



# Brent

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 LOCATION CAFE LTD.

.....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	
232 HIGH ROAD, WILLESDEN	
Post town	Post code
LONDON	NW10 2NX

Telephone number of premises (if any)

07878123726

Non-domestic rateable value of premises

£ 18,500.

## 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 type="checkbox"/> |
| - | 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       Mrs       Miss       Ms       Other title   
(for example, Rev)

Surname

First names

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

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)

**(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	LOCATION CAFE LTD
Address	232 HIGH ROAD, WILLESDEN LONDON NW10 2NX
Registered number (where applicable)	08372978
Description of applicant (for example, partnership, company, unincorporated association etc.)	LIMITED COMPANY.
Telephone number (if any)	
E-mail address (optional)	

**Part 3 Operating Schedule**

Day		Month		Year			

When do you want the premises licence to start?

--	--	--	--	--	--	--	--

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

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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)

LOCATION CAFE LTD IS A COFFEE SHOP THAT IS OPEN FOR PUBLIC TO ENJOY TEA, COFFEE, SOFT DRINKS AND SANDWICHES. THE FLOOR PLAN OF THE PREMISES IS ATTACHED.

WE ARE APPLYING FOR A LICENCE THAT WILL ALLOW US TO SERVE HOT DRINKS & REFRESHMENTS AFTER 23:00.

**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**

<b>Plays</b> Standard days and timings (please read guidance note 6)			<b>Will the performance of a play take place indoors or outdoors or both – please tick [<input checked="" type="checkbox"/>] (please read guidance note 2).</b>	Indoors	
Day	Start	Finish		Outdoors	
Mon	<del>07:00 A.M.</del>	<del>02:00 A.M.</del>	<b>Please give further details here</b> (please read guidance note 3)	Both	<input checked="" type="checkbox"/>
Tue	<del>07:00 A.M.</del>	<del>02:00 A.M.</del>			
Wed	<del>07:00 A.M.</del>	<del>02:00 A.M.</del>	<b>State any seasonal variations for performing plays</b> (please read guidance note 4)		
Thur	<del>07:00 A.M.</del>	<del>02:00 A.M.</del>			
Fri	<del>07:00 A.M.</del>	<del>03:00 A.M.</del>	<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 5)		
Sat	<del>07:00 A.M.</del>	<del>03:00 A.M.</del>			
Sun	<del>07:00 A.M.</del>	<del>03:00 A.M.</del>			



**B**

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

**C**

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

**D**

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

**E**

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

**F**

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

**G**

<b>Performances of dance</b> Standard days and timings (please read guidance note 6)			<b>Will the performance of dance take place indoors or outdoors or both</b> – please tick [✓] (please read guidance note 2).	Indoors		
Day	Start	Finish		Outdoors		
Mon			<b>Please give further details here</b> (please read guidance note 3)	Both		
Tue						
Wed				<b>State any seasonal variations for the performance of dance</b> (please read guidance note 4).		
Thur						
Fri				<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 5)		
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 6)			Please give a description of the activities you will be providing		
			<b>Will this entertainment take place indoors or outdoors or both – please tick [✓] (please read guidance note 2).</b>		Indoors
			Outdoors		
			Both		
Day	Start	Finish	<b>Please give further details here</b> (please read guidance note 3)		
Mon					
Tue					
Wed					
Thur					
Fri					
Sat					
Sun					
			<b>State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g) (please read guidance note 4)</b>		
			<b>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)</b>		

## I

<b>Provision of facilities for making music</b> Standard days and timings (please read guidance note 6)			Please give a description of the facilities for making music you will be providing		
			<b>Will this entertainment take place indoors or outdoors or both – please tick [✓] (please read guidance note 2).</b>		Indoors
			Outdoors		
			Both		
Day	Start	Finish	<b>Please give further details here</b> (please read guidance note 3)		
Mon					
Tue					
Wed					
Thur					
Fri					
Sat					
Sun					
			<b>State any seasonal variations for the provision of facilities for making music (please read guidance note 4)</b>		
			<b>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)</b>		

**J**

<b>Provision of facilities for dancing</b> Standard days and timings (please read guidance note 6)			Will the facilities for dancing be indoors or outdoors or both – please tick [✓] (see guidance note 2).	Indoors	
				Outdoors	
Day	Start	Finish	Both		
Mon			<b>Please give a description of the facilities for dancing you will be providing</b>		
Tue					
Wed			<b>Please give further details here</b> (please read guidance note 3)		
Thur			<b>State any seasonal variations for providing dancing facilities</b> (please read guidance note 4)		
Fri			<b>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</b> (please read guidance note 5)		
Sat					
Sun					

**K**

<b>Provision of facilities for entertainment of a similar description to that falling within (i) or (j)</b> Standard days and timings (please read guidance note 6)			<b>Please give a description of the type of entertainment facility you will be providing</b>	Will the entertainment facility be indoors or outdoors or both – please tick [✓] (please read guidance note 2).	
				Indoors	
Day	Start	Finish	Outdoors		
Mon			<b>Please give further details here</b> (please read guidance note 3)		
Tue					
Wed			<b>State any seasonal variations for the provision of facilities for entertainment of a similar description to that falling within (i) or (j)</b> (please read guidance note 4)		
Thur					
Fri			<b>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</b> (please read guidance note 5)		
Sat					
Sun					

**L**

<b>Late night refreshment</b> 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	
Day	Start	Finish		Outdoors	
Mon	23:00	03:00	<b>Please give further details here</b> (please read guidance note 3) SERVE HOT DRINKS & REFRESHMENTS AFTER 23:00.	Both	<input checked="" type="checkbox"/>
Tue	23:00	03:00			
Wed	23:00	03:00			
Thur	23:00	03:00			
Fri	23:00	03:00			
Sat	23:00	03:00			
Sun	23:00	03:00			
			<b>State any seasonal variations for the provision of late night refreshment</b> (please read guidance note 4)		
			<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 5)		

**M**

<b>Supply of alcohol</b> 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			<b>State any seasonal variations for the provision of late night refreshment</b> (please read guidance note 4)	Both	
Tue					
Wed					
Thur					
Fri					
Sat					
Sun					
			<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 5)		

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)

None,

**O**

Hours premises are open to the public Standard days and timings (please read guidance note 6)			State any seasonal variation (please read guidance note 4)
Day	Start	Finish	
Mon	07:00	03:00	<p><b>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)</b></p>
Tue	07:00	03:00	
Wed	07:00	03:00	
Thur	07:00	03:00	
Fri	07:00	03:00	
Sat	07:00	03:00	
Sun	07:00	03:00	

**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)**

SEE BELOW

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

WE WILL INSTALL ALARMS & CCTV'S, AND  
LIAISE WITH THE POLICE.

c) **Public safety**

~~WE~~ PUBLIC SAFETY IS OUR NUMBER ONE PRIORITY. WE  
WILL MAKE SURE THAT WE FOLLOW FIRE REGULATIONS,  
FOOD SAFETY & HEALTH AND SAFETY VERY SERIOUSLY.

d) **The prevention of public nuisance**

WE WILL REMIND CUSTOMERS TO KEEP THE NOISE  
DOWN WHEN LEAVING AND AT ALL TIMES.

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

ITS A COFFEE SHOP AND WE WON'T SELLING  
ANYTHING ILLERAL.



**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 ..... *Kosh A. M.* .....

Date ..... *20/11/2013* .....

Capacity ..... ~~Director~~ *MANAGER* .....

**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 12). **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</b> (please read guidance note 13)	
<b>Post town</b>	<b>Post code</b>
<b>Telephone number</b>	
<b>E-mail address (optional)</b>	