

[Insert name and address of relevant licensing authority and its reference number (optional)]

**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 DIPAK PATOL..... apply for a premises licence under section 17 of
(Insert name(s) of applicant)
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 <u>COLLEGE NEWS</u> <u>19, COLLEGE ROAD</u> <u>HARROW</u> <u>MIDDX</u>	
Post town <u>HARROW</u>	Post code <u>HA1 1BA</u>

Telephone number at premises (if any)



Non-domestic rateable value of premises

£ 17,000

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)

RECEIVED AT
LICENSING OFFICE
12 OCT 2012
TIME

- 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 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
 - statutory function or
 - 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

Please tick yes

I am 18 years old or over

Current postal address if different from premises address

COLLAGE NEWS
19 COLLODOROAD
HARLOW
MIDDX

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

Please tick
✓ yes

I am 18 years old or over

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 the 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

When do you want the premises licence to start?

Day	Month	Year
01	11	2012

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

Day	Month	Year

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)

AT PRESENT 'COLLECT NEWS' IS RUN AS A NEWS AGENT AND CONVENIENCE STORE. WE ARE A NATIONAL LOTTERY SALES AGENT. WE ALSO PROVIDE OYSTER AND ETOPIA SERVICE. OUR INTENTION IS TO BECOME AN OFF-LICENSE ON THE BASIS OF THIS APPLICATION.

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)

Please tick yes

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)

Supply 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)			<u>Will the performance of a play take place indoors or outdoors or both – please tick [Y] (please read guidance note 2)</u>	Indoors	
Day	Start	Finish		Outdoors	
Mon				<u>Please give further details here (please read guidance note 3)</u>	
Tue					
Wed			<u>State any seasonal variations for performing plays (please read guidance note 4)</u>		
Thur					
Fri			<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 (please read guidance note 5)</u>		
Sat					
Sun					

B

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

C

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

D

Boxing or wrestling entertainments Standard days and timings (please read guidance note 6)			<u>Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick [Y]</u> (please read guidance note 2)	Indoors	
Day	Start	Finish		Outdoors	
Mon					
Tue					
Wed					
Thur					
Fri					
Sat					
Sun					

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 [Y] (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 performance of live music (please read guidance note 4)		
Thur						
Fri						
Sat				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)		
Sun						

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 [Y] (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 playing recorded music (please read guidance note 4)		
Thur						
Fri						
Sat				Non standard timings. Where you intend to use the premises for the playing of recorded music entertainment at different times to those listed in the column on the left, please list (please read guidance note 5)		
Sun						

G

Performances of dance Standard days and timings (please read guidance note 6)			Will the performance of dance take place <u>indoors or outdoors or both</u> – please tick [Y] (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 performance of dance (please read guidance note 4)		
Thur						
Fri				Non standard timings. Where you intend to use the premises for the performance of dance entertainment at different times to those listed in the column on the left, please list (please read guidance note 5)		
Sat						
Sun						

H

Anything of a similar description to that falling within (e), (f) or (g) Standard days and timings (please read guidance note 6)			Please give a description of the type of entertainment you will be providing			
Day	Start	Finish	Will this entertainment take place indoors or <u>outdoors or both</u> – please tick [Y] (please read guidance note 2)	Indoor		
Mon				Please give further details here (please read guidance note 3)	Outdoor	
Tue			Both			
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						

Sat			<p>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)</p>
Sun			

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 the facilities for making music be indoors or outdoors or both – please tick [Y] (please read guidance note 2)	Indoors	
				Outdoors	
				Both	
Day	Start	Finish			
Mon			Please give further details here (please read guidance note 3)		
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 entertainment at different times to those listed in the column on the left, please list (please read guidance note 5)		
Sat					
Sun					

Provision of facilities for dancing Standard days and timings (please read guidance note 6)			Will the facilities for dancing be indoors or outdoors or both – please tick [Y] (see guidance note 2)		Indoors	
					Outdoors	
					Both	
Day	Start	Finish	Please give a description of the facilities for dancing you will be providing			

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

L


Late night refreshment Standard days and timings (please read guidance note 6)			Will the provision of late night refreshment take place indoors or outdoors or both – please tick [Y] (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 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 6)			Will the sale of alcohol be for consumption (Please tick box Y) (please read guidance note 7)	On the premises				
				Off the premises	<input checked="" type="checkbox"/>			
				Both				
Day	Start	Finish	State any seasonal variations for the supply of alcohol (please read guidance note 4)					
Mon	0700	2330						
Tue	0700	2330						
Wed	0700	2330				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	0700	2330						
Fri	0700	2330						
Sat	0700	2330						
Sun								

Sun	0700	1900	
-----	------	------	--

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

Name DIPAK PATIL

 Personal Licence number (if known) OSDP-00A Q-HDAM-HDPH
 Issuing licensing authority (if known) HARLOW

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 timings (please read guidance note 6)			State any seasonal variation (please read guidance note 4)
Day	Start	Finish	
Mon	0700	2330	Non standard timings. Where you intend to use the premises to be open to the public at different times from those listed in the column on the left, please list (please read guidance note 5)
Tue	0700	2330	
Wed	0700	2330	
Thur	0700	2330	
Fri	0700	2330	
Sat	0700	2330	
Sun	0700	1900	

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)

