

[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 HARISH PATEL JAMBO FOODS LTD
(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 128 HIGH STREET WEALDSTONE HA3 7AL			
Post town	HARROW	Postcode	HA3 7AL

Telephone number at premises (if any)	[REDACTED]
Non-domestic rateable value of premises	£ 7,900

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)	
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				Postcode	
Daytime contact telephone number					
E-mail address (optional)					

Part 3 Operating Schedule

When do you want the premises licence to start?

DD	MM	YYYY
07	01	2016

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

DD	MM	YYYY
1	1	1

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

SMALL INDIAN RESTAURANT WITH APPROX 40 SEAT CAPACITY. BAR AREA IN MIDDLE OF RESTAURANT. SEE ATTACHED LAYOUT LICENSING HOURS 12.00 TO 22.30. WE ARE GOING TO PROVIDE LIVE MUSIC BETWEEN THE HOURS OF 16.00 - 22.00 WITH AN AUDIENCE LESS THAN 500.

If 5,000 or more people are expected to attend the premises at any one time, please state the number expected to attend.

-

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



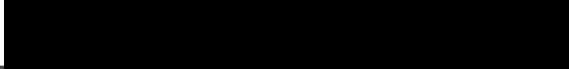
- a) plays (if ticking yes, fill in box A)
- b) films (if ticking yes, fill in box B)
- c) indoor sporting events (if ticking yes, fill in box C)
- d) boxing or wrestling entertainment (if ticking yes, fill in box D)
- e) live music (if ticking yes, fill in box E)
- f) recorded music (if ticking yes, 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)

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				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	JAMBO FOODS LTD	
Address		
Registered number (where applicable)	9209521	
Description of applicant (for example, partnership, company, unincorporated association etc.)	LTD. COMPANY	
Telephone number (if any)		
E-mail address (optional)		

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)			Will the performance of a play take place indoors or outdoors or both – please tick (please read guidance note 2)	Indoors	<input type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
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 exhibition of films take place indoors or outdoors or both – please tick (please read guidance note 2)	Indoors	<input type="checkbox"/>			
				Outdoors	<input type="checkbox"/>			
				Both	<input type="checkbox"/>			
Day	Start	Finish	Please give further details here (please read guidance note 3)					
Mon								
Tue								
Wed						State any seasonal variations for the exhibition of films (please read guidance note 4)		
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 5)		
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			<u>State any seasonal variations for indoor sporting events</u> (please read guidance note 4)
Tue			
Wed			<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)
Thur			
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</u> (please read guidance note 2)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<u>Please give further details here</u> (please read guidance note 3)		
Mon					
Tue					
Wed			<u>State any seasonal variations for boxing or wrestling entertainment</u> (please read guidance note 4)		
Thur					
Fri			<u>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</u> (please read guidance note 5)		
Sat					
Sun					

E

Live music Standard days and timings (please read guidance note 6)			Will the performance of live music take place <u>indoors or outdoors or both – please tick</u> (please read guidance note 2)	Indoors	<input checked="" type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish			
Mon	4 PM 16.00	10 PM 22.00	Please give further details here (please read guidance note 3) ON SPECIAL OCCASIONS ONLY DURING PARTY BOOKINGS		
Tue	4 PM 16.00	10 PM 22.00			
Wed	4 PM 16.00	10 PM 22.00	State any seasonal variations for the performance of live music (please read guidance note 4) NONE		
Thur	4 PM 16.00	10 PM 22.00			
Fri	4 PM 16.00	10 PM 22.00	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) NONE		
Sat	4 PM 16.00	10 PM 22.00			
Sun	4 PM 16.00	10 PM 22.00			

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	<input checked="" type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish			
Mon	12.00	23.00	Please give further details here (please read guidance note 3) LIGHT BACKGROUND MUSIC		
Tue	12.00	23.00			
Wed	12.00	23.00	State any seasonal variations for the playing of recorded music (please read guidance note 4)		
Thur	12.00	23.00			
Fri	12.00	23.00	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)		
Sat	12.00	23.00			
Sun	12.00	23.00			

G

Performances of dance Standard days and timings (please read guidance note 6)			<u>Will the performance of dance take place indoors or outdoors or both – please tick</u> (please read guidance note 2)	
			Indoors	<input type="checkbox"/>
			Outdoors	<input type="checkbox"/>
			Both	<input type="checkbox"/>
Day	Start	Finish	<u>Please give further details here</u> (please read guidance note 3)	
Mon				
Tue				
Wed			<u>State any seasonal variations for the performance of dance</u> (please read guidance note 4)	
Thur				
Fri				
Sat			<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 5)	
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 outdoors or both – please tick (please read guidance note 2)	Indoors	<input type="checkbox"/>
Mon				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Tue			Please give further details here (please read guidance note 3)		
Wed					
Thur			State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g) (please read guidance note 4)		
Fri					
Sat			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 (please read guidance note 5)		
Sun					



I

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 (please read guidance note 2)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
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					

J

Supply of alcohol Standard days and timings (please read guidance note 6)			Will the supply of alcohol be for consumption – please tick (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	State any seasonal variations for the supply of alcohol (please read guidance note 4)		
Mon	12.00	22.30			
Tue	12.00	22.30			
Wed	12.00	22.30			
Thur	12.00	22.30			
Fri	12.00	22.30			
Sat	12.00	22.30			
Sun	12.00	22.30	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 5)		

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

Name	MRS SHOBHA PANCHAL
Address	
Postcode	
Personal licence number (if known)	LN/000008781/2015/1
Issuing licensing authority (if known)	HARROW COUNCIL

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).

