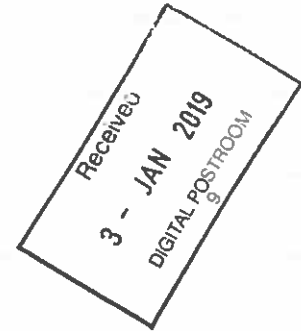




Brent



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..... MR SABARATNAM SURESH

.....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	
34-38 STEELE ROAD PARK ROYAL LONDON	
Post town	Post code <u>NW10 7AS</u>

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

SURESH

First names

SABARATNAM

Date of Birth

[REDACTED]

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

Nationality

[REDACTED]

Current postal address if different from premises address

[REDACTED]

Post Town

[REDACTED]

Postcode

[REDACTED]

Daytime contact telephone number

[REDACTED]

E-mail address (optional)

[REDACTED]

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
Address
Registered number (where applicable)
Description of applicant (for example, partnership, company, unincorporated association etc.)
Telephone number (if any)
E-mail address (optional)

Part 3 Operating Schedule

08/03/2019

When do you want the premises licence to start?

Day	Month	Year
08	03	2019

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

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

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)

THIS IS BANQUETING HALL,
LOCATED IN INDUSTRIAL AREA.
GROUND FLOOR KITCHEN, FIRST
FLOOR HALL. THIS HALL
INCLUDE BAR, STAGE, CLOAK
ROOM, FIRE EXIT AND CCTV
CAMERA.

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) *pm &*

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 <input checked="" type="checkbox"/> (please read guidance note 3).	Indoors	<input checked="" type="checkbox"/>
Day	Start	Finish		Outdoors	
Mon	10.00	5.30	Please give further details here (please read guidance note 4) <i>THIS IS BANQUETING HALL. SO WE PLAY DJ OR MUSIC DURING THE SHOW.</i>	Both	
		AM		AM	
Tue	10.00	5.30			
		AM		AM	
Wed	10.00	5.30		State any seasonal variations for performing plays (please read guidance note 5)	
		AM		AM	
Thur	10.00	5.30		<i>NO. ITS BANQUETING HALL. WE TAKE PARTIES ORDERS. EXAMPLE: WEDDING.</i>	
		AM		AM	
Fri	10.00	5.30	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)		
		AM	AM		
Sat	10.00	5.30	<i>NONE. WE USE AS PER TIME SAID ON THE LEFT SIDE.</i>		
		AM		AM	
Sun	10.00	5.30			
		AM		AM	

B

Films 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			Please give further details here (please read guidance note 4)	Both			
Tue							
Wed				State any seasonal variations for the exhibition of films (please read guidance note 5)			
Thur							
Fri					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 (please read guidance note 6)		
Sat							
Sun							

C

Indoor sporting events Standard days and timings (please read guidance note 7)			Please give further details (please read guidance note 4)
Day	Start	Finish	
Mon			State any seasonal variations for indoor sporting events (please read guidance note 5)
Tue			
Wed			
Thur			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 (please read guidance note 6)
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			
Mon			Please give further details here (please read guidance note 4)		
Tue					
Wed			State any seasonal variations for boxing or wrestling entertainment (please read guidance note 5)		
Thur					
Fri			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)		
Sat					
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			
Mon	10.00 Am	5.30 Am	Please give further details here (please read guidance note 4) SAME DETAILS AS PART A. (PAGE 6)		
Tue	10.00 Am	5.30 Am			
Wed	10.00 Am	5.30 Am	State any seasonal variations for the performance of live music (please read guidance note 5) SAME DETAILS AS PART A. (PAGE 6)		
Thur	10.00 Am	5.30 Am			
Fri	10.00 Am	5.30 Am	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) MAYBE SAME DETAILS AS PER PART A (PAGE 6)		
Sat	10.00 Am	5.30 Am			
Sun	10.00 Am	5.30 Am			

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	X			
Day	Start	Finish		Outdoors				
				Both				
Mon	10.00	5.30	Please give further details here (please read guidance note 4) SAME DETAILS AS PER PART A. (PAGE 6)					
	AM	AM						
Tue	10.00	5.30						
	AM	AM						
Wed	10.00	5.30				State any seasonal variations for playing recorded music (please read guidance note 5)		
	AM	AM						
Thur	10.00	5.30				SAME DETAILS AS PER PART A. (PAGE 6)		
	AM	AM						
Fri	10.00	5.30				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)		
	AM	AM						
Sat	10.00	5.30				SAME DETAILS AS PER PART A (PAGE 6)		
	AM	AM						
Sun	10.00	5.30						
	AM	AM						

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	✓			
Day	Start	Finish		Outdoors				
				Both				
Mon	10.00	5.30	Please give further details here (please read guidance note 4) SAME DETAILS AS PER PART A. (PAGE 6)					
	AM	AM						
Tue	10.00	5.30						
	AM	AM						
Wed	10.00	5.30				State any seasonal variations for the performance of dance (please read guidance note 5)		
	AM	AM						
Thur	10.00	5.30				SAME DETAILS AS PER PART A (PAGE 6)		
	AM	AM						
Fri	10.00	5.30				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)		
	AM	AM						
Sat	10.00	5.30				SAME DETAILS AS PER PART A (PAGE 6)		
	AM	AM						
Sun	10.00	5.30						
	AM	AM						

