

DJS/1



Received
15 FEB 2016
DIGITAL POST SYSTEM

SCHEDULE 2

regulation 10

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.

We SEBASTIAN KAMINSKI, MONIKA KAMINSKA.....

.....apply for a premises licence under section 17 of the Licensing Act 2003 for the premises described in Part 1 below (the premises) and 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 30-32 HIGH STREET	
Post town LONDON	Post code NW10 4LX

Telephone number of premises (if any)

[Empty box for telephone number]

Non-domestic rateable value of premises

No 30	£	12250.00
No 32	£	15500.00
Total		£27750.00

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*
 - 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 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

KAMINSKA

MONIKA

Please tick ✓ Yes

I am 18 years old or over

Current postal address
if different from premises address

[Redacted address box]

Post Town

Postcode

[Redacted town and postcode boxes]

Daytime contact telephone number

[Redacted telephone number box]

E-mail address (optional)

[Redacted email address box]

SECOND INDIVIDUAL APPLICANT (if applicable)

Mr

Mrs

Miss

Ms

Other title
(for example, Rev)

Surname

KAMINSKI

First names

SEBASTIAN

Please tick Yes

I am 18 years old or over

Current postal
address
if different from
premises address

[Redacted]

Post Town

[Redacted]

Postcode

[Redacted]

Daytime contact telephone number

[Redacted]

E-mail address
(optional)

[Redacted]

(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	POZIOMKA
Address	30-32 HIGH STREET LONDON NW10 4LX
Registered number (where applicable)	
Description of applicant (for example, partnership, company, unincorporated association etc.)	PARTNERSHIP OF MONIKA KAMINSKA AND SEBASTIAN KAMINSKI TA POZIOMKA
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			
0	8	0	3	2	0	1	6

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

--

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

PREMISES WILL BE USE AS GENERAL GROCERY SHOP,
ALCOMOL WILL BE ONLY SMALL PART OF OUR PRODUCTS.

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 entertainment facilities for:

- 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)

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

In all cases complete boxes N, O and P

A

Plays Standard days and timings (please read guidance note 6)			Will the performance of a play take place indoors or outdoors or both – please tick <input checked="" type="checkbox"/> (please read guidance note 2).	Indoors	
				Outdoors	
Day	Start	Finish		Both	
Mon			Please give further details here (please read guidance note 3)		
Tue					
Wed			State any seasonal variations for performing plays (please read guidance note 4)		
Thur					
Fri			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 5)		
Sat					
Sun					

B

Films Standard days and timings (please read guidance note 6)			Will the performance of films take place indoors or outdoors or both – please tick [✓] (please read guidance note 2).	Indoors	
Day	Start	Finish		Outdoors	
Mon			Please give further details here (please read guidance note 3)	Both	
Tue					
Wed					
Thur			State any seasonal variations for the exhibition of films (please read guidance note 4)		
Fri					
Sat			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 5)		
Sun					

C

Indoor sporting events Standard days and timings (please read guidance note 6)			Please give further details (please read guidance note 3)
Day	Start	Finish	
Mon			State any seasonal variations for indoor sporting events (please read guidance note 4)
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 5)
Fri			
Sat			
Sun			

D

Boxing or wrestling entertainment Standard days and timings (please read guidance note 8)			Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick [✓] (please read guidance note 2).	Indoors	
Day	Start	Finish		Outdoors	
Mon			Please give further details here (please read guidance note 3)	Both	
Tue					
Wed					
Thur			State any seasonal variations for boxing or wrestling entertainment (please read guidance note 4)		
Fri					
Sat					
Sun					
			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 5)		

E

Live Music Standard days and timings (please read guidance note 6)			Will the performance of live music take place indoors or outdoors or both – please tick [✓] (please read guidance note 2)	Indoors	
Day	Start	Finish		Outdoors	
Mon			Please give further details here (please read guidance note 3)	Both	
Tue					
Wed					
Thur			State any seasonal variations for the performance of live music (please read guidance note 4)		
Fri					
Sat					
Sun					
			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 5)		

F

Recorded music Standard days and timings (please read guidance note 6)			Will the playing of recorded music take place Indoors or outdoors or both – please tick [✓] (please read guidance note 2)	Indoors		
Day	Start	Finish		Outdoors		
Mon			<p>Please give further details here (please read guidance note 3)</p>	Both		
Tue						
Wed				<p>State any seasonal variations for playing recorded music (please read guidance note 4)</p>		
Thur						
Fri				<p>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 5)</p>		
Sat						
Sun						

