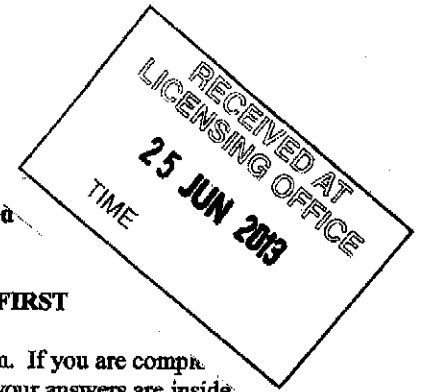


HARROW

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 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 **PREMIERCOVER LIMITED Co No 8426693**

(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 39 KENTON PARK PARADE, KENTON ROAD, HARROW			
Post town	HARROW	Postcode	HA3 8DN

Telephone number at premises (if any)	DOES NOT HAVE ONE YET
Non-domestic rateable value of premises	B £ 9,200

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 checked="" 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			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 PREMIERCOVER LIMITED	
Address	
Registered number (where applicable) COMPANY REGISTRATION NUMBER 8426693	
Description of applicant (for example, partnership, company, unincorporated association etc.) LIMITED COMPANY	
Telephone number (if any)	
E-mail address (optional)	

Part 3 Operating Schedule

When do you want the premises licence to start?

DD	MM	YYYY
27	06	2013

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)

SPICE TREE RESTAURANT

The restaurant is sited in the centre of Kenton Park Parade, Kenton Road, Harrow.

Spice Tree is aimed towards the more discerning clientele in the local area, with its 40 covers and highly trained staff and accomplished chefs it is truly a taste of the true India.

Specialists in authentic vegetarian Indian cuisine, it is designed to give an authentic feel but with its glass frontage and modern interior design it will be the jewel in the crown for the local area.

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)
- 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)

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) NONE	Indoors	<input type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon			Please give further details here (please read guidance note 3) N/A	Both	<input type="checkbox"/>
Tue					
Wed			State any seasonal variations for performing plays (please read guidance note 4) N/A		
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) N/A		
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) NONE		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) N/A		
Mon					
Tue					
Wed			State any seasonal variations for the exhibition of films (please read guidance note 4) N/A		
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) N/A		
Sat					
Sun					

C

Indoor sporting events Standard days and timings (please read guidance note 6)			Please give further details (please read guidance note 3)
Day	Start	Finish	
Mon			NONE
Tue			State any seasonal variations for indoor sporting events (please read guidance note 4) N/A
Wed			
Thur			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 (please read guidance note 5) N/A
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"/>																								
<table border="1"> <thead> <tr> <th>Day</th> <th>Start</th> <th>Finish</th> </tr> </thead> <tbody> <tr> <td>Mon</td> <td></td> <td></td> </tr> <tr> <td>Tue</td> <td></td> <td></td> </tr> <tr> <td>Wed</td> <td></td> <td></td> </tr> <tr> <td>Thur</td> <td></td> <td></td> </tr> <tr> <td>Fri</td> <td></td> <td></td> </tr> <tr> <td>Sat</td> <td></td> <td></td> </tr> <tr> <td>Sun</td> <td></td> <td></td> </tr> </tbody> </table>			Day	Start	Finish	Mon			Tue			Wed			Thur			Fri			Sat			Sun			NONE	
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<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) N/A																												

E

Live music Standard days and timings (please read guidance note 6)			Will the performance of live music 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"/>
			NONE	
Day	Start	Finish	Please give further details here (please read guidance note 3)	
Mon			N/A	
Tue			State any seasonal variations for the performance of live music (please read guidance note 4)	
Wed			N/A	
Thur			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)	
Fri			N/A	
Sat				
Sun				

F

Recorded music Standard days and timings (please read guidance note 6)			<u>Will the playing of recorded music take place indoors or outdoors or both – please tick</u> (please read guidance note 2) <p style="text-align: center;">NONE</p>	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) <p style="text-align: center;">N/A</p>		
Mon					
Tue			<u>State any seasonal variations for the playing of recorded music</u> (please read guidance note 4) <p style="text-align: center;">N/A</p>		
Wed					
Thur			<u>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</u> (please read guidance note 5) <p style="text-align: center;">N/A</p>		
Fri					
Sat					
Sun					

