



Received  
27 APR 2018  
DIGITAL POSTROOM

# 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 VIRGO VENTURES (TRADING AS 'TWO DOORS DOWN')

.....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	
17 WALM LANE, NW2 5SJ	
Post town	Post code
LONDON	NW2 5SJ

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 type="checkbox"/>            | please complete section (A) |
| b)  | a person other than an individual*  |                                     |                             |
|     | i. as a limited company/limited liability partnership   | <input checked="" 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

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

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)

**SECOND INDIVIDUAL APPLICANT (if applicable)**

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

Surname  First names

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

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	VIRAGO VENTURES LTD.
Address	<input type="text"/> <input type="text"/>
Registered number (where applicable)	<input type="text"/>
Description of applicant (for example, partnership, company, unincorporated association etc.)	LIMITED COMPANY
Telephone number (if any)	<input type="text"/>
E-mail address (optional)	<input type="text"/>

**Part 3 Operating Schedule**

When do you want the premises licence to start?

Day		Month		Year	
1	0	0	5	2	0
1	8				

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

N	/	A				
---	---	---	--	--	--	--

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

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

A FRIENDLY LOCAL NEIGHBOURHOOD BAR/RESTAURANT ON A HIGH STREET LOCATION. APPROX 100 COVERS. CUSTOMERS TO EAT AND/OR DRINK IN A CONVIVIAL ATMOSPHERE WITH A STRONG COMMUNITY ETHOS. AS WILLESDEN GREEN LOCALS FOR MORE THAN 30 YEARS, WE WILL ACTIVELY ENCOURAGE A STRONG MIX OF AGE AND SOCIAL/CULTURAL BACKGROUNDS.

FOOD AND DRINK TO BE CONSUMED ON PREMISES AND IN ACCORDANCE WITH ANY FUTURE STREET TRADING LICENCE. WE ARE ALSO APPLYING FOR "OFF" LICENCE BECAUSE WE WILL BE USING DELIVERY SERVICES SUCH AS HUNGRY HOUSE AND DELIVEROO

THE PREMISES WILL COMPRISE OPEN FRONTAGE (SLIDING DOORS), MEZZANINE LEVEL, OPEN KITCHEN AND SERVING/BAR AREA, 3 WCs (INCLUDING ONE WITH DISABLED ACCESS / BABY CHANGE FACILITIES AND STORAGE/STAFF AREAS.

Please tick  Yes

**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 <input checked="" type="checkbox"/> (please read guidance note 3).</b>	Indoors		
Day	Start	Finish		Outdoors		
Mon			<b>Please give further details here (please read guidance note 4)</b>	Both		
Tue						
Wed				<b>State any seasonal variations for performing plays (please read guidance note 5)</b>		
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 (please read guidance note 6)</b>		
Sat						
Sun						

**D**

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

**E**

<b>Live Music</b> Standard days and timings (please read guidance note 7)			Will the performance of live music take place indoors or outdoors or both – please tick [✓] (please read guidance note 3)		Indoors	
					Outdoors	
Day	Start	Finish	Please give further details here (please read guidance note 4)			
Mon						
Tue			State any seasonal variations for the performance of live music (please read guidance note 5)			
Wed						
Thur	23:00	00:00	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 6)			
Fn	23:00	00:00				
Sat	23:00	00:00				
Sun						

AMPLIFIED LIVE MUSIC

~~PLUS 2 HOURS CHRISTMAS EVE AND NEW YEARS EVE~~

PLUS 2 HOURS CHRISTMAS EVE AND NEW YEARS EVE

**F**

<b>Recorded music</b> Standard days and timings (please read guidance note 7)			<b>Will the playing of recorded music take place indoors or outdoors or both – please tick [✓] (please read guidance note 3)</b>	Indoors	
Day	Start	Finish		Outdoors	
Mon	23:00	00:00	<b>Please give further details here (please read guidance note 4)</b>	Both	<input checked="" type="checkbox"/>
Tue	23:00	00:00			
Wed	23:00	00:00	<b>State any seasonal variations for playing recorded music (please read guidance note 5)</b>		
Thur	23:00	03:00			
Fri	23:00	03:00	<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 (please read guidance note 6)</b>  PLUS 2 HOURS CHRISTMAS EVE AND NEW YEARS EVE		
Sat	23:00	03:00			
Sun	23:00	00:00			

**G**

<b>Performances of dance</b> Standard days and timings (please read guidance note 7)			<b>Will the performance of dance 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 (please read guidance note 4)</b>	Both	
Tue					
Wed			<b>State any seasonal variations for the performance of dance (please read guidance note 5)</b>		
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 (please read guidance note 6)</b>		
Sat					
Sun					

