



Brent

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.....SATYANARAYAN RESTAURANT 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 23, 24, 25 QUEENSBURY STATION PARADE | |
| Post town EDGWARE | Post code HA8 5NR |

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* ☐ please complete section (A)
- b) a person other than an individual* ☒ please complete section (B)
- i. as a limited company/limited liability partnership ☐ please complete section (B)
- ii. as a partnership (other than limited liability) ☐ 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 in Wales ☐ 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 ☐ 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
- 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

Date of Birth

I am 18 years old or over ☐ (Please tick yes)

Nationality

Current postal
address
if different from
premises address

Post Town

Postcode

Daytime contact telephone number

E-mail address (optional)

statement

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 ☐ (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 | SATYANARAYAN RESTAURANT Ltd |
| Address | <div>██</div> <div>██████████</div> <div>██</div> |
| Registered number (where applicable) | ████████████████████ |
| Description of applicant (for example, partnership, company, unincorporated association etc.) | <div>██</div> |
| 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 | 1 | 1 | 0 | 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 |
|-----|

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

THE PREMISES IS LOCATED OVER 3 SHOPS ^{UNITS} ~~OF~~ A TOTAL OF 3000 SQ FEET. THE AREA WILL BE SPLIT IN HALF.

ONE HALF WILL SERVE AS A VEGETARIAN RESTAURANT OF 100 SEATER WITH A SMALL BAR, OFFERING TAPAS STYLE FOOD FROM A REGION OF GUJARAT CALLED KATHYAVAD#.

THE OTHER HALF WILL BE A BANQUETING HALL AVAILABLE FOR HIRE AND WILL ALSO HAVE A SMALL BAR IF GUESTS REQUIRE. (CAPACITY 100 PEOPLE)

THE RESTAURANT WILL PLAY SOFT RECORDED MUSIC WHILE DINING.

THE BANQUETING WILL BE PER GUESTS REQUIREMENTS - EITHER RECORDED OR LIVE SO REQUIRE A LICENCE FOR BOTH.

IF WE CAN GET A LATER LICENCE FOR THURSDAY, FRIDAY AND SATURDAY THAT WOULD BE GREAT AND GUESTS CAN HAVE THAT OPTION.

I HAVE ALSO ASKED FOR A LATER LICENCE IF POSSIBLE FOR CHRISTMAS & NEW YEARS EVE.

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

| Plays Standard days and timings (please read guidance note 7) | | | Will the performance of a play take place indoors or outdoors or both – please tick [✓] (please read guidance note 3). | Indoors | |
|--|-------|--------|--|----------|--|
| Day | Start | Finish | | Outdoors | |
| Mon | | | Please give further details here (please read guidance note 4) | Both | |
| | | | | | |
| Tue | | | State any seasonal variations for performing plays (please read guidance note 5) | | |
| | | | | | |
| Wed | | | 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) | | |
| | | | | | |
| Thur | | | | | |
| | | | | | |
| Fri | | | | | |
| | | | | | |
| Sat | | | | | |
| | | | | | |
| Sun | | | | | |
| | | | | | |

D

| | | | | | |
|--|-------|--------|---|----------|--|
| Boxing or wrestling entertainment 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 | |
| | | | | Both | |
| Day | Start | Finish | <u>Please give further details here</u> (please read guidance note 4) | | |
| Mon | | | | | |
| Tue | | | | | |
| Wed | | | <u>State any seasonal variations for boxing or wrestling entertainment</u> (please read guidance note 5) | | |
| Thur | | | | | |
| Fri | | | | | |
| Sat | | | <u>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</u> (please read guidance note 6) | | |
| Sun | | | | | |

E

| | | | | | |
|---|-------|--------|---|----------|---|
| Live Music 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 | |
| | | | | Both | |
| Day | Start | Finish | <u>Please give further details here</u> (please read guidance note 4) ONLY WHEN BANQUETING HALL IS BEING RENTED AND IF CUSTOMER CHOOSES THIS OPTION. | | |
| Mon | 12.00 | 23.00 | | | |
| Tue | 12.00 | 23.00 | | | |
| Wed | 12.00 | 23.00 | <u>State any seasonal variations for the performance of live music</u> (please read guidance note 5) CHRISTMAS EVE & NEW YEARS EVE UNTIL 04.00 | | |
| Thur | 12.00 | 01.00 | | | |
| Fri | 12.00 | 01.00 | | | |
| Sat | 12.00 | 01.00 | <u>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</u> (please read guidance note 6) | | |
| Sun | 12.00 | 00.00 | | | |

F

| Recorded music Standard days and timings (please read guidance note 7) | | | Will the playing of recorded music take place indoors or outdoors or both – please tick [✓] (please read guidance note 3) | Indoors | <input checked="" type="checkbox"/> |
|--|-------|--------|--|----------|-------------------------------------|
| | | | | Outdoors | |
| | | | | Both | |
| Day | Start | Finish | | | |
| Mon | 12.00 | 23.00 | Please give further details here (please read guidance note 4) BACKGROUND MUSIC PLAYING IN RESTAURANT. | | |
| Tue | 12.00 | 23.00 | | | |
| Wed | 12.00 | 23.00 | State any seasonal variations for playing recorded music (please read guidance note 5) CHRISTMAS & NEW YEARS EVE UNTIL 04.00 | | |
| Thur | 12.00 | 01.00 | | | |
| Fri | 12.00 | 01.00 | 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) UNLESS BANQUETING REQUEST FOR PRIVATE HIRE | | |
| Sat | 12.00 | 01.00 | | | |
| Sun | 12.00 | 00.00 | | | |
| | | | | | |