PLEASE SEE ATTACHED LETTER ENCLOSURE

b) The prevention of crime and disorder

c) Public safety

d) The prevention of public nuisance

e) The protection of children from harm

Dipak Patel



London Borough of Harrow

Planning & Licensing department

Station Road,

Harrow,

HA1 2XY

1st October 2012

Ref: - Premises License application for 19 College road, Harrow, HA1 1BA

Dear Sir/Madame,

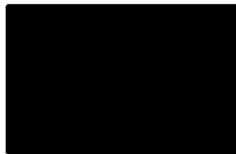
Further to my application for a premises license under the licensing act 2003 for the above named address, I agree to the following conditions being attached to the premises license, these are consistent with my operating schedule:-

1. To ensure I maintain the operation of CCTV cameras, monitor and record footage in line with police recommendations and statutory regulations.
 - a. All staff will be trained in CCTV operations.
 - b. All images to be of evidential quality and retained for a minimum of 31 days and shall be made available on request for inspection by all responsible authorities.
 - c. In the event a police officer requests video footage the images will be available immediately upon request.
2. The premises will operate a challenge 21 proof of age policy, whereby anyone whom appears to be under the age of 21 will be asked to provide 'photo' ID.
 - a. The only acceptable forms of ID we shall except are:-
 - i. 'PASS' cards
 - ii. Valid passport
 - iii. UK driving license (photo part)
 - b. Failure to produce relevant photographic ID will result in refusal of sale.
3. We will maintain records of refusal, these records will be bound and sequentially paginated and will include:-
 - a. Time and date of refusal
 - b. Reason for refusal
 - c. Any further action taken
 - i. The book will be available for inspection by relevant authorities
 - ii. Copies of records will be made available upon request
 - iii. All records will be retained for a minimum of 1 year

4. All staff members will be appropriately trained in:
 - a. Licensing laws
 - b. Conflict Management
 - c. Physical intervention
 - i. All training records will be kept up to date and on site and made available for inspection
 - ii. Copies of records will be made available upon request
 - iii. All records will be retained for a minimum of 1 year
5. A bound a sequentially paginated incident/accident book will be kept, this will record:
 - a. Any incident of disorder
 - b. Any damage to property
 - c. Any personal injury to persons on the premises
 - i. Again these records will be made available upon request for inspection by responsible authorities
 - ii. Copies of records will be made available upon request
 - iii. All records will be retained for a minimum of 1 year

I agree to abide by the licensing act 2003 in line with local authority regulations and to help support the police and promote the four licensing objectives.

Yours Faithfully



*on behalf of Anika Professional Management
Acting Agents.*

Dipak Patel

Please tick yes

- I have made or enclosed payment of the fee *RECEIPT*
- 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

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. (See guidance note 11) If signing on behalf of the applicant please state in what capacity.

Signature

Date

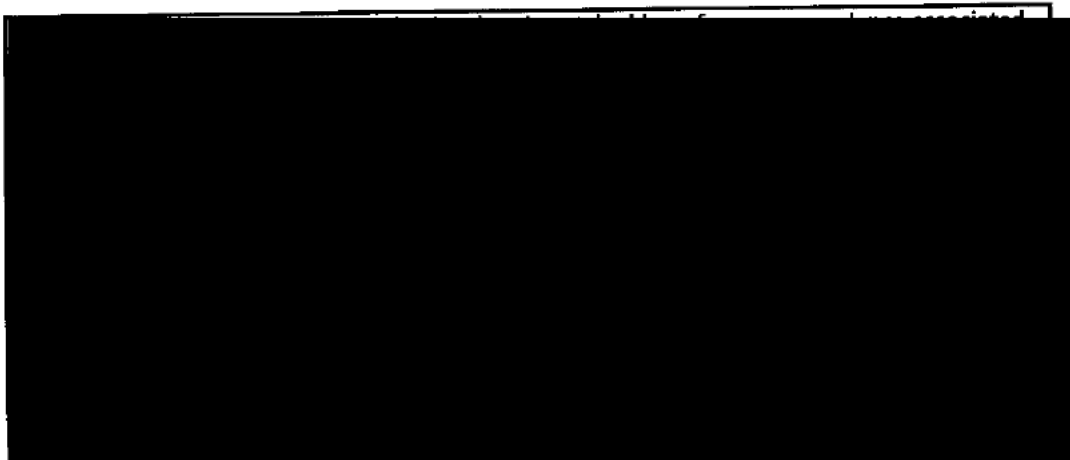
Capacity

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

Date

Capacity



Consent of individual to being specified as premises supervisor

I DIPAK PATEL
[full name of prospective premises supervisor]


[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

PREMISES LICENCE [type of application]

by DIPAK PATEL [name of applicant]

relating to a premises licence N/A [number of existing licence, if any]

for COLLIER NEWS,
19 COLLIER ROAD
MIDDX, MIDDX, HA1 1BA
[name and address of premises to which the application relates]

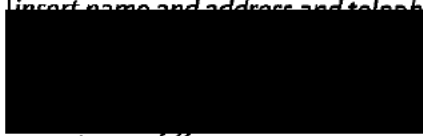
and any premises licence to be granted or varied in respect of this application made by DIPAK PATEL [name of applicant]

concerning the supply of alcohol at COLLIER NEWS,
19 COLLIER ROAD, MIDDX
MIDDX, HA1 1BA
[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 05DP-00AQ-MIDAM-HDPM
[insert personal licence number, if any]

Personal licence issuing authority LONDON BOROUGH OF HARRAM
[insert name and address and telephone number of personal licence issuing authority, if

 signed

DIPAK PATEL name (please print)

2/10/12 dated