Late night refreshment 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)	Indoors	
Day	Start	Finish		Outdoors	
Mon			<b>Please give further details here</b> (please read guidance note 4)		
Tue					
Wed			<b>State any seasonal variations for the provision of late night refreshment</b> (please read guidance note 5)		
Thur			<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)		
Fri					
Sat					
Sun					

Supply of alcohol 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) <i>IN ACCORDANCE WITH ANY STREET TRADING LICENCE IN FUTURE AND FOR DELIVERY</i>	On the premises	
Day	Start	Finish		Off the premises	
Mon	11:00	00:00	<b>State any seasonal variations for the provision of late night refreshment</b> (please read guidance note 5)		
Tue	11:00	00:00			
Wed	11:00	00:00	<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)  <i>PLUS TWO HOURS CHRISTMAS EVE AND NEW YEARS EVE</i>		
Thur	11:00	03:00			
Fri	11:00	03:00			
Sat	11:00	03:00			
Sun	11:00	00:00			



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 ..... ANNIE WALSH .....  
 Date of Birth ..... [REDACTED] .....  
 Address ..... [REDACTED] .....  
 Postcode ..... [REDACTED] .....  
 Personal Licence number (if known) ..... [REDACTED] .....  
 Issuing licensing authority (if known) ..... BRENT .....

**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)

NOTHING TO GIVE CAUSE FOR CONCERN

**L**

Hours premises are open to the public  
 Standard days and timings  
 (please read guidance note 7)

Day	Start	Finish
Mon	08:00	00:00
Tue	08:00	00:00
Wed	08:00	00:00
Thur	08:00	03:00
Fri	08:00	03:00
Sat	08:00	03:00
Sun	08:00	00:00

State any seasonal variation (please read guidance note 5)

*(A diagonal line is drawn across this section, indicating no seasonal variation.)*

**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)**

PLUS TWO HOURS XMAS EVE AND NEW YEARS EVE

**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)

- REGULAR STAFF AND MANAGEMENT TRAINING TO ENSURE KNOWLEDGE AND IMPLEMENTATION OF LICENSING OBJECTIVES
- CLEAR SUPERVISORY STRUCTURE
- CONSTANT STAFF VIGILANCE
- REGULAR RISK ASSESSMENTS
- COMPLIANCE WITH RELEVANT AUTHORITIES, RULES AND GUIDELINES

b) The prevention of crime and disorder

- NO PROFIT NO SALE POLICY
- COOPERATION WITH LOCAL POLICE
- ZERO TOLERANCE DRUGS POLICY
- PROMOTION OF GOOD AGE AND SOCIAL MIX
- CCTV
- SECURITY STAFF AS REGULATED

c) Public safety

- COMPLIANCE WITH FIRE REGULATIONS
- STAFF TRAINING (FIRE DRILLS ETC)
- INSTALLATION AND MAINTENANCE OF FIRE SAFETY EQUIPMENT
- FIRE EXITS UNOBSTRUCTED AND CLEARLY SIGNED
- STRICT HYGIENE / FOOD SAFETY POLICY AND PROCEDURES
- ADHERENCE TO H+E EXECUTIVE '5' STEPS TO RISK ASSESSMENT
- CONTRACTS WITH PROFESSIONAL WASTE DISPOSAL / PEST CONTROL FIRMS

d) The prevention of public nuisance

- STRICT ADHERENCE TO RESPONSIBLE SERVICE OF ALCOHOL POLICIES
- MUSIC VOLUME AT ACCEPTABLE LEVELS. INSTALLATION OF SOUND INSULATION
- CLEAR RESTRICTIONS ON OUTSIDE SERVICE AREAS
- BEHAVIOUR NOTICES FOR BENEFIT OF NEIGHBOURS
- EFFECTIVE AND PROFESSIONAL WASTE DISPOSAL

e) The protection of children from harm

- STAFF AND MANAGEMENT VIGILANCE AND TRAINING
- ADOPTION OF 'CHALLENGE 21' POLICY
- NO ADULTS TO BUY ALCOHOL FOR CHILDREN (UNLESS 16-17 YEARS OLD AND DRINKING BEER, WINE OR CIDER AT A TABLE MEAL)

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**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 (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, if appropriate (please see note 15)

Signature 

Date 16/04/18

Capacity MANAGING DIRECTOR, VIRA60 VENTURES

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 .....

Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 14)

NIAMI WALSHÉ McBRIDE

[Redacted]

Post town	[Redacted]	Post code	[Redacted]
Telephone number	[Redacted]		
E-mail address (optional)	[Redacted]		