



# 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 TAMU SAMAJ UK NEPALESE COMMUNITY

.....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 BARHAM PARK - UNIT 1 CARD ROOM TAMU SAMAJ UK NEPALESE COMMUNITY CENTRE 660 HARROW ROAD WEMBLEY	
Post town WEMBLEY	Post code HAO 2HB

Telephone number of premises (if any) [REDACTED]

Non-domestic rateable value of premises £ 6,100.00

## 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 <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)

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 <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	TAMU SAMAJ UK (NEPALESE COMMUNITY)
Address	[REDACTED] [REDACTED] [REDACTED]
Registered number (where applicable)	[REDACTED]
Description of applicant (for example, partnership, company, unincorporated association etc.)	TAMU SAMAJ UK (NEPALESE COMMUNITY)
Telephone number (if any)	[REDACTED]
E-mail address (optional)	[REDACTED]

**Part 3 Operating Schedule**

When do you want the premises licence to start?

Day	Month	Year
01	02	2019

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

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

THE UNIT 1 CARD ROOM COMPRISES A MAIN WITH MALE AND FEMALE WCs AND DISABLED TOILET. IT IS OF A TIMBER FRAMD CONSTRUCT-ION WITH A PITCHED TILE ROOF AND PAINT-ED SOFTWOOD WEATHER ONTO AN AREA THAT COULD BE USED FOR OUTDOOR SEATING.

THE CURRENT PLANNING USE IS D1 EPC. THE CARDROOM HAS AN EPC RATING OF D(2). IT HAS A GROSS INTERNAL AREA OF APPROX. IMATELY 116 SQM.

**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	
				Outdoors	
Day	Start	Finish		Both	
Mon			<b><u>Please give further details here</u></b> (please read guidance note 4)		
Tue					
Wed			<b><u>State any seasonal variations for performing plays</u></b> (please read guidance note 5)		
Thur					
Fri			<b><u>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</u></b> (please read guidance note 6)		
Sat					
Sun					

**B**

<b>Films</b> Standard days and timings (please read guidance note 7)			Will the performance of films 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)	Both		
Tue						
Wed				<b>State any seasonal variations for the exhibition of films</b> (please read guidance note 5)		
Thur						
Fri				<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 6)		
Sat						
Sun						

**C**

<b>Indoor sporting events</b> Standard days and timings (please read guidance note 7)			Please give further details (please read guidance note 4)
Day	Start	Finish	
Mon			<b>State any seasonal variations for indoor sporting events</b> (please read guidance note 5)
Tue			
Wed			<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 6)
Thur			
Fri			
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		
Day	Start	Finish		Outdoors		
Mon			<b>Please give further details here</b> (please read guidance note 4)	Both		
Tue						
Wed				<b>State any seasonal variations for boxing or wrestling entertainment</b> (please read guidance note 5)		
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 6)		
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	<input checked="" type="checkbox"/>
Day	Start	Finish		Outdoors	
Mon	12:00	23:00	<b>Please give further details here</b> (please read guidance note 4)	Both	
Tue	12:00	23:00			
Wed	12:00	23:00	<b>State any seasonal variations for the performance of live music</b> (please read guidance note 5)		
Thur	12:00	23:00		ON BANK HOLIDAY 12:00-23:59 HRS	
Fri	12:00	23:00	<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 6)		
Sat	12:00	23:00			
Sun	12:00	23:00			



**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"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon	12:00	23:00	<u>Please give further details here</u> (please read guidance note 4)	Both	<input type="checkbox"/>
Tue	12:00	23:00			
Wed	12:00	23:00	<u>State any seasonal variations for playing recorded music</u> (please read guidance note 5)	ON BANK HOLIDAY 12:00 - 23:59 HRS	
Thur	12:00	23:00			
Fri	12:00	23:00	<u>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</u> (please read guidance note 6)		
Sat	12:00	23:00			
Sun	12:00	23:00			

**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	<input checked="" type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon	12:00	23:00	<u>Please give further details here</u> (please read guidance note 4)	Both	<input type="checkbox"/>
Tue	12:00	23:00			
Wed	12:00	23:00	<u>State any seasonal variations for the performance of dance</u> (please read guidance note 5)	ON BANK HOLIDAY 12:00 - 23:59 HRS	
Thur	12:00	23:00			
Fri	12:00	23:00	<u>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</u> (please read guidance note 6)		
Sat	12:00	23:00			
Sun	12:00	23:00			

