

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 **LAMAA AND COMPANY 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 5 Pinner Green Pinner HARROW		<div>RECEIVED AT LICENSING OFFICE 24 APR 2014 TIME</div>	
Post town	MIDDLESEX	Postcode	HA5 2AF
Telephone number at premises (if any)			
Non-domestic rateable value of premises	£5,400.00		

Part 2 - Applicant Details

Please state whether you are applying for a premises licence as
Please tick as appropriate

- | | | |
|--|-------------------------------------|-----------------------------|
| a) an individual or individuals * | <input type="checkbox"/> | please complete section (A) |
| b) a person other than an individual * | | |
| i. as a limited company | <input checked="" type="checkbox"/> | please complete section (B) |
| ii. as a partnership | <input type="checkbox"/> | please complete section (B) |
| iii. as an unincorporated association or | <input type="checkbox"/> | 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)

M r	<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)	

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 LAMAA AND COMPANY LIMITED
Address 16 PARK PLACE NEWDIGATE ROAD HAREFIELD UBG 6EJ
Registered number (where applicable) 4731064
Description of applicant (for example, partnership, company, unincorporated association etc.) COMPANY
<div></div>

Part 3 Operating Schedule

When do you want the premises licence to start?

DD	MM	YYYY

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)
 DOMINO'S PIZZA FRANCHISE, PIZZA DELIVERY & TAKEAWAY, NO EATING IN. TWO
 STOREY BUILDING, GROUND FLOOR IS A RESTAURANT & FIRST FLOOR IS A FLAT. THE
 STORE DOES NOT SELL ALCOHOL.

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) | <input type="checkbox"/> |
| b) films (if ticking yes, fill in box B) | <input type="checkbox"/> |
| c) indoor sporting events (if ticking yes, fill in box C) | <input type="checkbox"/> |
| d) boxing or wrestling entertainment (if ticking yes, fill in box D) | <input type="checkbox"/> |
| e) live music (if ticking yes, fill in box E) | <input type="checkbox"/> |
| f) recorded music (if ticking yes, fill in box F) | <input type="checkbox"/> |
| g) performances of dance (if ticking yes, fill in box G) | <input type="checkbox"/> |
| h) anything of a similar description to that falling within (e), (f) or (g) (if ticking yes, fill in box H) | <input type="checkbox"/> |



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"/>
				Outdoors	<input type="checkbox"/>
Day	Start	Finish		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)			<u>Will the exhibition of films 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 exhibition of films</u> (please read guidance note 4)			
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</u> (please read guidance note 5)			
Sat						
Sun						

C

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

E

Live music Standard days and timings (please read guidance note 6)			<u>Will the performance of live music 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 live music</u> (please read guidance note 4)		
Thur					
Fri			<u>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</u> (please read guidance note 5)		
Sat					
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 (please read guidance note 2)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
Day	Start	Finish		Both	<input type="checkbox"/>
Mon			Please give further details here (please read guidance note 3)		
Tue			State any seasonal variations for the playing of recorded music (please read guidance note 4)		
Wed			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)		
Thur					
Fri					
Sat					
Sun					

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					
			<u>State any seasonal variations for the performance of dance</u> (please read guidance note 4)		
Wed					
Thur					
			<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)		
Fri					
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 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					

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 checked="" type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<u>Please give further details here</u> (please read guidance note 3) NO MUSIC TO BE PLAYED		
Mon	11:00	00:00			
Tue	11:00	00:00			
Wed	11:00	00:00	<u>State any seasonal variations for the provision of late night refreshment</u> (please read guidance note 4) NO SEASONAL VARIATION		
Thur	11:00	00:00			
Fri	11:00	03:00			
Sat	11:00	03:00	<u>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</u> (please read guidance note 5) N/A		
Sun	11:00	00:00			

J

Supply of alcohol Standard days and timings (please read guidance note 6)			<u>Will the supply of alcohol be for</u> <u>consumption - please tick</u> (please read guidance note 7) N/A		On the premises	<input type="checkbox"/>
					Off the premises	<input type="checkbox"/>
Day	Start	Finish			Both	<input type="checkbox"/>
Mon			<u>State any seasonal variations for the supply of alcohol</u> (please read guidance note 4) N/A			
Tue						
Wed						
Thur			<u>Non standard timings. Where you intend to use the</u> <u>premises for the supply of alcohol at different times to</u> <u>those listed in the column on the left, please list</u> (please read guidance note 5) N/A			
Fri						
Sat						
Sun						

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

Name	
Address	
Postcode	
Personal licence number (if known)	
Issuing licensing authority (if known)	