G

| Performances of dance Standard days and timings (please read guidance note 7) | | | Will the performance of dance take place indoors or outdoors or both – please tick [✓] (please read guidance note 3). | Indoors | |
|---|-------|--------|---|----------|--|
| | | | | Outdoors | |
| | | | | Both | |
| Day | Start | Finish | | | |
| Mon | | | Please give further details here (please read guidance note 4) | | |
| Tue | | | | | |
| Wed | | | State any seasonal variations for the performance of dance (please read guidance note 5) | | |
| 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 6) | | |
| 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 | |
| | | | | | Outdoors | |
| | | | | | Both | |
| Day | Start | Finish | Please give further details here (please read guidance note 4) | | | |
| Mon | | | | | | |
| Tue | | | | | | |
| Wed | | | State any seasonal variations for the provision of late night refreshment (please read guidance note 5) | | | |
| Thur | | | | | | |
| Fri | | | | | | |
| Sat | | | 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 6) | | | |
| 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) | | On the premises | ✓ |
| | | | | | Off the premises | |
| | | | | | Both | |
| Day | Start | Finish | State any seasonal variations for the provision of late night refreshment (please read guidance note 5) | | | |
| Mon | 12.00 | 23.00 | | | | |
| Tue | 12.00 | 23.00 | | | | |
| Wed | 12.00 | 23.00 | 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 6) | | | |
| Thur | 12.00 | 01.00 | | | | |
| Fri | 12.00 | 01.00 | | | | |
| Sat | 12.00 | 01.00 | | | | |
| Sun | 12.00 | 00.00 | | | | |
| | | | | | | |

CHRISTMAS EVE AND NEW YEARS EVE
UNTIL 04.00

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 KUNNAL NARANG
 Date of Birth [REDACTED]
 Address [REDACTED]
 Postcode [REDACTED]
 Personal Licence number(if known) —
 Issuing licensing authority (if known) —

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)

N/A

L

Hours premises are open to the public

Standard days and timings
(please read guidance note 7)

State any seasonal variation (please read guidance note 5)

CHRISTMAS EVE & NEW YEARS EVE UNTIL 04.00

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)

| Day | Start | Finish |
|------|-------|--------|
| Mon | 12.00 | 23.00 |
| Tue | 12.00 | 23.00 |
| Wed | 12.00 | 23.00 |
| Thur | 12.00 | 01.00 |
| Fri | 12.00 | 01.00 |
| Sat | 12.00 | 01.00 |
| Sun | 12.00 | 00.00 |

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)

- TRAINING OF STAFF
- STRONG MANAGEMENT CONTROLS
- NO SELLING OF ALCOHOL TO UNDERAGE
- NO DRUNK & DISORDERLY BEHAVIOUR ON THE PREMISES AREA
- VIGILANCE IN PREVENTING USE & SALE OF ILLEGAL DRUGS
- NO VIOLENCE & HARM TO CHILDREN

b) The prevention of crime and disorder

- CCTV ON PREMISES
- NOTICE INDICATING NORMAL OPENING HOURS
- CLEAR NOTICE WARNING OF CRIMINAL ACTIVITY
- NOT SELLING ALCOHOL TO DRUNK OR INTOXICATED CUSTOMERS
- PREVENTION IN ILLEGAL DRUG USE IN RETAIL AREA
- STAFF WILL BE TRAINED TO ASK CUSTOMERS TO USE PREMISES IN AN ORDERLY & RESPECTFUL MANNER

c) Public safety

- INTERNAL & EXTERNAL LIGHTING TO PROMOTE SAFETY
- STAFF TRAINING TO ENVIRONMENTAL HEALTH REQUIREMENT
- TRAINING & IMPLEMENTATION OF UNDERAGE ID CHECKS
- ALL FIXTURES AND FITTINGS CHECKED FOR SAFETY

d) The prevention of public nuisance

- NOISE REDUCTION MEASURES TO ADDRESS PUBLIC NUISANCE OBJECTIVES
- CLEAR NOTICES DISPLAYED AT EXIT REQUESTING PUBLIC TO RESPECT RESIDENTS & TO LEAVE QUIETLY.
- CUSTOMERS WILL BE ASKED NOT TO STAND AROUND TALKING LOUDLY OUTSIDE
- CUSTOMERS ONLY ALLOWED DURING OPENING HOURS
- WASTE RECEPTABLES AVAILABLE FOR CUSTOMER USE

e) The protection of children from harm

- "CHALLENGE 25" SIGN DISPLAYED ENCOURAGING ANYONE WHO IS OVER 18 BUT LOOKS UNDER 25 TO CARRY ACCEPTABLE ID IF THEY WISH TO BUY ALCOHOL.
- ALL DETAILS PROVIDED IN TRAINING RECORD BOOK AVAILABLE IN RETAIL UNIT
- LOG BOOK WILL BE KEPT ON PREMISES

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 *[Signature]*

Date 9/9/18

Capacity COMPANY DIRECTOR

For joint applications signature of 2nd applicant or 2nd 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 10/8/18

Capacity

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

SHITAL PATEL

[REDACTED]

[REDACTED]

Post town [REDACTED]

Post code [REDACTED]

Telephone number [REDACTED]

E-mail address (optional) [REDACTED]