

[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 HARROW ASSOCIATION OF DISABLED PEOPLE  
(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 <u>THE WEALDSTONE CENTRE</u> <u>RED BRICK CAFE</u> <u>38-40 HIGH STREET</u> <u>WEALDSTONE</u>			
Post town	<u>HARROW</u>	Postcode	<u>HA3 7AE</u>
Telephone number at premises (if any)		<u>[REDACTED]</u>	
Non-domestic rateable value of premises		£ <u>19,500</u>	

**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 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) | <input type="checkbox"/> 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)					

**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	HARROW ASSOCIATION OF DISABLED PEOPLE
Address	GROUND FLOOR, BENTLEY HOUSE 15-21 HEADSTONE DRIVE WEALDSTONE HARROW HA3 5QX
Registered number (where applicable)	1080505
Description of applicant (for example, partnership, company, unincorporated association etc.)	CHARITY COMPANY LTD 134 GUARANTEED
Telephone number (if any)	
E-mail address (optional)	

### Part 3 Operating Schedule

When do you want the premises licence to start?

DD	MM	YYYY
<input type="text"/>	<input type="text"/>	<input type="text"/>

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

DD	MM	YYYY
<input type="text"/>	<input type="text"/>	<input type="text"/>

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

3 FLOORS SEMI DETACHED BUILDING ON CORNER SITE.

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)  | <input checked="" type="checkbox"/> |
| b) films (if ticking yes, fill in box B)  | <input checked="" 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 checked="" type="checkbox"/> |
| f) recorded music (if ticking yes, fill in box F)   | <input checked="" type="checkbox"/> |
| g) performances of dance (if ticking yes, fill in box G)  | <input checked="" type="checkbox"/> |
| h) anything of a similar description to that falling within (e), (f) or (g) (if ticking yes, fill in box H) | <input checked="" 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**

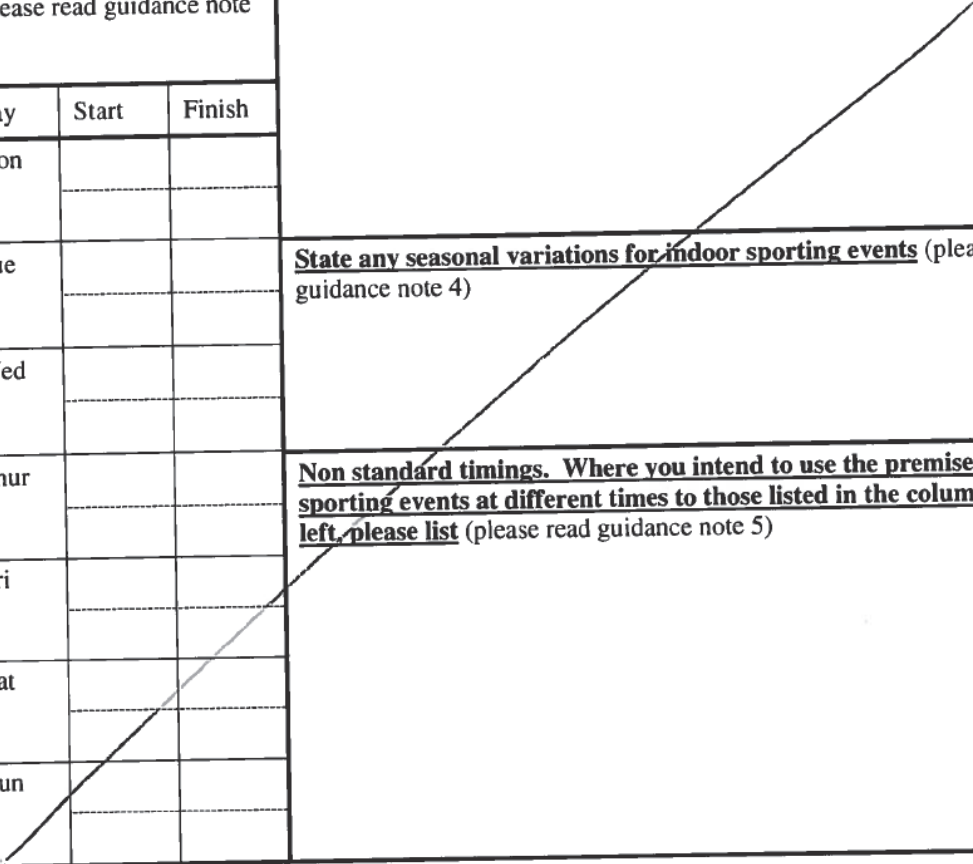
**A**

<b>Plays</b> 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 checked="" type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<b>Please give further details here</b> (please read guidance note 3)		
Mon	0900	2300			
Tue	0900	2300			
Wed	0900	2300	<b>State any seasonal variations for performing plays</b> (please read guidance note 4)		
Thur	0900	2300			
Fri	0900	2300			
Sat	0900	2300	<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)		
Sun	0900	2300			

