

Harrow Application for a premises licence Licensing Act 2003



required information

Section 1 of 19		
You can save the form at a	any time and resume it later. You do not need to b	e logged in when you resume.
System reference	Not Currently In Use	This is the unique reference for this application generated by the system.
Your reference	TOSIA2015	You can put what you want here to help you track applications if you make lots of them. It is passed to the authority.
	Den behalf of the applicant?No	Put "no" if you are applying on your own behalf or on behalf of a business you own or work for.
Applicant Details		
* First name	lurie	
* Family name	Creciun	
*E-mail		
Main telephone number		Include country code.
Other telephone number		
🔲 Indicate here if you	would prefer not to be contacted by telephone	
Are you:		
 Applying as a busin Applying as an individual 	ness or organisation, including as a sole trader vidual	A sole trader is a business owned by one person without any special legal structure. Applying as an individual means you are applying so you can be employed, or for some other personal reason, such as following a hobby.

Continued from previous page	
Your Address	Address official correspondence should be
* Building number or name	sent to.
* Street	
District	
* City or town	
County or administrative area	
* Postcode	
* Country	
Section 2 of 19	
PREMISES DETAILS	
I/we, as named in section 1, ap described in section 2 below (in accordance with section 12	oply for a premises licence under section 17 of the Licensing Act 2003 for the premises the premises) and I/we are making this application to you as the relevant licensing authority of the Licensing Act 2003.
Premises Address	
Are you able to provide a post	al address, OS map reference or description of the premises?
Address OS ma	p reference C Description
Postal Address Of Premises	
Building number or name	26
Street	Broadwalk, Pinner Road
District	
City or town	Harrow
County or administrative area	
Postcode	HA2 6ED
Country	United Kingdom
Further Details	
Telephone number	
Non-domestic rateable	11 500
value of premises (£)	11,500

Secti	on 3 of 19		
APPL	ICATION DETAILS		
In wh	at capacity are you apply	ing for the premises licence?	
\boxtimes	An individual or individu	als	
	A limited company		
	A partnership		
	An unincorporated assoc	tiation	
	A recognised club		
	A charity		
	The proprietor of an edu	cational establishment	
	A health service body		
		ed under part 2 of the Care Standards Act	
	2000 (c14) in respect of a	in independent hospital in Wales	
	Social Care Act 2008 in re	ed under Chapter 2 of Part 1 of the Health and espect of the carrying on of a regulated ing of that Part) in an independent hospital in	
	The chief officer of police	e of a police force in England and Wales	
	Other (for example a stat	utory corporation)	
Conf	firm The Following		
\boxtimes	l am carrying on or prope the use of the premises f	osing to carry on a business which involves or licensable activities	
	l am making the applicat	ion pursuant to a statutory function	
	l am making the applicat virtue of Her Majesty's pr	ion pursuant to a function discharged by erogative	
Secti	on 4 of 19		
INDI	VIDUAL APPLICANT DET	AILS	
	licant Name	<i>и</i>	
Is the	e name the same as (or sin	nilar to) the details given in section one?	If "Yes" is selected you can re-use the details from section one, or amend them as required.
•	Yes	C No	Select "No" to enter a completely new set of details.
First	name	lurie	
Fami	ly name	Creciun	
ls the	e applicant 18 years of age	e or older?	
•	Yes	C No	

Continued from previous page		
Applicant Postal Address		
Is the address the same as (or	similar to) the address given in section one?	If "Yes" is selected you can re-use the details
(● Yes	∩ No	from section one, or amend them as required. Select "No" to enter a completely new set of details.
Building number or name		
Street		
District		
City or town		
County or administrative area		
Postcode		
Country		
Applicant Contact Details		
Are the contact details the sar	ne as (or similar to) those given in section one?	· · · · · · · · · · · · · · · · · · ·
	∩ No	from section one, or amend them as required. Select "No" to enter a completely _ new set of details.
E-mail		
Telephone number		
Other telephone number		
	Add another applicant]
Section 5 of 19		
OPERATING SCHEDULE		
When do you want the premises licence to start?	01 / 12 / 2015 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	
Provide a general description	of the premises	
licensing objectives. Where yo	ises, its general situation and layout and any oth our application includes off-supplies of alcohol a plies you must include a description of where th	nd you intend to provide a place for
	or Eastern European shop specializing in selling intends to sell alcohol, consumption strictly off p	

