

**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 Wembley Hill Properties Limited
(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			
43-51, Wembley Hill Road			
Post town	Wembley	Post code	HA9 8AU

Telephone number at premises (if any)	
Non-domestic rateable value of premises	£125001

Part 2 - Applicant Details

Please state whether you are applying for a premises licence as
Please tick yes

- a) an individual or individuals * please complete section (A)
- b) a person other than an individual *
 - i. as a limited company please complete section (B)
 - ii. as a partnership please complete section (B)
 - iii. as an unincorporated association or please complete section (B)
 - iv. other (for example a statutory corporation) please complete section (B)
- c) a recognised club please complete section (B)
- d) a charity please complete section (B)

- e) the proprietor of an educational establishment please complete section (B)
- f) a health service body 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 please complete section (B)
- h) the chief officer of police of a police force in England and Wales 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
 - statutory function or
 - a function discharged by virtue of Her Majesty's prerogative

(A) INDIVIDUAL APPLICANTS (fill in as applicable)

Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
Surname			First names		
I am 18 years old or over					<input type="checkbox"/> Please tick yes
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 <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
Surname			First names		
I am 18 years old or over					<input type="checkbox"/> 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 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 Wembley Hill Properties Limited
Address 16-18 Penywern Road London SW5 9SU
Registered number (where applicable) 07393590
Description of applicant (for example, partnership, company, unincorporated association etc.) Limited 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	
2	5	0	3	2	0
1	5				

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

Day		Month		Year	

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

A hotel premises located on the junction of Wembley Hill Road and Linden Avenue with 48 guest bedrooms, a reception area, restaurant, bar, conference room. These facilities are to be arranged over 6 floors ground, 1st, 2nd, 3rd, 4th, 5th as illustrated on plans L300, L301, L302, L303 and L304, L305, L306 deposited with this application. Access to all floors shall be provided by stairs and a Part M compliant lift.

The ground floor will be designed with a kitchen, restaurant and bar. There shall be a reception area, storage for luggage, staff rooms and female, male washrooms. The first floor shall contain a conference room with bedrooms 1-6 and an accessible toilet. The second floor shall contain bedrooms 7-14 and an office. The third floor shall contain bedrooms 15-22 and a computer room. The fourth floor shall contain bedrooms 23-35 and a store room. The fifth floor shall contain bedrooms 36-48.

The proposed licensable activities are to be:

(i) The retail sale of alcohol on the premises for:

Residents and their guests in the restaurant, bar area and to all 48 resident bedrooms (by waiter/waitress service) that will have the provision of a mini bar.

Non residents in the restaurant and bar area.

(ii) The provision of late night refreshment for:

residents and their guests in the restaurant, bar area and to all 48 resident bedrooms by waiter/waitress room service.

non residents in the restaurant and bar area as illustrated on plan L301.

Timings for the sale of alcohol is proposed as follows:

For residents and their guests 24 hours a day Monday to Sundays inclusive for 7 days a week.

For non residents visiting the hotel from 09:00 - 00:00 Monday to Sundays inclusive for 7 days a week.

Timings for the sale of Late Night Refreshment is proposed as follows:

For residents and their guests 23:00 - 05:00 Monday to Sundays inclusive for 7 days a week

For non residents visiting the hotel from 23:00 - 00:00 Monday to Sundays inclusive for 7 days a week.

A set of measures are presented in section P of this application to promote the 4 licensing objectives. No seasonal variations are requested for any licensable activity applied for. A 1/2 hour closing time is requested from the end of licensable activities for non residents.

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 tick yes

- 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:

- 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)

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

In all cases complete boxes N, O and P

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	<input type="checkbox"/>
Mon	23.00	05.00	<u>Please give further details here</u> (please read guidance note 3) To provide late night refreshment to residents and their guests from 23.00 hrs to 05.00 hrs from Monday to Sunday.	Both	<input type="checkbox"/>
Tue	23.00	05.00			
Wed	23.00	05.00	<u>State any seasonal variations for the provision of late night refreshment</u> (please read guidance note 4) None		
Thur	23.00	05.00			
Fri	23.00	05.00	<u>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</u> (please read guidance note 5) To provide late night refreshment to non residents from 2300 hrs to 0000 hrs from Monday to Sunday.		
Sat	23.00	05.00			
Sun	23.00	05.00			

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	<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 4)		
Mon	00.00	24.00			
Tue	00.00	24.00			
Wed	00.00	24.00			
Thur	00.00	24.00			
Fri	00.00	24.00			
Sat	00.00	24.00			
Sun	00.00	24.00			
			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)		
			To supply alcohol to residents and their bona fide guests from 00.00 hrs to 24.00 hrs Monday to Sunday.		
			To supply alcohol to non residents from 09.00 hrs to midnight from Monday to Sunday.		

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

Name Rafik Wadie	
Address 1 Byron Road Ealing Common Ealing	
Postcode	W5 3LL
Personal Licence number (if known) 4145	
Issuing licensing authority (if known) Ealing Council	

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)

Not applicable

O

<p>Hours premises are open to the public Standard days and timings (please read guidance note 6)</p>			<p>State any seasonal variations (please read guidance note 4)</p>
Day	Start	Finish	
Mon	00:00	24:00	<p>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 (please read guidance note 5) The premise shall be open to residents and their bona fida guests for 24 hours a day 7 days a week.</p> <p>For non residents the premises shall be open between 09:00 and 00:30. An additional 1/2 is requested from the end of requested licensable activities so as to enable non residents to finish their tablemeal/s or alcoholic beverage/s.</p>
Tue	00:00	24:00	
Wed	00:00	24:00	
Thur	00:00	24:00	
Fri	00:00	24:00	
Sat	00:00	24:00	
Sun	00:00	24:00	

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)

CCTV
Fire equipment
Public Notices
Age verification policy

b) The prevention of crime and disorder

CCTV installed and in operation throughout the internal areas of the premises.

CCTV recordings shall be maintained for 31 days.

The hotel will employ a concierge service to assist resident guests and visitors.

c) Public safety

Fire fighting equipment and fire safety measures as per approved drawing/s shall be installed and maintained at the premises.

d) The prevention of public nuisance

Suitable receptacles for trade waste and customer waste shall be located at the premises.
Signage shall be displayed at the premises requesting customers and their guests to respect local residents and to leave the premises quietly.

e) The protection of children from harm

A proof of scheme shall operate at the premises namely Challenge 25. Only suitable identification including UK and foreign passports or identity cards shall be accepted.

Management and staff who sell or serve alcohol shall be trained in the adopted age verification scheme.

A written record of age verification training shall be maintained at the premises.

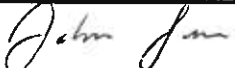
Please tick yes

- 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

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 (See guidance note 11). **If signing on behalf of the applicant please state in what capacity.**

Signature	
Date	24 th December 2014
Capacity	Licensing Agent - Authorised

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)

Joshua Simons & Associates Ltd
Imperial Place
Unit 4
Maxwell Road

Post town	Borehamwood	Post code	WD6 1JN
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Telephone number (if any)	07725418439
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If you would prefer us to correspond with you by e-mail your e-mail address (optional)
ncharlton@jsaal.co.uk or jsimons@jsaal.co.uk