**H**

<b>Anything of a similar description to that falling within (e), (f) or (g)</b> Standard days and timings (please read guidance note 7)			Please give a description of the type of entertainment you will be providing		
<b>Day</b>	<b>Start</b>	<b>Finish</b>	<b>Will this entertainment take place indoors or outdoors or both – please tick</b> (please read guidance note 3)	Indoors	<input checked="" type="checkbox"/>
Mon	12:00	23:00		Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Tue	12:00	23:00	<b>Please give further details here</b> (please read guidance note 4)		
Wed	12:00	23:00			
Thur	12:00	23:00	<b>State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g)</b> (please read guidance note 5)		
Fri	12:00	23:00	OCCASSIONALLY, WE WILL BE USING MUSIC WITH AMPLIFIED.		
Sat	12:00	23:00	<b>Non standard timings. Where you intend to use the premises for the entertainment of a similar description to that falling within (e), (f) or (g) at different times to those listed in the column on the left, please list</b> (please read guidance note 6)		
Sun	12:00	23:00			

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	<input checked="" type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon	12:00	23:00	<u>Please give further details here</u> (please read guidance note 4)		
Tue	12:00	23:00			
Wed	12:00	23:00	<u>State any seasonal variations for the provision of late night refreshment</u> (please read guidance note 5)		
Thur	12:00	23:00	BANK HOLIDAY 12:00-23:59 HRS		
Fri	12:00	23:00	<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 6)		
Sat	12:00	23:00			
Sun	12:00	23:00			

**J**

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	<input checked="" type="checkbox"/>
Day	Start	Finish		Off the premises	<input type="checkbox"/>
Mon	12:00	23:00	<u>State any seasonal variations for the provision of late night refreshment</u> (please read guidance note 5)		
Tue	12:00	23:00			
Wed	12:00	23:00	<u>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</u> (please read guidance note 6)		
Thur	12:00	23:00			
Fri	12:00	23:00			
Sat	12:00	23:00			
Sun	12:00	23:00			

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 KASHI RAT BOHARH  
 Date of Birth [REDACTED]  
 Address [REDACTED]  
[REDACTED]  
 Postcode [REDACTED]  
 Personal Licence number (if known) [REDACTED]  
 Issuing licensing authority (if known) [REDACTED]

**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)

**L**

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

Day	Start	Finish
Mon	12:00	23:00
Tue	12:00	23:00
Wed	12:00	23:00
Thur	12:00	23:06
Fri	12:00	23:00
Sat	12:00	23:00
Sun	12:00	23:06

State any seasonal variation (please read guidance note 5)

ON BANK HOLIDAY 12:00 - 23:59 HRS

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)

**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)

- OPERATING SCHEDULE PROVIDING THE HOURS OF OPERATING AND LICENSABLE ACTIVITIES DURING THOSE HOURS.  
- EFFECTIVE STAFF TRAINING SO THEY ARE AWARE OF THE PREMISE LICENSE AND THE REQUIREMENTS TO MEET THE FOUR OBJECTIVE WITH PARTICULAR ATTENTION TO NO SALE OF ALOCOHOL UNDERAGE PEOPLE, NO DRUNK OR DISORDERY BEHAVIOUR ON PREMISE NO VIOLET AND ANTI SOCIAL BEHAVIOUR, NO FARM TO CHILDREN.

b) The prevention of crime and disorder

- CCTV SYSTEM INSTALLED TO MONITOR EXITS, ENTRANCES AND OTHER PARTS OF THE PREMISES.  
- PREVENTION AND VIGILANCE IN ILLEGAL DRUG USE SALE ON PREMISE.  
- NO SALE OF ALOCOHOL TO DRUNK OR INTOXICATED CUSTOMERS.

c) Public safety

- TRAINING AND IMPLEMENTATION OF UNDERAGE ID CHECK.  
- INTERNAL AND EXTERNAL LIGHTING FIXED TO PROMOTE PUBLIC SAFETY.  
- CLEAR GANGWAYS TO EXITS ARE MAINTAINED.

d) The prevention of public nuisance

- ENSURE NOISE DOESNOT CAUSE UNREASONABLE DISTURBANCE TO THE WIDER PUBLIC.  
- KEEP SPEAKERS INSIDE THE PREMISES AND AWAY FROM EXITS.  
- ADEQVATE WASTE MANAGEMENT WILL BE PROVIDED.

e) The protection of children from harm

- A CHALLENGE 25" POLICY SIGN WILL BE PLACED AND EMPLOYED, WHERE BY THOSE WHO APPEAR UNDER THE AGE OF 25 WILL BE ASKED TO PROVIDED ID, ACCEP-TABLE ID INCLUDE PHOTO DRIVING LICENCE, PASSPORT, PASS (PROOF OF AGE STANDARDS SCHEME) OR  
- STAFF WILL BE TRAINED TO UPHOLD THIS POLICY.

**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 25/11/2018 .....

Capacity President .....