Continued from previous page
If 5,000 or more people are
expected to attend the
premises at any one time, state the number expected to
attend
Section 6 of 19
PROVISION OF PLAYS
Will you be providing plays?
C Yes
Section 7 of 19
PROVISION OF FILMS
Will you be providing films?
C Yes No
Section 8 of 19
PROVISION OF INDOOR SPORTING EVENTS
Will you be providing indoor sporting events?
C Yes ● No
Section 9 of 19
PROVISION OF BOXING OR WRESTLING ENTERTAINMENTS
Will you be providing boxing or wrestling entertainments?
C Yes No
Section 10 of 19
PROVISION OF LIVE MUSIC
Will you be providing live music?
C Yes No
Section 11 of 19
PROVISION OF RECORDED MUSIC
Will you be providing recorded music?
C Yes No
Section 12 of 19
PROVISION OF PERFORMANCES OF DANCE
Will you be providing performances of dance?
C Yes C No
Section 13 of 19
PROVISION OF ANYTHING OF A SIMILAR DESCRIPTION TO LIVE MUSIC, RECORDED MUSIC OR PERFORMANCES OF DANCE
Will you be providing anything similar to live music, recorded music or performances of dance?
C Yes No

Continued from previous	page	
Section 14 of 19		
LATE NIGHT REFRESH	IMENT	
Will you be providing	late night refreshment?	
C Yes	No	
Section 15 of 19		
SUPPLY OF ALCOHOL		
Will you be selling or s	upplying alcohol?	
Yes	C No	
Standard Days And T	imings	
MONDAY	Start 09:00	Give timings in 24 hour clock. End 22:00 (e.g., 16:00) and only give details for the days of the week when you intend the premises End to be used for the activity.
TUESDAY		
	Start 09:00	End 22:00
WEDNESDAY		
	Start 09:00	End 22:00
THURSDAY	·	
	Start 09:00	End 22:00
	Start	End
FRIDAY	[]	F
	Start 09:00	End 22:00
	Start	End
SATURDAY		
	Start 09:00	End 22:00
	Start	End
SUNDAY		
	Start 09:00	End 22:00
	Start	End

Continued from previous page	,	
Will the sale of alcohol be for o	consumption:	If the sale of alcohol is for consumption on
On the premises	 Off the premises Both 	the premises select on, if the sale of alcohol is for consumption away from the premises select off. If the sale of alcohol is for consumption on the premises and away from the premises select both.
State any seasonal variations		
For example (but not exclusive	ely) where the activity will occur on additional d	ays during the summer months.
No additional days or extende	d hours. Shop is going to work during the Public	c and Bank holidays respectively.
Non-standard timings. Where column on the left, list below	the premises will be used for the supply of alcol	nol at different times from those listed in the
For example (but not exclusive	ely), where you wish the activity to go on longer	on a particular day e.g. Christmas Eve.
No additional days or extended	d hours. Shop is going to work during the Public	c and Bank holidays respectively.
L		
State the name and details of t licence as premises supervisor	the individual whom you wish to specify on the	
Name		
First name	lurie	
Family name	Creciun	
Enter the contact's address		
Building number or name		
Street		
District		
City or town		
County or administrative area		
Postcode		
Country		
Personal Licence number (if known)	Z01N1130CA/1	
lssuing licensing authority (if known)	Waltham Forest Council	

Continued from previous p	oage		
PROPOSED DESIGNATE	ED PREMISES SUPERVISOR CONSE	INT	
How will the consent fo be supplied to the authors	rm of the proposed designated prer ority?	mises supervisor	
C Electronically, by t	the proposed designated premises s	upervisor	
As an attachment	to this application		
Reference number for co form (if known)	onsent		If the consent form is already submitted, ask the proposed designated premises supervisor for its 'system reference' or 'your reference'.
Section 16 of 19			
ADULT ENTERTAINMEN	NT		
	ertainment or services, activities, or or rise to concern in respect of children		t or matters ancillary to the use of the
rise to concern in respec		you intend childrei	to the use of the premises which may give to have access to the premises, for example ambling machines etc.
n/a			
Section 17 of 19			
HOURS PREMISES ARE	OPEN TO THE PUBLIC		
Standard Days And Tir			
MONDAY			
	Start 09:00	End 22:00	Give timings in 24 hour clock. (e.g., 16:00) and only give details for the days
	Start	End	of the week when you intend the premises to be used for the activity.
TUESDAY			
	Start 09:00	End 22:00	
	Start	End	
WEDNESDAY			
	Start 09:00	End 22:00	
	Start	End	
THURSDAY			
	Start 09:00	End 22:00	
	Start	End	
FRIDAY			
	Start 09:00	End 22:00	
	Start	End	