# B

<b>Films</b> Standard days and timings (please read guidance note 6)			<b>Will the exhibition of films take place indoors or outdoors or both – please tick</b> (please read guidance note 2)		Indoors <input checked="" type="checkbox"/>
					Outdoors <input type="checkbox"/>
					Both <input type="checkbox"/>
Day	Start	Finish	<b>Please give further details here</b> (please read guidance note 3)		
Mon	0900	2300			
Tue	0900	2300	<b>State any seasonal variations for the exhibition of films</b> (please read guidance note 4)		
Wed	0900	2300	<b>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</b> (please read guidance note 5)		
Thur	0900	2300			
Fri	0900	2300			
Sat	0900	2300			
Sun	0900	2300			

C

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

# D

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



E

<b>Live music</b> Standard days and timings (please read guidance note 6)			<b>Will the performance of live music take place indoors or outdoors or both – please tick</b> (please read guidance note 2)	Indoors	<input checked="" type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<b>Please give further details here</b> (please read guidance note 3)		
Mon	0900	2300			
Tue	0900	2300			
Wed	0900	2300	<b>State any seasonal variations for the performance of live music</b> (please read guidance note 4) BANK HOLIDAY WEEKENDS CHRISTMAS EVE + NEW YEARS EVE 23:00 - 03:00		
Thur	0900	2300			
Fri	0900	2300			
Sat	0900	2300	<b>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</b> (please read guidance note 5) FRIDAY + SATURDAY PRECEDING BANK HOLIDAY WEEKENDS CHRISTMAS EVE + NEW YEARS EVE 23:00 - 03:00		
Sun	0900	2300			

F

<b>Recorded music</b> Standard days and timings (please read guidance note 6)			<b>Will the playing of recorded music take place indoors or outdoors or both – please tick</b> (please read guidance note 2)	
			Indoors	<input checked="" type="checkbox"/>
			Outdoors	<input type="checkbox"/>
			Both	<input type="checkbox"/>
Day	Start	Finish	<b>Please give further details here</b> (please read guidance note 3)	
Mon	0900	2300		
Tue	0900	2300		
Wed	0900	2300	<b>State any seasonal variations for the playing of recorded music</b> (please read guidance note 4) BANK HOLIDAY WEEKENDS CHRISTMAS EVE & NEW YEARS EVE	
Thur	0900	2300		
Fri	0900	2300		
Sat	0900	2300	<b>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</b> (please read guidance note 5) 2300-0000 0000-0300 FRIDAY & SATURDAY PROCEEDING BANK HOLIDAY CHRISTMAS EVE & NEW YEARS EVE	
Sun	0900	2300		

G

<b>Performances of dance</b> Standard days and timings (please read guidance note 6)			<b>Will the performance of dance take place indoors or outdoors or both – please tick</b> (please read guidance note 2)		Indoors	<input checked="" type="checkbox"/>
					Outdoors	<input type="checkbox"/>
					Both	<input type="checkbox"/>
Day	Start	Finish	<b>Please give further details here</b> (please read guidance note 3)			
Mon	0900	2300				
Tue	0900	2300				
Wed	0900	2300	<b>State any seasonal variations for the performance of dance</b> (please read guidance note 4) BANK HOLIDAY WEEKENDS CHRISTMAS EVE + NEW YEARS EVE			
Thur	0900	2300				
Fri	0900	2300	<b>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</b> (please read guidance note 5) 2300 - 0000 0000 - 0300 FRIDAY + SATURDAY PRECEDING BANK HOLIDAY CHRISTMAS EVE + NEW YEARS EVE			
Sat	0900	2300				
Sun	0900	2300				

# H

<b>Anything of a similar description to that falling within (e), (f) or (g)</b> 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	<b>Will this entertainment take place indoors or outdoors or both – please tick</b> (please read guidance note 2)	Indoors	<input checked="" type="checkbox"/>
Mon	0900	2300		Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Tue	0900	2300	<b>Please give further details here</b> (please read guidance note 3)		
Wed	0900	2300			
Thur	0900	2300	<b>State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g)</b> (please read guidance note 4) BANK HOLIDAY WEEKENDS CHRISTMAS EVE & NEW YEARS EVE		
Fri	0900	2300			
Sat	0900	2300	<b>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</b> (please read guidance note 5) 0900 - 2300 0000 - 0300 FRIDAY & SATURDAY PRECEDING BANK HOLIDAYS CHRISTMAS EVE & NEW YEARS EVE		
Sun	0900	2300			


