

[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 Mrs THARMALA KUMARAVEL
(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		
406-408 ALEXANDRA AVENUE TSK RAYNERS LANE HA2 9TR		
Post town	HARROW	Postcode HA2 9TR
Telephone number at premises (if any)	[REDACTED]	
Non-domestic rateable value of premises	[REDACTED]	

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 (c 14) 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.

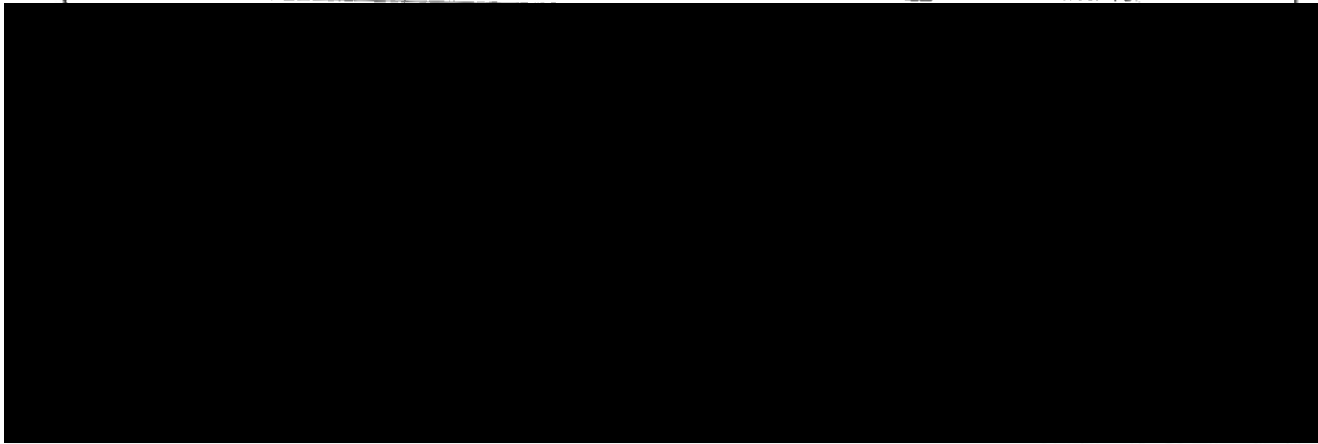
Please tick yes

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 checked="" type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)
Surname KUMARAVEL		First names THARMALA		
I am 18 years old or over				<input checked="" type="checkbox"/> Please tick yes



Provision of late night refreshment (if ticking yes, fill in box D)

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)			<u>Will the performance of a play take place indoors or outdoors or both – please tick</u> (please read guidance note 2)	Indoors	<input type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon			<u>Please give further details here</u> (please read guidance note 3)	Both	<input type="checkbox"/>
Tue					
Wed			<u>State any seasonal variations for performing plays</u> (please read guidance note 4)		
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</u> (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 type="checkbox"/>	
				Off the premises <input checked="" type="checkbox"/>	
				Both <input type="checkbox"/>	
Day	Start	Finish	State any seasonal variations for the supply of alcohol (please read guidance note 4)		
Mon	0800	0000			
Tue	0800	0000			
Wed	0800	0000			
Thur	0800	0000			
Fri	0800	0100			
Sat	0800	0100			
Sun	0800	0100	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 THARMALA KUMARAVEL



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).

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	08.00	00.00	
Tue	08.00	00.00	
Wed	08.00	00.00	
Thur	08.00	00.00	<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)
Fri	08.00	01.00	
Sat	08.00	01.00	
Sun	08.00	01.00	

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)

I HAVE INSTALLED CCTV TO MONITOR THE LICENSING ACTIVITIES. I TAKE SERIOUSLY UNDERAGE SELLING OF TOBACCO AND ALCOHOL. REALISTIC CHECKS OF ID AND CHALLENGE 25. I TAKE OTHER NECESSARY STEPS TO PROMOTE FOUR OBJECTIVES OF THE LICENSING POLICY

b) The prevention of crime and disorder

I HAVE INSTALLED A CCTV CAMERA TO MONITOR THE ANTI SOCIAL BEHAVIOURS. I HAVE GIVEN PROPER TRAINING TO WATCH ANY WRONG DOINGS BY THE CRIMINAL GANGS. I HAVE A POLICY OF BUYING THE ALCOHOL FROM RESPECTABLE CASH AND CARRY. NO PURCHASE UNDER ANY CIRCUMSTANCES BUYING OR SELLING ALCOHOL FROM OR TO THE UN AUTHORISED INDIVIDUALS OR BODIES

