

201420002774

Application for a premises licence to be granted under the Licensing Act 2003

PAID

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.



We ROSALIND SOON, ANGELIQUE SOON AND ALAN MEADE (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
SACHA HEALTH CLUB
387 ALEXANDRA AVENUE,
HARROW,
Post town HARROW Postcode HA2 9EF

Telephone number at premises (if any)
Non-domestic rateable value of premises £5600

Part 2 - Applicant Details

Please state whether you are applying for a premises licence as

Please tick as appropriate

- a) an individual or individuals * [x] 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)

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- 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 checked="" type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
Surname SOON			First names ROSALIND		
I am 18 years old or over				<input checked="" type="checkbox"/>	Please tick yes
Daytime contact telephone number					
E-mail address (optional)					

SECOND INDIVIDUAL APPLICANT (if applicable)

Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input checked="" type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
Surname SOON			First names ANGELIQUE		
I am 18 years old or over				<input checked="" type="checkbox"/>	Please tick yes
Daytime contact telephone number					
E-mail address (optional)					

THIRD INDIVIDUAL APPLICANT

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

Address

Registered number (where applicable)

Description of applicant (for example, partnership, company, unincorporated association etc.)

Telephone number (if any)

E-mail address (optional)

Part 3 Operating Schedule

When do you want the premises licence to start? AS SOON AS POSSIBLE

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)

GROUND FLOOR HEALTH CLUB, RETAIL/COMMERCIAL AREA

HEALTH CLUB AND BEAUTY CLUB (UNISEX)

CONSERVATORY, SAUNA ROOM, SHOWER AREA, TREATMENT ROOMS, W.C. SHOWER AND CHANGING ROOMS, HOT TUB.

AS PER DETAILED IN PLAN.
WITH STAFF KITCHEN/UTILITY ROOM

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)
- 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)			<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"/>
				Outdoors	<input type="checkbox"/>
Day	Start	Finish		Both	<input type="checkbox"/>
Mon			<u>Please give further details here</u> (please read guidance note 3)		
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					

B

Films			Will the exhibition of films take place indoors or outdoors or both – please tick (please read guidance note 2)	Indoors	<input type="checkbox"/>
Standard days and timings (please read guidance note 6)				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 the exhibition of films (please read guidance note 4)		
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)		
Sat					
Sun					

C

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

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"/>
Day	Start	Finish	Please give further details here (please read guidance note 3)		
Mon					
			State any seasonal variations for the performance of live music (please read guidance note 4)		
Tue					
			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)		
Wed					
Thur					
Fri					
Sat					
Sun					

F

Recorded music			Will the playing of recorded music take place indoors or outdoors or both – please tick (please read guidance note 2)	Indoors	<input type="checkbox"/>
Standard days and timings (please read guidance note 6)				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 the playing of recorded music (please read guidance note 4)		
Thur					
Fri			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)		
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"/>
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 the performance of dance</u> (please read guidance note 4)		
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)		
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					

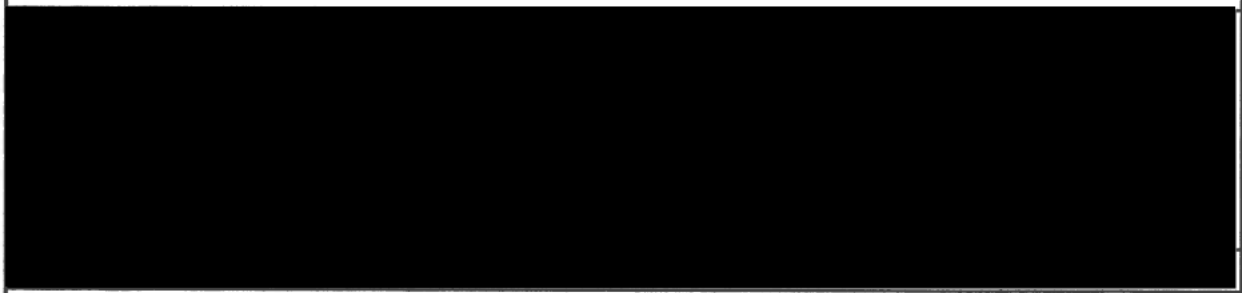
I

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"/>		
			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 provision of late night refreshment</u> (please read guidance note 4)	
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)	
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 type="checkbox"/>
Day	Start	Finish		Both	<input checked="" type="checkbox"/>
Mon	09:00	23:00	State any seasonal variations for the supply of alcohol (please read guidance note 4)		
Tue	09:00	23:00			
Wed	09:00	23:00	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)		
Thur	09:00	23:00			
Fri	09:00	23:00			
Sat	09:00	23:00			
Sun	09:00	22:30			

