



29 NOV 2012

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... SARAH AHMED

.....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	
WOODOVEN PIZZA 391 KILBURN HIGH ROAD NW6 7PE	
Post town	Post code

Telephone number of premises (if any)

02076043333-07904258392

Non-domestic rateable value of premises

£18750 (1950)

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

FIHMEID

SABAH

Please tick ✓ Yes

I am 18 years old or over

Current postal address if different from premises address

Post Town

Postcode

Daytime contact telephone number

E-mail address (optional)

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

Day Month Year

When do you want the premises licence to start?

2	9	1	1	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

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

Pizza Takeaway and eat in

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			Please give further details here (please read guidance note 3)		
Tue					
Wed					
Thur			State any seasonal variations for performing plays (please read guidance note 4)		
Fri					
Sat					
Sun			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 (please read guidance note 5)		

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	Outdoors	Both
Day	Start	Finish				
Mon			Please give further details here (please read guidance note 3)			
Tue						
Wed			State any seasonal variations for the exhibition of films (please read guidance note 4)			
Thur						
Fri			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 (please read guidance note 5)			
Sat						
Sun						

C

Indoor sporting events Standard days and timings (please read guidance note 6)			Please give further details (please read guidance note 3)			
Day	Start	Finish				
Mon			State any seasonal variations for indoor sporting events (please read guidance note 4)			
Tue						
Wed			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 (please read guidance note 5)			
Thur						
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	
Day	Start	Finish		Both	
Mon			Please give further details here (please read guidance note 3)		
Tue					
Wed					
Thur			State any seasonal variations for boxing or wrestling entertainment (please read guidance note 4)		
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	
Day	Start	Finish		Both	
Mon			Please give further details here (please read guidance note 3)		
Tue					
Wed					
Thur			State any seasonal variations for the performance of live music (please read guidance note 4)		
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			Indoors	
Standard days and timings (please read guidance note 6)				
Day	Start	Finish	Both	
Mon			Please give further details here (please read guidance note 3)	
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			Indoors	
Standard days and timings (please read guidance note 6)				
Day	Start	Finish	Both	
Mon			Please give further details here (please read guidance note 3)	
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			
Mon			Please give further details here (please read guidance note 3)		
Tue					
Wed			State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g) (please read guidance note 4)		
Thur					
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			
Mon			Please give further details here (please read guidance note 3)		
Tue					
Wed			State any seasonal variations for the provision of facilities for making music (please read guidance note 4)		
Thur					
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	
					Outdoors	
					Both	
Standard days and timings (please read guidance note 6)						
Day	Start	Finish	Please give a description of the facilities for dancing you will be providing			
Mon						
Tue			Please give further details here (please read guidance note 3)			
Wed						
Thur			State any seasonal variations for providing dancing facilities (please read guidance note 4)			
Fri						
Sat			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)			
Sun						

K

Provision of facilities for entertainment of a similar description to that falling within (i) or (j)			Please give a description of the type of entertainment facility you will be providing			
			Will the entertainment facility be indoors or outdoors or both – please tick [✓] (please read guidance note 2).		Indoors	
					Outdoors	
Standard days and timings (please read guidance note 6)						
Day	Start	Finish	Please give further details here (please read guidance note 3)			
Mon						
Tue			State any seasonal variations for the provision of facilities for entertainment of a similar description to that falling within (i) or (j) (please read guidance note 4)			
Wed						
Thur			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 (j) at different times to those listed in the column on the left, please list (please read guidance note 5)			
Fri						
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"/>									
Day	Start	Finish		Outdoors										
Mon	23.00	02.00	Please give further details here (please read guidance note 3) To supply takeaways to customers and eat in.	Both										
Tue	23.00	02.00												
Wed	23.00	02.00	State any seasonal variations for the provision of late night refreshment (please read guidance note 4) when One extra hour when the clocks go back.											
Thur	23.00	02.00												
Fri	23.00	04.00	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) <table border="0" style="width: 100%;"> <tr> <td>Christmas Eve</td> <td>New Years Eve</td> <td rowspan="4" style="vertical-align: middle;">All from 23.00 - 06.00.</td> </tr> <tr> <td>Christmas Day</td> <td>New Years Day.</td> </tr> <tr> <td>Valentine's Day</td> <td>Diwali</td> </tr> <tr> <td>St Georges.</td> <td>Eid</td> </tr> </table>	Christmas Eve	New Years Eve	All from 23.00 - 06.00.	Christmas Day	New Years Day.	Valentine's Day	Diwali	St Georges.	Eid		
Christmas Eve	New Years Eve	All from 23.00 - 06.00.												
Christmas Day	New Years Day.													
Valentine's Day	Diwali													
St Georges.	Eid													
Sat	23.00	04.00												
Sun	23.00	02.00												

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	
Day	Start	Finish		Off the premises	
Mon			State any seasonal variations for the provision of late night refreshment (please read guidance note 4)	Both	
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)

No adult entertainment

O

Hours premises are open to the public
Standard days and timings
(please read guidance note 6)

Day	Start	Finish
Mon	23.00	2.30.00
Tue	23.00	2.30.00
Wed	23.00	2.30
Thur	23.00	2.30
Fri	23.00	4.30
Sat	23.00	4.30
Sun	23.00	2.30

State any seasonal variation (please read guidance note 4)

one extra hour when the clocks go back.

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)

Christmas Eve
Christmas Day
Valentine's Day
St George's Day
New Years Eve
New Years Day

Diwali
Eid.

All from
23.00 - 06.30.

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)

I have been running this business for 12 years and have never had any problems. On the few occasions where customers have been rude or aggressive we have asked them to leave.

b) The prevention of crime and disorder

- CCTV in place, records for 31 days in colour. Can be easily put on disc if required. Premises can be viewed online via CCTV from another location.
- The till is locked and can only be opened with a key or code.

c) Public safety

To ensure all customers and staff are kept safe. CCTV in place to ensure this.

d) The prevention of public nuisance

No drunk persons will be tolerated if abusive. They will be asked to leave.

e) The protection of children from harm

No children under 18 allowed in the premises 9pm unless accompanied by an adult.

Checklist

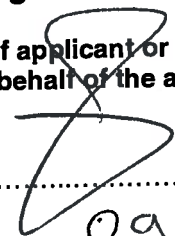
Please tick ✓ Yes

- 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 

Date 29/11/2012

Capacity owner

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)	
Same as front of application.	
Post town	Post code
Telephone number	
E-mail address (optional)	