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LICENSING OFFICE  
22 SEP 2014  
TIME.

[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.

LONDON BOROUGH OF HARROW  
RECEIVED  
22 SEP 2014  
COMMUNITY SAFETY SERVICES

You may wish to keep a copy of the completed form for your records.

I/We CHENNAI CHUTNEY LIMITED

(Insert name(s) of applicant)

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			
GROUND FLOOR CHENNAI CHUTNEY 192, ALEXANDRA AVENUE			
Post town	SOUTH HARROW	Postcode	HA2 9BN

Telephone number at premises (if any)	—
Non-domestic rateable value of premises	£ 11,000

**Part 2 - Applicant Details**

Please state whether you are applying for a premises licence as

Please tick as appropriate

- 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 statutory function or
- a function discharged by virtue of Her Majesty's prerogative

**(A) INDIVIDUAL APPLICANTS** (fill in as applicable)

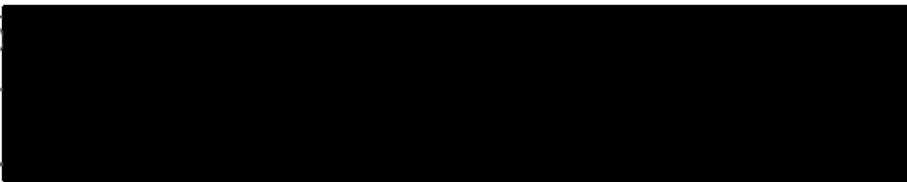
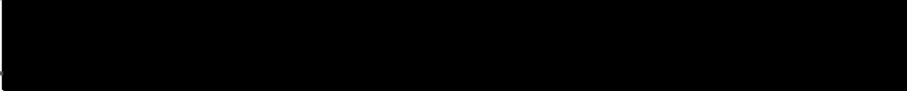
Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	<input type="checkbox"/>
<b>Surname</b>			<b>First names</b>		
I am 18 years old or over					<input type="checkbox"/> Please tick yes
Current postal address if different from premises address					
Post town					
<b>Daytime contact telephone number</b>					
<b>E-mail address (optional)</b>					

**SECOND INDIVIDUAL APPLICANT (if applicable)**

Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
Surname			First names		
I am 18 years old or over				<input type="checkbox"/>	Please tick yes
Current postal address if different from premises address					
Post town					
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	CHENNAI CHUTNEY LIMITED
Address	GROUND FLOOR 192, ALEXANDRA AVENUE SOUTH HARROW HA2 9BN
Registered number (where applicable)	9175933
Description of applicant (for example, partnership, company, unincorporated association etc.)	LIMITED COMPANY
Telephone number (if any)	
E-mail address (optional)	

**Part 3 Operating Schedule**

When do you want the premises licence to start?

DD	MM	YYYY
17	10	2014

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

DD	MM	YYYY

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

GROUND FLOOR - CHENNAI CHUTNEY CSRILANKA & INDIAN RESTAURANT)  
FIRST FLOOR - RESIDENTIAL FLAT

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

What licensable activities do you intend to carry on from the premises?

(Please see sections 1 and 14 of the Licensing Act 2003 and Schedules 1 and 2 to the Licensing Act 2003)

Provision of regulated entertainment

Please tick any that apply

- 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)

**Supply of alcohol** (if ticking yes, fill in box J)

**In all cases complete boxes K, L and M**

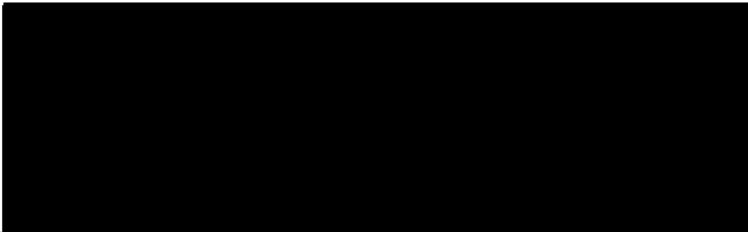
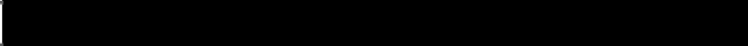
**A**

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

**J**

<b>Supply of alcohol</b> Standard days and timings (please read guidance note 6)			<b>Will the supply of alcohol be for consumption – please tick</b> (please read guidance note 7)	On the premises	<input checked="" type="checkbox"/>			
				Off the premises	<input type="checkbox"/>			
				Both	<input type="checkbox"/>			
Day	Start	Finish	<b>State any seasonal variations for the supply of alcohol</b> (please read guidance note 4)  N/A					
Mon	12:00 a.m.	23:00 p.m.						
Tue	12:00 a.m.	23:00 p.m.						
Wed	12:00 a.m.	23:00 p.m.						
Thur	12:00 a.m.	23:00 p.m.				<b>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</b> (please read guidance note 5)  N/A		
Fri	12:00 a.m.	23:00 p.m.						
Sat	12:00 a.m.	23:00 p.m.						
Sun	12:00 a.m.	23:00 p.m.						