c) Public safety

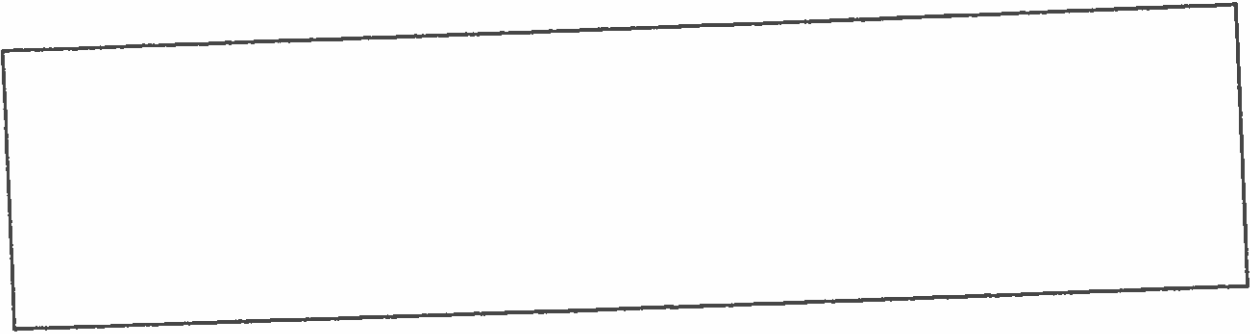
I HAVE INSTALLED CCTV TO PROTECT PUBLIC. I HAVE PROVIDED EXTRA BINS IN THE PREMISES. I HAVE TRAINED THE STAFF NOT TO ALLOW INDIVIDUALS DRINKING INSIDE THE PREMISES OR SITTING OUTSIDE THE PREMISES. I WATCH FOR TRADERS OF ILLEGAL DRUGS CHANGING HANDS IN MY SHOP OR NEAR THE SHOP

d) The prevention of public nuisance

I DISALLOW PEOPLE TO PLAY LOUD MUSICS. I ALSO STOP STAFF USING LOUD MUSICS IN THE SHOP. I HAVE PROVIDED BINS FOR COLLECTION OF RUBBISH. I PREVENT PEOPLE DRINKING OUTSIDE THE SHOP AND THROW THE BOTTLES AND TINS ON THE STREET. I WILL TRAIN THE STAFF TO PICK THE RUBBISH AT FREQUENT INTERVALS OUTSIDE THE SHOP AREA

e) The protection of children from harm

I AM VERY STRICT IN SELLING ALCOHOL OR TOBACCO TO THE CHILDRE. I AM STRINGENTLY TRAIN THE STAFF TO CHECK THE ID. I ALSO ADAPT A CHALLENGE 25 POLICY. I INTEND TO KEEP THE ALCOHOL OUT OF REACH TO THE CHILDREN



Checklist:

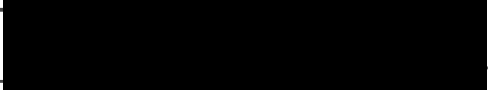
Please tick to indicate agreement

- o I have made or enclosed payment of the fee.
- o I have enclosed the plan of the premises.
- o I have sent copies of this application and the plan to responsible authorities and others where applicable.
- o I have enclosed the consent form completed by the individual I wish to be designated premises supervisor, if applicable.
- o I understand that I must now advertise my application.
- o 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	07-06-2015
Capacity	APPLICANT.

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) SOORIVAKUMAR THARMALINGAM, NO 406-408 ALEXANDRA AVENUE, HARROW			
Post town		Postcode	HA2 9TA
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, Mrs THARMALA KUMARAVEL
[Full name 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 MRS THARMALA KUMARAVEL [name of applicant]

relating to a premises licence 0701-9FA7-067L [number of existing licence, if any]
-EDDM

for 406-408, ALEXANDRA AVENUE
HARROW

HA2 9TR
[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 MRS THARMALA KUMARAVEL [name of applicant]

concerning the supply of alcohol at 406-408 ALEXANDRA AVENUE
HARROW

HA2 9TR
[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 PA 1062
[insert personal licence number, if any]

Personal licence issuing authority London Borough of Kingston
[insert name and address and telephone number of personal licence issuing authority, if



signed

THARMALA KUMARAVEL name (please print)

01-06-2015 dated