G

Performances of dance Standard days and timings (please read guidance note 6)			Will the performance of dance take place Indoors or outdoors or both – please tick [✓] (please read guidance note 2).	Indoors		
Day	Start	Finish		Outdoors		
Mon			<p>Please give further details here (please read guidance note 3)</p>	Both		
Tue						
Wed				<p>State any seasonal variations for the performance of dance (please read guidance note 4)</p>		
Thur						
Fri				<p>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 5)</p>		
Sat						
Sun						

H

Anything of a similar description to that falling within (e), (f) or (g) Standard days and timings (please read guidance note 8)			Please give a description of the activities you will be providing		
			Will this entertainment take place indoors or outdoors or both – please tick [✓] (please read guidance note 2).		
			Indoors		
			Outdoors		
			Both		
Day	Start	Finish	Please give further details here (please read guidance note 3)		
Mon					
Tue					
Wed			State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g) (please read guidance note 4)		
Thur					
Fri			Non standard timings. Where you intend to use the premises for the entertainment of similar description to that falling within (e), (f) or (g) at different times to those listed in the column on the left, please list (please read guidance note 5)		
Sat					
Sun					

I

Provision of facilities for making music Standard days and timings (please read guidance note 6)			Please give a description of the facilities for making music you will be providing		
			Will this entertainment take place indoors or outdoors or both – please tick [✓] (please read guidance note 2).		
			Indoors		
			Outdoors		
			Both		
Day	Start	Finish	Please give further details here (please read guidance note 3)		
Mon					
Tue					
Wed			State any seasonal variations for the provision of facilities for making music (please read guidance note 4)		
Thur					
Fri			Non standard timings. Where you intend to use the premises for provision of facilities for making music at different times to those listed in the column on the left, please list (please read guidance note 5)		
Sat					
Sun					

J

Provision of facilities for dancing Standard days and timings (please read guidance note 8)			Will the facilities for dancing be indoors or outdoors or both – please tick [✓] (see guidance note 2).	Indoors	
Day	Start	Finish		Outdoors	
Mon			Please give a description of the facilities for dancing you will be providing.	Both	
Tue					
Wed			Please give further details here (please read guidance note 3)		
Thur			State any seasonal variations for providing dancing facilities (please read guidance note 4)		
Fri			Non standard timings. Where you intend to use the premises for the provision of facilities for dancing at different times to those listed in the column on the left, please list (please read guidance note 5).		
Sat					
Sun					

K

Provision of facilities for entertainment of a similar description to that falling within (i) or (ii) Standard days and timings (please read guidance note 6)			Please give a description of the type of entertainment facility you will be providing.	Will the entertainment facility be indoors or outdoors or both – please tick [✓] (please read guidance note 2).	Indoors	
Day	Start	Finish			Outdoors	
Mon			Please give further details here (please read guidance note 3)	Both		
Tue						
Wed			State any seasonal variations for the provision of facilities for entertainment of a similar description to that falling within (i) or (ii) (please read guidance note 4)			
Thur						
Fri			Non standard timings. Where you intend to use the premises for the provision of facilities for entertainment of a similar description to that falling within (i) or (ii) at different times to those listed in the column on the left, please list (please read guidance note 5).			
Sat						
Sun						

L

Late night refreshment Standard days and timings (please read guidance note 8)			Will the provision of late night refreshment take place indoors or outdoors or both – please tick [✓] (please read guidance note 2).	Indoors	
Day	Start	Finish		Outdoors	
Mon			Please give further details here (please read guidance note 3)	Both	
Tue					
Wed				State any seasonal variations for the provision of late night refreshment (please read guidance note 4)	
Thur					
Fri				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 5)	
Sat					
Sun					

M

Supply of alcohol Standard days and timings (please read guidance note 8)			Will the supply of alcohol be for consumption (Please tick box ✓) (please read guidance note 7)	On the premises	
Day	Start	Finish		Off the premises	✓
Mon	7:00	23:00	State any seasonal variations for the provision of late night refreshment (please read guidance note 4)	Both	
Tue	7:00	23:00			
Wed	7:00	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 5)	
Thur	7:00	23:00			
Fri	7:00	23:00			
Sat	7:00	23:00			
Sun	7:00	23:00			

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

Name MONIKA KAMINSKA

Address [REDACTED]

Postcode [REDACTED]

Personal Licence number (if known) [REDACTED]

Issuing licensing authority (if known) [REDACTED]

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)

O

Hours premises are open to the public Standard days and timings (please read guidance note 6)			State any seasonal variation (please read guidance note 4)
Day	Start	Finish	
Mon	7:00	23:00	<p><u>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)</u></p>
Tue	7:00	23:00	
Wed	7:00	23:00	
Thur	7:00	23:00	
Fri	7:00	23:00	
Sat	7:00	23:00	
Sun	7:00	23:00	