Continued from previous page SATURDAY Start 09:00 End 22:00 Start End Start End SUNDAY Start 09:00 End 22:00 Start End SUNDAY Start 09:00 End 22:00 Start End Start End SUNDAY Start 09:00 End 22:00 Start End End Start End End Start End Start End End			
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Continued from previous page... c) Public safety CCTV with 31 days data will be installed and will be available to police or other authorities All exits and doors will be checked regularly in respect of obstructions Fire plan and policy will be in place Compliance with Health and Safety Regulations Everyone will be trained how to identify and how to deal with Public Safety matters Incident book will be in place First Aid Kit will be in place and will be available Appropriate informative signage will be in place Implementing any recommendations given by the police and other authorities d) The prevention of public nuisance The sale of alcohol in our shop doesn't make any noise problems in itself Make sure that our shop doors do not bang shut and do not create any problems for neighbours Waste will be collected regularly Clean front and back of the shop as well as the shop itself Special attention on grouped people hanging around and inside the shop Special attention on football days Appropriate informative signage will be in place e) The protection of children from harm Strict Age proof and challenge 25 policy will be implemented Photographic identifications will only be acceptable Attention on purchases which underage try to make through other people who are old enough to buy alcohol Refusal book will be in place All shelves and equipment in the shop will be well secured and knives, scissors and sharp objectives will be kept away from the reach of children Sell of alcohol will be made according to Premises licence objectives Implementing any recommendations given by the Police, Child Protection Team or other authorities Staff will be trained regarding the protection of children from harm Appropriate informative signage will be in place Section 19 of 19 **PAYMENT DETAILS** This fee must be paid to the authority. If you complete the application online, you must pay it by debit or credit card. Premises Licence Fees are determined by the non domestic rateable value of the premises. To find out a premises non domestic rateable value go to the Valuation Office Agency site at http://www.voa.gov.uk/ business_rates/index.htm Band A - No RV to £4300 £100.00 Band B - £4301 to £33000 £190.00 Band C - £33001 to £8700 £315.00 Band D - £87001 to £12500 £450.00* Band E - £125001 and over £635.00* *If the premises rateable value is in Bands D or E and the premises is primarily used for the consumption of alcohol on the

Band D - £87001 to £12500	£900.00
Band E - £125001 and over	£1,905.00

premises then your are required to pay a higher fee



Harrow Application for a premises licence Licensing Act 2003

For help contact licensing@harrow.gov.uk Telephone: 020 8901 2600

	* required inform
Section 19 of 19	
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Band D - £87001 to £12500	£900.00
Band E - £125001 and over	£1,905.00
chapel halls or premises of a costs associated with these li	the payment of fees in relation to the provision of regulated entertainment at church halls, similar nature, village halfs, parish or community halls, or other premises of a similar nature. The leences will be met by central Government. If, however, the leence also authorises the use of of alcohol or the provision of late night refreshment, a fee will be required.
	ges are exempt from the fees associated with the authorisation of regulated entertainment provided by and at the school or college and for the purposes of the school or college.
If you operate a large event y	you are subject to ADDITIONAL fees based upon the number in attendance at any one time
Capacity 5000-9999	£1,000.00
Capacity 10000 - 14999	£2,000.00
Capacity 15000-19999	£4,000.00
Capacity 20000-29999	£8,000.00
Capacity 30000-39000	£16,000.00
Capacity 40000-49999	£24,000.00
Capacity 50000-59999	£32,000.00
Capacity 60000-69999	£40,000.00
Capacity 70000-79999	£48,000.00
Capacity 80000-89999	£56,000.00
Capacity 90000 and over	£64,000.00
* Fee amount (£)	190.00
DECLARATION	
	ence, liable on conviction to a fine up to level 5 on the standard scale, under section 158 of the
	a false statement in or in connection with this application.
I Ticking this box indic	ates you have read and understood the above declaration

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* Full name	lurie Creciun
* Capacity	owner
* Date	03 / 11 / 2015
	dd mm yyyy
	Add another signatory
* *	rou need to do the following: our computer by clicking file/save as
2. Go back to https://with-your-application	www.gov.uk/apply_for_a_licence/premises_licence/harrow/apply_1 to upload this file and continue sure you have all your supporting documentation to hand.

- Queen's Plinter and Controllor of HMSQ 2009

Consent of individual to being specified as premises supervisor
I JURIE CRECIUN
[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 LURIE CRECIUN [name of applicant]
relating to a premises licence
for TOSIA", 26 BROAdwalk, PINNERROAd
HARROW
HA2 GED [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 LURIE CRECIUN [name of applicant]
concerning the supply of alcohol at
PINNER ROAD, HARROW, HAZ GED
[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 $ZO1N1130CA11$ [insert personal licence number, if any]
Personal licence issuing authority WALTHAM FOREST COUNCIL [insert name and address and telephone number of personal licence issuing authority, if
signed
LURIE CRECIUN name (please print)
02.11.15

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