H

Anything of a similar description to that falling within (e), (f) or (g) Standard days and timings (please read guidance note 7)			Please give a description of the type of entertainment you will be providing		
Day	Start	Finish	<u>Will this entertainment take place indoors or outdoors or both – please tick</u> (please read guidance note 3)	Indoors	<input type="checkbox"/>
Mon				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Tue			<u>Please give further details here</u> (please read guidance note 4)		
Wed			<u>State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g)</u> (please read guidance note 5)		
Thur			<u>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</u> (please read guidance note 6)		
Fri					
Sat					
Sun					

I

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 <input checked="" type="checkbox"/> (please read guidance note 3).	Indoors	<input checked="" type="checkbox"/>	
Day	Start	Finish		Outdoors		
Mon	23.00	5.00	Please give further details here (please read guidance note 4) SAME DETAILS AS PER PART A, PAGE 6.	Both		
	Am	Am				
Tue	23.00	5.00				
	Am	Am				
Wed	23.00	5.00		State any seasonal variations for the provision of late night refreshment (please read guidance note 5)		
	Am	Am				
Thur	23.00	5.00		SAME DETAILS AS PER PART A, PAGE 6.		
	Am	Am				
Fri	23.00	5.00		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)		
	Am	Am				
Sat	23.00	5.00	SAME DETAILS AS PER PART A, PAGE 6.			
	Am	Am				
Sun	23.00	5.00				
	Am	Am				

J

Supply of alcohol Standard days and timings (please read guidance note 7)			Will the supply of alcohol be for consumption (Please tick box <input checked="" type="checkbox"/>) (please read guidance note 8)	On the premises	<input checked="" type="checkbox"/>	
Day	Start	Finish		Off the premises		
Mon	10.00	5.30	State any seasonal variations for the provision of late night refreshment (please read guidance note 5) SAME DETAILS AS PER PART A, PAGE 6.	Both		
	Am	Am				
Tue	10.00	5.30				
	Am	Am				
Wed	10.00	5.30		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)		
	Am	Am				
Thur	10.00	5.30		SAME DETAILS AS PER PART A, PAGE 6.		
	Am	Am				
Fri	10.00	5.30				
	Am	Am				
Sat	10.00	5.30				
	Am	Am				
Sun	10.00	5.30				
	Am	Am				

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... MR SABARATHNAM SURESH

Date of Birth... [REDACTED]

Address... [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)

NONE

L

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

Day	Start	Finish
Mon	10.00	6.00
	Am	Am
Tue	10.00	6.00
	Am	Am
Wed	10.00	6.00
	Am	Am
Thur	10.00	6.00
	Am	Am
Fri	10.00	6.00
	Am	Am
Sat	10.00	6.00
	Am	Am
Sun	10.00	6.00
	Am	Am

State any seasonal variation (please read guidance note 5)

NO, SAME AS TIME SAID ON LEFT HAND SIDE

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)

NONE

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)

- NO SELLING ALCOHOL TO UNDERAGE
- NO DRUNK & DISORDERLY BEHAVIOR ON PREMISES AREA
- STRONG MANAGEMENT CONTROL & TRAINING
- NO HARM TO CHILDREN
- NO VIOLENT & ANTI-SOCIAL BEHAVIOUR

b) The prevention of crime and disorder

WE HAVE INSTALLED CCTV. A CLEAR NOTICE OUT SIDE OF BUILDING ABOUT OPENING HOURS. NOT SELLING ALCOHOL TO DRUNK CUSTOMERS, PREVENTION IN ILLEGAL ~~USE~~ DRUG USE AT PREMISES.

c) Public safety

- A LOG BOOK SYSTEM SHALL BE KEPT
- DOOR, LIGHTS, HEATING, ELECTRICAL, AIR CONDITION & OTHER INSTALLATIONS WILL BE MAINTAINED AT ALL THE TIMES IN GOOD ORDER.

d) The prevention of public nuisance

NOISE REDUCTION MEASURES TO ADDRESS THE PUBLIC NUISANCE OBJECTIVE. REQUESTING CUSTOMERS LEAVE THE PREMISES AREA QUIETLY.

e) The protection of children from harm

CHECK ID WHO OVER 18 BUT LOOKS UNDERWELL TRAINED STAFF TO IDENTIFICATION, AGE ESTABLISHMENT ETC. ALL THE DETAIL PROVIDED IN TRANK RECORD BOOK AVAILABLE IN THE RETAIL UNIT.

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 S. Suresh

Date 01/01/2019

Capacity LAND BOARD

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

Capacity

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

MNP ACCOUNTANTS
27 HAY LANE
KINGSBURY

Post town LONDON

Post code NW9 0NH

Telephone number 0208 204 6236

E-mail address (optional)

lana@mnpaccountants.co.uk