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 SYSTEM IN OPERATION AT ALL TIME,
GOOD CONDITION OF EMERGENCY EXITS, SIGNS, EQUIPMENT,
DON'T SELL ALCOHOL TO CONSUMERS YOUNGER THAN
18 YEARS OLD.

b) **The prevention of crime and disorder**

CHECKING PROOF OF AGE IF PERSON LOOK YOUNGER THAN
21 YEARS OLD.
CCTV SYSTEM WILL RECORD VIEW OF PUBLIC AREAS AND OUTSIDE
THE MAIN ENTRANCE DOOR.
ALL DRINKS WILL BE SELL IN A SEALED CONTAINERS.

c) **Public safety**

ALL EXIT DOORS COULD BE OPEN BY ANY PERSON WITHOUT ANY KEY
DURING OPENING HOURS. ALL ESCAPE ROUTES AND EXITS
WILL BE IN GOOD CONDITION AND FREE FROM OBSTRUCTIONS,
SIGNS AND ESCAPE ROUTES WILL BE CLEARLY DISPLAYED.

d) **The prevention of public nuisance**

SHOP WILL BE OPEN ONLY ON DAY TIME.
DON'T SELL ALCOHOL TO DRUNK PERSON.

e) **The protection of children from harm**

USING CHALLENGE 21 POLICY.
NOTICE OF AGE RESTRICTION WILL BE PLACE IN STRATEGICALLY
POINT.

Checklist

Please tick ✓ Yes

I will make payment by ~~card~~ card

- 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 – see enclosed information leaflet
- 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)

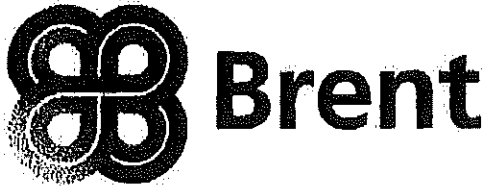
Signature of applicant or applicant's solicitor or other duly authorised agent. (Please read guidance note 11). If signing on behalf of the applicant please state in what capacity.

Signature *Kaminski*
 Date *08/02/2016*
 Capacity *OWNER*

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 *Kaminski*
 Date *08/02/2016*
 Capacity *OWNER*

Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 13)	
<i>SEBASTIAN KAMINSKI</i>	
<i>[Redacted]</i>	
Post town <i>[Redacted]</i>	Post code <i>[Redacted]</i>
Telephone number <i>[Redacted]</i>	
E-mail address (optional)	



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DESIGNATED PREMISES SUPERVISOR CONSENT FORM

Consent of individual to being specified as premises supervisor

If you are completing this form by hand please use black ink and write legibly in block capitals.

I, MONIKA KAMINSKA

[full name of prospective premises supervisor] of

[REDACTED ADDRESS]

[home address of prospective premises supervisor] hereby confirm that I give my

consent to be specified as the designated premises supervisor in relation to the application for

VARY OF DPS [type of application eg, grant of new licence /

vary of DPS] by MONIKA KAMINSKA

[name of applicant]

relating to premises licence [number of existing licence, if any]

for POZIQMKA

30-32 HIGH STREET

LONDON

NW10 4LX [name and address of premises to which the application relates]

and any premises licence to be granted or varied in respect of this application made by

MONIKA KAMINSKA [name of applicant]

concerning the supply of alcohol at POZIQMKA

30-32 HIGH STREET

LONDON, NW10 4LX

[name and address of premises to which application relates].

I also confirm that I am applying for, intend to apply for or currently hold a personal licence, details of which I set out below.

Personal licence number - [REDACTED] [insert, if any]

Personal licence issuing authority B11AB
AWARDING QUALIFICATIONS FOR LICENSED RETAIL
[insert name and address and telephone number of personal licence issuing authority, if any]

Signed

Kaminska

Name
(please print)

KAMINSKA

Date

12/02/2016

Data Protection: The London Borough of Brent will use this information for the purposes of The Licensing Act 2003 and related purposes. Any member of the public may examine the application form on request. In addition, this information may be disclosed to the Police, The London Fire and Emergency Planning Authority, relevant ward Councillors and other Council departments.

This authority is under a duty to protect the public funds it administers, and to this end may use the information you have provided on this form for the prevention and detection of fraud. It may also share this information with law enforcement agencies and other bodies responsible for auditing or administering public funds for these purposes.

Please return the completed form to:-

Regulatory Services (Licensing)
Brent Civic Centre
Engineers Way
Wembley
HA9 0FJ

☎ 020 8937 5359

Email: environmentandprotection@brent.gov.uk