read guidance note 2).	Indoors	
Day	Start	Finish		Outdoors	
Mon			Please give further details here (please read guidance note 3)	Both	
Tue					
Wed			State any seasonal variations for the performance of dance (please read guidance note 4)		
Thur					
Fri			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 (please read guidance note 5)		
Sat					
Sun					

H

Anything of a similar description to that falling within (e), (f) or (g) Standard days and timings (please read guidance note 6)			Please give a description of the activities you will be providing			
			Will this entertainment take place indoors or outdoors or both – please tick [✓] (please read guidance note 2).		Indoors	
					Outdoors	
					Both	
Day	Start	Finish	Please give further details here (please read guidance note 3)			
Mon						
Tue						
Wed						
Thur			State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g) (please read guidance note 4)			
Fri			Non standard timings. Where you intend to use the premises for the entertainment of similar description to that falling within (e), (f) or (g) at different times to those listed in the column on the left, please list (please read guidance note 5)			
Sat						
Sun						

I

Provision of facilities for making music Standard days and timings (please read guidance note 6)			Please give a description of the facilities for making music you will be providing			
			Will this entertainment take place indoors or outdoors or both – please tick [✓] (please read guidance note 2).		Indoors	
					Outdoors	
					Both	
Day	Start	Finish	Please give further details here (please read guidance note 3)			
Mon						
Tue						
Wed						
Thur			State any seasonal variations for the provision of facilities for making music (please read guidance note 4)			
Fri			Non standard timings. Where you intend to use the premises for provision of facilities for making music at different times to those listed in the column on the left, please list (please read guidance note 5)			
Sat						
Sun						

J

Provision of facilities for dancing			Will the facilities for dancing be indoors or outdoors or both – please tick [✓] (see guidance note 2).	Indoors	
Standard days and timings (please read guidance note 6)				Outdoors	
Day	Start	Finish		Both	
Mon				<u>Please give a description of the facilities for dancing you will be providing</u>	
Tue			<u>Please give further details here (please read guidance note 3)</u>		
Wed					
Thur			<u>State any seasonal variations for providing dancing facilities</u> (please read guidance note 4)		
Fri			<u>Non standard timings. Where you intend to use the premises for the provision of facilities for dancing at different times to those listed in the column on the left, please list (please read guidance note 5)</u>		
Sat					
Sun					

K

Provision of facilities for entertainment of a similar description to that falling within (i) or (j)			<u>Please give a description of the type of entertainment facility you will be providing</u>		
Standard days and timings (please read guidance note 6)					
Day	Start	Finish	Will the entertainment facility be indoors or outdoors or both – please tick [✓] (please read guidance note 2).		
			Indoors		
			Outdoors		
			Both		
Mon			<u>Please give further details here (please read guidance note 3)</u>		
Tue					
Wed			<u>State any seasonal variations for the provision of facilities for entertainment of a similar description to that falling within (i) or (i) (please read guidance note 4)</u>		
Thur					
Fri			<u>Non standard timings. Where you intend to use the premises for the provision of facilities for entertainment of a similar description to that falling within (i) or (i) at different times to those listed in the column on the left, please list (please read guidance note 5)</u>		
Sat					
Sun					

L

Late night refreshment Standard days and timings (please read guidance note 6)			Will the provision of late night refreshment take place indoors or outdoors or both – please tick [✓] (please read guidance note 2).	Indoors	<input checked="" type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish			
Mon	9 am	4 am	Please give further details here (please read guidance note 3) offering an indian food take away a newly a franchise of Taste of Lahore. I wish for the trading hours to be extended until 4:00 am.		
Tue	9 am	4 am			
Wed	9 am	4 am	State any seasonal variations for the provision of late night refreshment (please read guidance note 4) N/A		
Thur	9 am	4 am			
Fri	9 am	4 am	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 5)		
Sat	9 am	4 am			
Sun	9 am	4 am			

M

Supply of alcohol Standard days and timings (please read guidance note 6)			Will the supply of alcohol be for consumption (Please tick box ✓) (please read guidance note 7)	On the premises	<input type="checkbox"/>
				Off the premises	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish			
Mon			State any seasonal variations for the provision of late night refreshment (please read guidance note 4) N/A		
Tue					
Wed			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 5)		
Thur					
Fri					
Sat					
Sun					

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

Name.....

Address.....

Postcode.....

Personal Licence number(if known)

Issuing licensing authority (if known).....

N

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 8)

O

Hours premises are open to the public

Standard days and timings
(please read guidance note 6)

Day	Start	Finish
Mon	9am	4am
Tue	9am	4am
Wed	9am	4am
Thur	9am	4am
Fri	9am	4am
Sat	9am	4am
Sun	9am	4am

State any seasonal variation (please read guidance note 4)

N/L

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 5)

N/L

P 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 9)

will aim to meet all the four
licencing objectives - explained as follows.

b) The prevention of crime and disorder

- CCTV installed in premises
- Shutters
- alarm
- Front Door manned

c) Public safety

- CCTV
- Shutter
- alarm
- Numerous staff on premises

d) The prevention of public nuisance

- Door will be manned
- CCTV
- NO alcohol being served on premises.

e) The protection of children from harm

- CCTV
- Staff will be present
- Restricted timing to allow children.