G

Performances of dance Standard days and timings (please read guidance note 6)			NONE	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) N/A		
Mon					
Tue					
Wed			<u>State any seasonal variations for the performance of dance</u> (please read guidance note 4) N/A		
Thur					
Fri			<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) N/A		
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 <p style="text-align: center;">NONE</p>		
Day	Start	Finish	<u>Will this entertainment take place indoors or outdoors or both – please tick</u> (please read guidance note 2) N/A	Indoors	<input type="checkbox"/>
Mon				Outdoors	<input type="checkbox"/>
			Both	<input type="checkbox"/>	
Tue			<u>Please give further details here</u> (please read guidance note 3) N/A		
Wed					
Thur			<u>State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g)</u> (please read guidance note 4) N/A		
Fri					
Sat			<u>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</u> (please read guidance note 5) N/A		
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"/>
			NONE		Outdoors	<input type="checkbox"/>
					Both	<input type="checkbox"/>
Day	Start	Finish				
Mon			<u>Please give further details here</u> (please read guidance note 3) N/A			
Tue						
Wed			<u>State any seasonal variations for the provision of late night refreshment</u> (please read guidance note 4) N/A			
Thur						
Fri			<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			
Sat						
Sun						

J

Supply of alcohol Standard days and timings (please read guidance note 6)			<u>Will the supply of alcohol be for consumption – please tick</u> (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	<u>State any seasonal variations for the supply of alcohol</u> (please read guidance note 4)		
Mon	11.00	22.30			
Tue	11.00	22.30			
Wed	11.00	22.30			
Thur	11.00	22.30			
Fri	11.00	22.30			
Sat	11.00	22.30			
Sun	11.00	22.00			

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

Name	
MR BHARAT LAKHANI	
Address	
[REDACTED ADDRESS]	
Postcode	[REDACTED POSTCODE]
Personal licence number (if known)	
LN/000005420/2012/1	
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		
Mon	11.00	23.00		
Tue	11.00	23.00		
Wed	11.00	23.00		
Thur	11.00	23.00		<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	11.00	23.00		
Sat	11.00	23.00		
Sun	11.00	23.00		
		22:30		

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 DPS is fully aware of his responsibilities under the 2003 licensing act with regard to ensuring the Four licensing Objectives are being met. Detailed outlines of how this will be achieved are detailed below. The DPS has attained his level 2 APLH qualification and has many years' experience as a restaurateur. The DPS will take full responsibility to ensure that all staff is fully trained with a comprehensive knowledge of challenge 25 and licensing issues under the 2003 licensing Act this training will be fully documented and refreshed every six months.

**ALCOHOL WILL ONLY BE SERVED ANCILLARY TO A TABLE MEAL
NO VERTICAL DRINKING
ALL ALCOHOL WILL BE SERVED AT THE TABLE ONLY**

b) The prevention of crime and disorder

The premises Licence holder **WILL** install CCTV that follows DCMS guidelines for camera systems in licensed premises which covers all licensed areas of the premises. The system **WILL** records for 31 days and all recordings will be made available to the police upon request. At least one member of staff **WILL** have training on the full workings of the system. Signage is in place to inform members of the public of the CCTV system is in operation.

There will always be a Personal Licence holder on the premises throughout the time that licensable activity is taking place to authorise any sales or alcohol.

**ALCOHOL WILL ONLY BE SERVED ANCILLARY TO A TABLE MEAL
NO VERTICAL DRINKING
ALL ALCOHOL WILL BE SERVED AT THE TABLE ONLY**

c) Public safety

The digital CCTV system will record for 31 days all public areas of the premises which will monitor all public safety issues. The DPS will be responsible to carry out a fire and health and safety risk assessments for licensed premises all notices in relation to public health and safety will be displayed.

The DPS will ensure that the premises operates in line with existing health and safety legislation and is aware that it is also the responsibility of the premises licence holder that this legislation is adhered to.

d) The prevention of public nuisance

The DPS and the Premises Licence holder are responsible for ensuring that the premises do not cause any nuisance to the local residents, other business operators or the general public. They will monitor the external areas of the premises in relation to public nuisance or antisocial behaviour. Deliveries and rubbish collections will only take place during normal business hours and are at the rear of the premises. Any antisocial behaviour CCTV recordings will be made available to the police and environmental health officers.