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)			<u>State any seasonal variations</u> (please read guidance note 4) N/A
Day	Start	Finish	<u>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</u> (please read guidance note 5) N/A
Mon	11:00	00:00	
Tue	11:00	00:00	
Wed	11:00	00:00	
Thur	11:00	00:00	
Fri	11:00	03:00	
Sat	11:00	03:00	
Sun	11:00	00:00	

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)**

THE PREMISE WILL NOT SERVE ALCOHOL AND HAS NO CONNECTION WITH ENTERTAINMENT THAT WOULD INCREASE CRIME AND DISORDER AS WELL AS PUT PUBLIC SAFETY AT RISK
TRAINING WILL TAKE PLACE ON SITE SO THAT STAFF MAY RECORD DETAILS OF OFFENCES THAT TAKE PLACE ON AN OFF SITE.
STEPS WILL BE TAKEN TO ENSURE THAT THE PREMISES ARE SECURE AND LIMIT THE ABILITY TO AID DISORDER.

b) The prevention of crime and disorder

CCTV: INSTALLED INTERNALLY & EXTERNALLY IN GOOD WORKING ORDER TO COVER ALL POINTS OF ACCESS AND EGRESS.
PREMISE INCLUDES RECORDING FACILITY THAT ALLOWS RECORDINGS TO BE STORED PER CALENDAR MONTH AND ACCESSED ON POLICE REQUEST ✓
CRIME AND INDECENT BOOK: BOOK TO BE PROVIDED FOR DESCRIPTIONS FROM STAFF & GENERAL COMMENTS OF OFFENDER AND OFFENCES ✓
CRIME PREVENTION: CONTACT AND MOVEMENT INTRUDER ALARMS, SERVICE DESK PANIC ALARM, REAR AND CARPARK MOTION LIGHTING, INTERNAL LIGHTING LEFT ON, FRONT AND REAR MORTICE LOCKS, ISOLATE TOILETS AT NIGHT, EXCESS STOCK IN CELLARS, LOCKED STORAGE ROOM, TIME LOCK SAFE, REGISTERS INSTALLED AWAY FROM CUSTOMER ACCESS, DISPLAY ITEMS SECURED TO WALL, TOUGHENED GLASSES

c) Public safety

PREMISES TO COMPLY WITH FIRE SAFETY CONTROLS
PREMISES TO COMPLY WITH ALL FOOD SAFETY STANDARDS
PROVIDE SERVICES AVAILABLE FOR DISABLED PEOPLE
PROVIDE AUXILIARY AID SUCH AS READING MENU TO CUSTOMER, PAYING WAITER, DISABLED WC, AJUSTEMENTS TO WHEELCHAIR ACCESS
INSURING THAT CLEANLINESS AND TRAINING ARE IN PLACE TO REDUCE FALLS, SLIPS MANUAL HANDLING, INJURIES FROM MACHINERY
PROVIDE AIR CONDITIONING TO CONTROL TEMPERATURE AND HUMIDITY
PREMISE HAS PUBLIC LIABILITY INSURANCE
NO ALCOHOL TO BE SERVED PROVIDE A LIST OF TAXI COMPANIES AND PRIVATE VEHICLE HIRE

d) The prevention of public nuisance

DOORS AND WINDOWS TO BE KEPT CLOSED DURING REGULATED ENTERTAINMENT
INSTALL A SOUND LIMITER
PLACE NOTICES AT ENTRANCES AND EXITS TO REMIND CUSTOMERS TO LEAVE QUIETLY ✓
RUBBISH BINS AND GLASS REFUSE TO BE KEPT AT REAR OF PREMISES AND PLACE PUBLIC BIN OUTSIDE ENTRANCE
EMPTYING BINS WILL TAKE PLACE BETWEEN 11:00 AND 7:00
DETAILS OF NEAREST CARPARK WILL BE DISPLAYED AND NOTICES PUT UP ADVISING CUSTOMERS NOT TO PARK OVER RESIDENTS DRIVEWAYS AND NOT TO BLOCK THE HIGHWAY
NO ALCOHOL WILL BE SERVED AND THE PREMISE HAS NO CONNECTION TO ENTERTAINMENT

e) The protection of children from harm

A REFUSAL BOOK WILL BE KEPT ON SITE FOR RECORDS OF CUSTOMERS WHO ARE REFUSED
REFUSED PERSONS WILL BE KNOWN TO HAVE AN ASSOCIATION WITH DRUG DEALING OR TAKING, PERSONS WHO HAVE A STRONG
ELEMENT OF GAMBLING ON THE PREMISES. SMALL ENTRANCE HALL NO APPARENT DANGER FOR CHILDREN
NO ALCOHOL TO BE SERVED

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.

[Redacted signature area]

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	