Checklist

Please tick ✓ Yes

- I have made or enclosed payment of the fee ☒
- I have enclosed the plan of the premises – see enclosed information leaflet ☒
- 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 – see enclosed information leaflet ☒
- I understand that if I do not comply with the above requirements my application will be rejected ☒

IT IS AN OFFENCE, LIABLE ON CONVICTION TO A FINE UP TO LEVEL 5 ON THE STANDARD SCALE, UNDER SECTION 158 OF THE LICENSING ACT 2003 TO MAKE A FALSE STATEMENT IN OR IN CONNECTION WITH THIS APPLICATION

Part 4 – Signatures (please read guidance note 10)

Signature of applicant or applicant's solicitor or other duly authorised agent. (Please read guidance note 11). If signing on behalf of the applicant please state in what capacity.

Signature *RS*

Date *04-06-12*

Capacity *Leaseholder*

For joint applications signature of 2nd applicant or 2nd applicant's solicitor or other authorised agent. (Please read guidance note 12). 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 13)

*MR, RAHMAT ULLAH.
2 KILBURN BRIDGE
KILBURN HIGH ROAD*

Post town *LONDON*

Post code *NW6 6HT*

Telephone number *07795553155*

E-mail address (optional)

Favorite786@Live.com

Notes for Guidance

1. Describe the premises. For example the type of premises, its general situation and layout and any other information which could be relevant to the licensing objectives. Where your application includes off-supplies of alcohol and you intend to provide a place for consumption of these off-supplies you must include a description of where the place will be and its proximity to the premises.
2. Where taking place in a building or other structure please tick as appropriate. Indoors may include a tent.
3. For example the type of activity to be authorised, if not already stated, and give relevant further details, for example (but not exclusively) whether or not music will be amplified or unamplified.
4. For example (but not exclusively), where the activity will occur on additional days during the summer months.
5. For example (but not exclusively), where you wish the activity to go on longer on a particular day ie Christmas Eve.
6. Please give timings in 24 hour clock (eg 16:00) and only give details for the days of the week when you intend the premises to be used for the activity.
7. If you wish people to be able to consume alcohol on the premises please tick on, if you wish people to be able to purchase alcohol to consume away from the premises please tick off. If you wish people to be able to do both please tick both.
8. Please give information about anything intended to occur at the premises or ancillary to the use of the premises which may give rise to concern in respect of children, regardless of whether you intend children to have access to the premises, for example (but not exclusively) nudity or semi-nudity, films for restricted age groups, the presence of gaming machines.
9. Please list here steps you will take to promote all four licensing objectives together.
10. The application form must be signed.
11. An applicant's agent (for example solicitor) may sign the form on their behalf provided that they have actual authority to do so.
12. Where there is more than one applicant, both applicants or their respective agents must sign the application form.
13. This is the address which we shall use to correspond with you about this application.

Data Protection: The London Borough of Brent will use this information for the purposes of The Licensing Act 2003 and related purposes. Any member of the public may examine the application form on request. In addition, this information may be disclosed to the Police, The London Fire and Emergency Planning Authority, relevant ward Councillors and other Council departments.

This authority is under a duty to protect the public funds it administers, and to this end may use the information you have provided on this form for the prevention and detection of fraud. It may also share this information with law enforcement agencies and other bodies responsible for auditing or administering public funds for these purposes.

Please return the completed form and accompanying documents listed in the checklist on page 14 to:-

Safer Streets (Licensing) ✓
Brent Council
Brent House, 3rd Floor West
349-357 High Road
Wembley,
Middlesex
HA9 6EP

☎ 020 8937 5359

Fax: 020 8937 5357

Email: environmentandprotection@brent.gov.uk

Cheques should be crossed and made payable to London Borough of Brent.

Please follow the instructions in the checklist on page 14 to submit the relevant copies to the responsible authorities. Contact details shown below:

Chief Officer of Police
Brent Licensing Department
Wembley Police Station
603 Harrow Road
Wembley
Middlesex
HA0 2HH

Tel: 020 8733 3206

North West Area 1
London Fire Brigade
169 Union Street
London
SE1 0LL

Tel: 020 8555 1200 x38778

Trading Standards ✕
Brent Council
Brent House
349/357 High Road
Wembley
Middlesex
HA9 6BZ

Tel: 020 8937 5555

Environmental Health ✕
Brent Council
Brent House
349-357 High Road
Wembley
Middlesex
HA9 6BZ

Tel: 020 8937 5252

Children's Services
Brent Council
Chesterfield House
9 Park Lane
Wembley
HA9 7RJ

Area Planning Service ✕
Brent Council
Brent House
349-357 High Road
Wembley
Middlesex
HA9 6BZ

Tel: 020 8937 5210

Public Safety Team ✕
Brent Council
Brent House
3rd Floor East
349-357 High Road
Wembley, Middlesex
HA9 6BZ

Tel: 020 8937 5359

Official Use Only.

Fee ☐

Plan x 2 ☐

DPS Consent (if applicable) ☐

Advertising ☐