Signage requesting that patrons respect that it is a residential area please leave quietly.
All alcohol sales will be ancillary to a full table meal.

e) The protection of children from harm

The DPS will ensure that all staff receives fully documented training in relation to Challenge 25 and the licensing Objectives. A refusal book will be kept on the premises for inspection by the authorities. All necessary signage will be displayed with regard to challenge 25 and the fact that **NO ID NO SALE** policy is in place.

A personal Licence holder will be on duty throughout the time of licensable activity is taking place to authorise any sale of Alcohol.

All alcohol sales will be ancillary to a full table meal.

Checklist:


Please tick to indicate agreement

- I have made or enclosed payment of the fee. x
- I have enclosed the plan of the premises. x
- I have sent copies of this application and the plan to responsible authorities and others where applicable. x
- I have enclosed the consent form completed by the individual I wish to be designated premises supervisor, if applicable. x
- I understand that I must now advertise my application. x
- I understand that if I do not comply with the above requirements my application will be rejected. x

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)

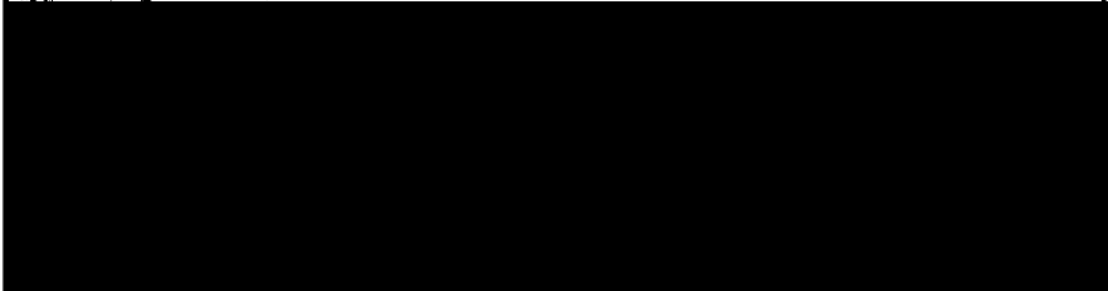
**Signature of applicant or applicant's solicitor or other duly authorised agent (see guidance note 11).
If signing on behalf of the applicant, please state in what capacity.**

Signature	
Date	Tuesday 14 th May 2013
Capacity	DULY AUTHORISED LICENSING CONSULTANT

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)

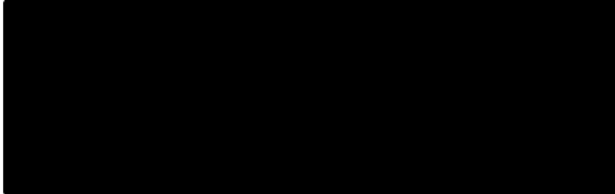

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Consent of individual to being specified as premises supervisor

MR BHARATKUMAR LAKHANI

[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

RETAIL SALE OF ALCOHOL

[type of application]

by

PREMIERCOVER LIMITED

[name of applicant]

relating to a premises licence

NEW APPLICATION

[number of existing licence, if any]

for

**THE SPICE TREE
39 KENTON PARK PARADE
KENTON ROAD
HARROW
HA3 8DN**

[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

PREMIERCOVER LIMITED

[name of applicant]

concerning the supply of alcohol at

**THE SPICE TREE
39 KENTON PARK PARADE
KENTON ROAD
HARROW
HA3 8DN**

[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/000005420/2012/1

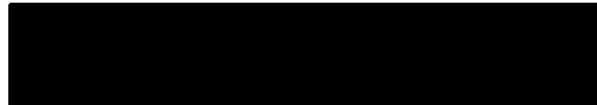
[insert personal licence number, if any]

Personal licence issuing authority

HARROW COUNCIL

[insert name and address and telephone number of personal licence issuing authority, if any]

Signed



Name (please print)

MR BHARATKUMAR LAKHANI

Date

21st June 2013