I

<b>Late night refreshment</b> Standard days and timings (please read guidance note 6)			<b>Will the provision of late night refreshment take place indoors or outdoors or both – please tick</b> (please read guidance note 2)	Indoors	<input checked="" type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<b>Please give further details here</b> (please read guidance note 3)		
Mon					
Tue					
Wed					
Thur			<b>State any seasonal variations for the provision of late night refreshment</b> (please read guidance note 4)		
Fri					
Sat					
Sun					
			<b>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</b> (please read guidance note 5)		
			2300 - 0000 0000 - 0300 FRIDAY & SATURDAY PRECEDING BANK HOLIDAYS CHRISTMAS EVE & NEW YEAR EVE		

**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) <i>DANK HOLIDAY WEEKENDS CHRISTMAS EVE &amp; NEW YEARS EVE</i>		
Mon	<i>0900</i>	<i>2300</i>			
Tue	<i>0900</i>	<i>2300</i>			
Wed	<i>0900</i>	<i>2300</i>			
Thur	<i>0900</i>	<i>2300</i>	<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) <i>0900-0000          0000-0300          FRIDAY &amp; SATURDAY PRECEDING          DANK HOLIDAYS          CHRISTMAS EVE &amp; NEW YEARS EVE</i>		
Fri	<i>0900</i>	<i>2300</i>			
Sat	<i>0900</i>	<i>2300</i>			
Sun	<i>0900</i>	<i>2300</i>			

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

Name	<i>YVONNE BROWN</i>	
Address		
Postcode		
Personal licence number (if known)	<i>084B-00AQ - 3TCM - YE FP</i>	
Issuing licensing authority (if known)	<i>HARROW</i>	

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	
Mon	0900	2300	FRIDAYS & SATURDAYS PRECEDING BANK HOLIDAY WEEKEND CHRISTMAS EVE & NEW YEARS EVE 0900 - 0300
Tue	0900	2300	
Wed	0900	2300	
Thur	0900	2300	
Fri	0900	2300	<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) 0900 - 0000 0000 - 0300 FRIDAY & SATURDAY PRECEDING BANK HOLIDAYS CHRISTMAS EVE & NEW YEARS EVE
Sat	0900	2300	
Sun	0900	2300	

**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)**

RISK ASSESSMENT FOR EACH EVENT  
SITE SUPERVISOR  
SIA DOOR SECURITY  
CCTV  
ALL STAFFERS CHECKED

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

CCTV INTERNAL & EXTERNAL  
DOOR SUPERVISOR (S.I.A) ALL EVENTS  
PANE BUTTON ALARM IN OFFICES

**c) Public safety**

FIRE DOORS FIRE ALARM & FIRE EXTINGUISHERS  
CHECKED REGULARLY.  
FIRST AIDER & FIRE MARSHAL ON SITE

**d) The prevention of public nuisance**

DOOR SUPERVISOR (S.I.A) ALL EVENTS.  
CCTV OUTSIDE PREMISES  
NO DRINKS ALLOWED OUTSIDE PREMISES

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



NO CHILDREN ALLOWED IN FOR LICENSED EVENTS  
 ALL STAFF CRB CHECKED  
 CCTV  
 SITE SUPERVISOR  
 DOOR SUPERVISOR ALL EVENTS

**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	10/10/13
Capacity	Cafe Manager

**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 application (please read guidance note 13)			
Post town		Postcode	
Telephone number (if any)			
If you would prefer us to correspond with you by e-mail, your e-mail address (optional)			

### 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 YVONNE BROWN  
[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

A NEW PREMISES LICENCE [type of application]

by HARROW ASSOCIATION OF DISABLE PEOPLE [name of applicant]

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

for RED B THE WEALDSTONE CENTRE

RED BRICK CAFE 38-40 HIGH STREET

WEALDSTONE HARROW MIDDLESEX HA3 7AE

[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 HARROW ASSOCIATION OF DISABLE PEOPLE [name of applicant]

concerning the supply of alcohol at THE WEALDSTONE CENTRE

RED BRICK CAFE 38-40 HIGH STREET

WEALDSTONE HARROW MIDDLESEX HA3 7AE

[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 0843-00A0-30CM-YEP  
[insert personal licence number, if any]

Personal licence issuing authority LICENSING SECTION OF HARROW COUNCIL  
[insert name and address and telephone number of personal licence issuing authority, if any]

 signed

YVONNE BROWN name (please print)

16 SEPT 2013 dated