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

Name	SUJITHA SUTHARSHAN
Address	
Postcode	
Personal licence number (if known)	0655-00AQ - M4QJ-4YXC
Issuing licensing authority (if known)	LONDON BOROUGH OF HARROW

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 8).

N/A

L

Hours premises are open to the public Standard days and timings (please read guidance note 6)			State any seasonal variations (please read guidance note 4)
Day	Start	Finish	N/A
Mon	7:00	23:00	
	a.m	p.m	
Tue	7:00	23:00	
	a.m	p.m	
Wed	7:00	23:00	
	a.m	p.m	
Thur	7:00	23:00	
	a.m	p.m	
Fri	7:00	23:00	
	a.m	p.m	
Sat	7:00	23:00	
	a.m	p.m	
Sun	7:00	23:00	
	a.m	p.m	

**Non standard timings. Where you intend 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)

**M** Describe the steps you intend to take to promote the four licensing objectives:

**a) General – all four licensing objectives (b, c, d and e) (please read guidance note 9)**

- ① STRICT IMPLEMENTATION OF CHALLENGE 25 POLICY
- ② ALL STAFF SHOULD BE TRAINED IN RESPONSIBLE OF ALCOHOL TRADING
- ③ EVERY SALE/SUPPLY OF ALCOHOL UNDER THE PREMISES LICENCE SHOULD BE MADE OR AUTHORISED BY A PERSON HOLDING A PERSONAL LICENCE
- ④ KEEPING IN TOUCH WITH THE POLICE & CCTV IN OPERATION 24HRS.
- ⑤ SUBSTANTIAL FOOD AND NON-ALCOHOLIC DRINKS WILL BE AVAILABLE
- ⑥ FREE DRINKING WATER WILL BE AVAILABLE UNTIL CLOSING TIMES

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

- ① CCTV INSTALLED INSIDE & OUTSIDE ; A MEMBER OF STAFF WILL BE ABLE TO OPERATE, REPLAY AND EXPORT IMAGES ON THE REQUEST OF LICENSING AUTHORITY
- ② TRAIN ALL STAFF & DEVELOP THE RIGHT ATMOSPHERE WITH CUSTOMERS
- ③ ANY PERSON WHO APPEARS TO BE DRUNKEN/AGGRESSIVE NOT PERMITTED INTO THE PREMISES
- ④ A LOGBOOK WILL BE MAINTAINED TO RECORD ALL INCIDENTS/ACCIDENTS

**c) Public safety**

- ① ALL EXIT DOORS WILL BE EASILY OPENABLE
- ② MEANS OF ESCAPE BE MAINTAINED, UNOBSTRUCTED AND CLEARLY IDENTIFI-CABLE WITH EMERGENCY EXIT LABELS
- ③ AN ADEQUATE & APPROPRIATE FIRST AID & FIRE EXTINGUISHER WILL BE AVAILABLE ON THE PREMISES.
- ④ COMPLIANCE WITH ALL CURRENT FIRE AND HEALTH & SAFETY LEGISLATION AS REQUIRED BY THE LAW
- ⑤ ALL STAFF TO BE TRAINED FOR FIRE EVACUATION PROCEDURES IN CASE OF EMERGENCY

**d) The prevention of public nuisance**

- ① NOTICE TO CUSTOMERS REGARDING CONSIDERATION OF NEIGHBOURS
- ② STRICT POLICY NOT TO SERVE DRUNKEN CUSTOMERS
- ③ NO BOTTLES OR GLASSES SHALL BE TAKEN OFF THE PREMISES
- ④ REGULAR CHECKS BY STAFF OF THE IMMEDIATE OUTSIDE AREA AND TO ENCOURAGE PATRONS TO USE LITTER BINS TO DISPOSE RUBBISH

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



- ① STRICT IMPLEMENTATION OF CHALLENGE 25 POLICY
- ② PROOF OF AGE WILL BE ASKED IF SOMEONE APPEARS UNDER THE AGE OF 25 (VALID FORM OF IDENTIFICATION: A PHOTOCARD DRIVING LICENSE, PASSPORT OR AN APPROVED PASS CARD DISPLAYING THE PASS HOLOGRAM)
- ③ TRAINING OF STAFF TO ENSURE COMPLIANCE WITH THE LEGISLATION IN RELATION TO CONSUMPTION OF ALCOHOL UNDER 18 YEARS, INCLUDING PREVENTION OF ADULTS BUYING ALCOHOL FOR CHILDREN