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

Name ROSALIND SOON

Personal licence number (if known) I DO NOT HAVE A PERSONAL LICENCE YET-I INTEND TO APPLY FOR ONE
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).

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) ANY HOURS PERMITTED UNDER PLANNING DEPARTMENTS WRITTEN AUTHORITY
Day	Start	Finish	
Mon	09:00	23:00	<p>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 (please read guidance note 5) ANY HOURS PERMITTED UNDER PLANNING DEPARTMENTS WRITTEN AUTHORITY</p>
Tue	09:00	23:00	
Wed	09:00	23:00	
Thur	09:00	23:00	
Fri	09:00	23:00	
Sat	09:00	23:00	
Sun	09:00	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)

STAFF TRAINING TO OCCUR AT REGULAR INTERVALS. TO BE RECORDED AND UPDATED.
I.D. PROCEDURE PROXY SALES, INTOXICATED PERSONS, LICENSING HOURS AND OTHER
RELEVANT MATTERS REGARDING THE LICENSING ACT 2003 AND THE LICENSING
OBJECTIVES.
COPY OF TRAINING AVAILABLE TO ANY RESPONSIBLE AUTHORITY ON REQUEST.

b) The prevention of crime and disorder

I.D. PERSONS WHO APPEAR TO BE UNDER 25 WHO ATTEMPT TO PURCHASE ALCOHOL.
LIAISE WITH LOCAL POLICE COMMUNITY SUPPORT TEAM AS THEY REQUIRE.
ACCEPTABLE I.D. TO BE PASSPORT, NEW STYLE PHOTO DRIVING LICENCE WITH PHOTO
I.D. AND PASS ACCREDITED CARDS.

c) Public safety

DISPLAY AND NOTICES REQUIRED BY RELEVANT AUTHORITIES. COMPLY WITH
STATUTORY REGULATIONS

d) The prevention of public nuisance

STAFF TRAINING AND RESPONSIBLE RETAILING SHOULD ENSURE THE SHOP DOES NOT
PRESENT A PUBLIC NUISANCE.

e) The protection of children from harm

REFUSAL REGISTER – I.D. PERSONS WHO APPEAR TO BE UNDER 25 WHO ATTEMPT TO
PURCHASE ALCOHOL. BE AWARE OF POSSIBLE PROXY SALES.
STAFF TRAINING AT SIX MONTHLY INTERVALS WHICH WILL BE RECORDED.

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.

Date	10/2/14
Capacity	AGENT.

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.**

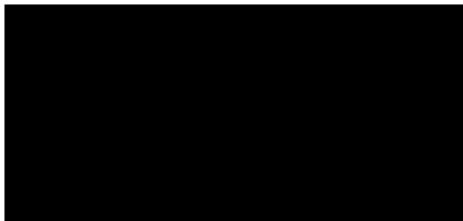
Signature	
Date	
Capacity	

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Consent of individual to being specified as premises supervisor

I ROSALIND SOON
[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 PREMISES LICENCE
[type of application]

by

ROSALIND SOON, ANGELIQUE SOON AND ALAN MEADE.
[name of applicant]

relating to a premises licence

[number of existing licence, if any]

for

SACHA HEALTH CLUB
387 ALEXANDRIA AVENUE
HARROW
HA2 9EF.

[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

ROSALIND SOON, ANCELQUE SOON AND ALAN MEADE.
[name of applicant]

concerning the supply of alcohol at

SACHA HEALTH CLUB
387 ALEXANDRA AVENUE
HARROW HA2 9EF

[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

I HAVE NOT OBTAINED THIS LICENCE YET
[insert personal licence number, if any] I INTEND TO APPLY FOR IT.

Personal licence issuing authority

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

Signed



Name (please print)

ROSALIND SOON

Date

6/1/14.