NONE

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	NONE
Mon	12.00	23.00	
Tue	12.00	23.00	
Wed	12.00	23.00	
Thur	12.00	23.00	
Fri	12.00	23.00	
Sat	12.00	23.00	
Sun	12.00	23.00	
			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)
			NONE

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. NO SELLING OF ALCOHOL TO UNDERAGE PEOPLE
2. NO DRUNK OR DISORDERLY BEHAVIOR ON THE PREMISES
3. VIGILANCE IN PREVENTING THE USE AND SALE OF ILLEGAL DRUGS
4. NO VIOLENT OR ANTI-SOCIAL BEHAVIOR
5. NO ANY HARM TO CHILDREN
6. CCTV SYSTEM INSTALLED
7. PROVIDE GOOD TRAINING TO STAFF ON LICENSING ACT

b) The prevention of crime and disorder

1. A CLEAR & LEGIBLE NOTICE INDICATING PERMITTED LICENSING ACTIVITIES.
2. CCTV SYSTEM INSTALLED TO MONITOR ENTRANCES, EXITS & OTHER PARTS OF PREMISES
3. NOT SELLING ALCOHOL TO DRUNK CUSTOMERS
4. PREVENTION & VIGILANCE IN ILLEGAL DRUG USE
5. WELL TRAINED STAFF TO ASK CUSTOMERS TO BE ORDERLY & RESPECTFUL.

c) Public safety

1. TRAINING & IMPLEMENTATION OF UNDERAGE ID CHECKS
2. CCTV, INTERNAL & EXTERNAL LIGHTING, FIRE EXIT SIGNS, FIRST AID KITS
3. WELL TRAINED STAFF ADHERENCE TO ENVIRONMENTAL HEALTH REQUIREMENTS - FREQUENT WASTE DISPOSAL OF HIGH RISK ITEMS e.g. glass bottles etc.
4. ALL PARTS OF THE PREMISES INCLUDING FIXTURES & FITTINGS WILL BE MAINTAINED AT ALL TIMES IN GOOD ORDER & SAFE CONDITION
5. LOG BOOK FOR RECORDING INFORMATION TO COMPLY WITH PUBLIC SAFETY.

d) The prevention of public nuisance

1. NOISE REDUCTION MEASURES TO ADDRESS PUBLIC NUISANCE OBJECTIVE.
2. SOUND PROOFING OF PREMISES CEILING COMPLETED TO REDUCE NOISE LEVELS.
3. DELIVERIES OF GOODS NECESSARY FOR THE OPERATION OF THE BUSINESS WILL BE CARRIED OUT AT SUCH A TIME & MANNER TO PREVENT NUISANCE & DISTURBANCE TO NEARBY RESIDENTS.
4. LIGHTING ON OR OUTSIDE PREMISES WILL BE POSITIONED & SCREENED IN SUCH A WAY AS NOT TO CAUSE DISTURBANCE TO NEARBY RESIDENTS.
5. NO CUSTOMERS ADMITTED TO PREMISES ABOVE OPENING HOURS.

e) The protection of children from harm

1. AGE VERIFICATION - WELL TRAINED STAFF ABOUT REQUIREMENTS FOR PERSONS IDENTIFICATION, AGE ESTABLISHMENT, ETC. TRAINING RECORD BOOK AVAILABLE ON PREMISES
2. NO CHILDREN IN BAR AREA & ONLY ALLOWED WHEN ACCOMPANIED BY AN ADULT.
- ~~3. LOG BOOK WILL BE KEPT ON THE PREMISES ALL THE TIME FOR RECORDED INCIDENTS~~
3. LOG BOOK WILL BE KEPT ON THE PREMISES ALL THE TIME FOR RECORDED INCIDENTS

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Checklist:

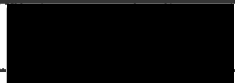
Please tick to indicate agreement

- 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	
Date	3.11.2015
Capacity	DIRECTOR

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.**

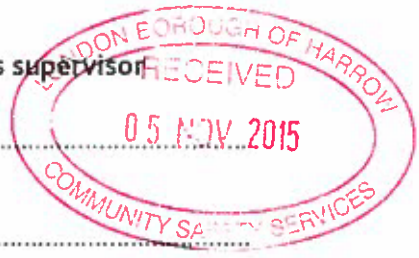
Signature	
Date	
Capacity	

Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 13)

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 SHOBHA PANCHAL
[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

PREMISES LICENCE [type of application]

by HARISH PANCHAL [name of applicant]

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

for 128 HIGH STREET
WEALDSTONE. HA3 7AL

[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 HARISH PANCHAL [name of applicant]

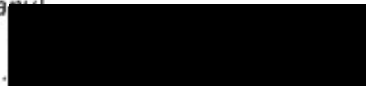
concerning the supply of alcohol at 128 HIGH ST
WEALDSTONE
HA3 7AL

[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 LN/000008781/2015/1
[insert personal licence number, if any]

Personal licence issuing authority HARROW COUNCIL, STATION RD, HARROW
[insert name and address and telephone number of personal licence issuing authority, if any]

 signed

MRS SHOBHA PANCHAL name (please print)

3.11.15 dated