**Checklist:**

Please tick to indicate agreement

- 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 designated 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 SUMMARY CONVICTION TO A FINE NOT EXCEEDING 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)

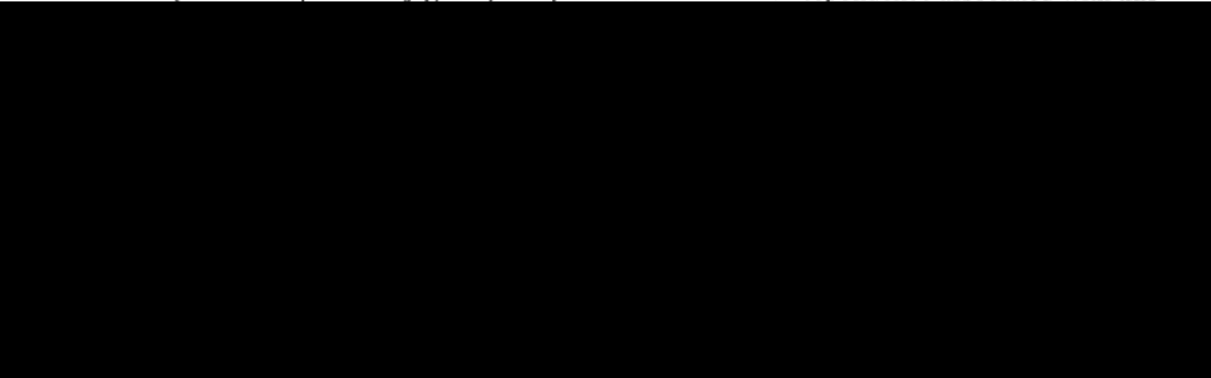
**Signature of applicant or applicant’s solicitor or other duly authorised agent** (see guidance note 11).  
**If signing on behalf of the applicant, please state in what capacity.**

Signature	[REDACTED]
Date	17.09.2014
Capacity	AGENT

**For joint applications, signature of 2<sup>nd</sup> applicant or 2<sup>nd</sup> 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	

Contact name (where not previously given) and postal address for correspondence associated with this


A large black rectangular redaction box covers the contact name and postal address information.

### Notes for Guidance

1. Describe the premises, for example the type of premises, its general situation and layout and any other information which could be relevant to the licensing objectives. Where your application includes off-supplies of alcohol and you intend to provide a place for consumption of these off-supplies, you must include a description of where the place will be and its proximity to the premises.
2. Where taking place in a building or other structure please tick as appropriate (indoors may include a tent).
3. For example the type of activity to be authorised, if not already stated, and give relevant further details, for example (but not exclusively) whether or not music will be amplified or unamplified.
4. For example (but not exclusively), where the activity will occur on additional days during the summer months.
5. For example (but not exclusively), where you wish the activity to go on longer on a particular day e.g. Christmas Eve.
6. Please give timings in 24 hour clock (e.g. 16:00) and only give details for the days of the week when you intend the premises to be used for the activity.
7. If you wish people to be able to consume alcohol on the premises, please tick 'on the premises'. If you wish people to be able to purchase alcohol to consume away from the premises, please tick 'off the premises'. If you wish people to be able to do both, please tick 'both'.
8. Please give information about anything intended to occur at the premises or ancillary to the use of the premises which may give rise to concern in respect of children, regardless of whether you intend children to have access to the premises, for example (but not exclusively) nudity or semi-nudity, films for restricted age groups or the presence of gaming machines.
9. Please list here steps you will take to promote all four licensing objectives together.
10. The application form must be signed.
11. An applicant's agent (for example solicitor) may sign the form on their behalf provided that they have actual authority to do so.
12. Where there is more than one applicant, each of the applicant or their respective agent must sign the application form.
13. This is the address which we shall use to correspond with you about this application.

Consent of individual to being specified as premises supervisor

I SUJITHA SUTHARSHAN  
[full name of prospective premises supervisor]

of.   
[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

NEW PREMISES LICENCE [type of application]

by CHENNAI CHUTNEY LIMITED [name of applicant]

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

for CHENNAI CHUTNEY

192, ALEXANDRA AVENUE, SOUTH HARROW  
HA2 9BN  
[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 CHENNAI CHUTNEY LIMITED [name of applicant]

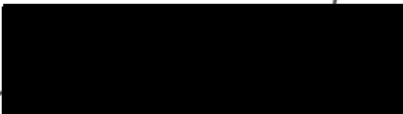
concerning the supply of alcohol at CHENNAI CHUTNEY

192, ALEXANDRA AVENUE, SOUTH HARROW  
HA2 9BN  
[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 06SS-00AQ-M4QJ-4YXC  
[insert personal licence number, if any]

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

 signed

Mrs. S. Sutharshan name (please print)

16/9/14 dated