

[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.

**WWe** PETALS EMPORIUM LTD apply for a premises licence under section 17 of  
(Insert name(s) of applicant)  
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** PETALS EMPORIUM LTD

Postal address of premises or, if none, Ordnance Survey map reference or description <b>128 BLenheim ROAD</b>	
Post town <b>HARROW</b>	Post code <b>HA2 7AA</b>

Telephone number at premises (if any)

Non-domestic rateable value of premises

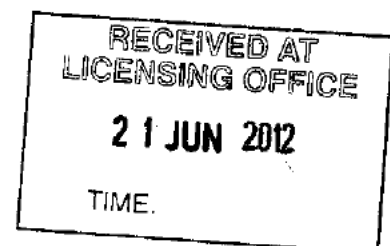
£ **9300**

**Part 2 - Applicant details**

Please state whether you are applying for a premises licence as

Please tick  yes

- 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  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  Mrs  Miss  Ms  Other title (for example, Rev)

Surname

First names

Please tick  yes

I am 18 years old or over

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  Mrs  Miss  Ms  Other title   
(for example, Rev)

Surname

First names

Please tick  
✓ yes

I am 18 years old or over

Current postal  
address  
if different from  
premises address

Post Town

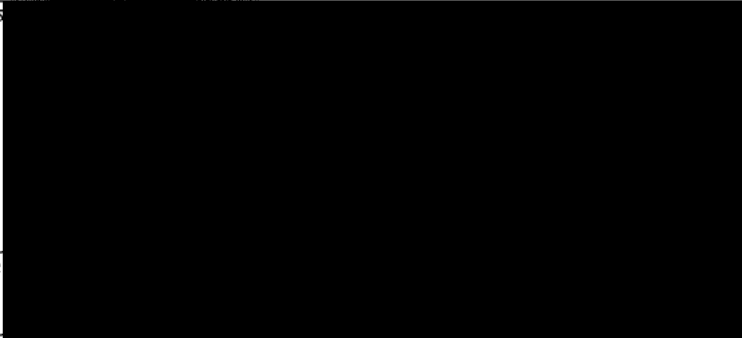
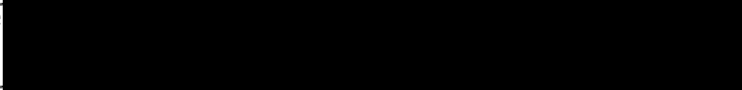
Postcode

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	PETALS EMPORIUM LTD	
Address		
Registered		
Description of applicant (for example partnership, company, unincorporated association etc)	PRIVATE LIMITED COMPANY	
Telephone number (if any)		
E-mail address (optional)		

Part 3 Operating Schedule

When do you want the premises licence to start?

Day	Month	Year
1	7	09
2	0	12

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

Day	Month	Year

If 5,000 or more people are expected to attend the premises at any one time, please state the number expected to attend.

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

General convenience retail store selling high quality food, beverages, news, alcohol etc.

The premises is situated among parade of other shops. This is a large shop will sell many items including off sales of alcohol.

The shop is long with wide area in the front. The alcohol will be displayed at the back, while front area will be ~~clean~~ family and children friendly place, with selling stationery & cards, news etc

The premises plan to sell high quality wines.

What licensable activities do you intend to carry on from the premises?  
(Please see sections 1 and 14 of the Licensing Act 2003 and Schedule 1 and 2 to the Licensing Act 2003)

Please tick ✓ yes

**Provision of regulated entertainment**

- 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 entertainment facilities for:**

- i) making music (if ticking yes, fill in box I)
- j) dancing (if ticking yes, fill in box J)
- k) entertainment of a similar description to that falling within (i) or (j)  
(if ticking yes, fill in box K)

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

**Supply of alcohol** (if ticking yes, fill in box M)

In all cases complete boxes N, O and P

L

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 [Y] (please read guidance note 2)	Indoors		
Day	Start	Finish		Outdoors		
Mon			Please give further details here (please read guidance note 3)	Both		
Tue						
Wed				State any seasonal variations for the provision of late night refreshment (please read guidance note 4)		
Thur						
Fri				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 (please read guidance note 5)		
Sat						
Sun						

M

Supply of alcohol Standard days and timings (please read guidance note 6)			Will the sale of alcohol be for consumption (Please tick box Y) (please read guidance note 7)	On the premises	
Day	Start	Finish		Off the premises	<input checked="" type="checkbox"/>
Mon	06.00	23.00	State any seasonal variations for the supply of alcohol. (please read guidance note 4)	Both	
Tue	06.00	23.00			
Wed	06.00	23.00			
Thur	06.00	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)		
Fri	06.00	23.00			
Sat	06.00	23.00			

Sun	06:00	23:00	
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State the name and details of the individual whom you wish to specify on the licence as premises supervisor

Name..... PONNAMPALAM LINKESH WARAN

A

...

P

P



N

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)

N/A

O

Hours premises are open to the public Standard timings (please read guidance note 6)			State any seasonal variation (please read guidance note 4)
Day	Start	Finish	
Mon	06:00	23:00	Non standard timings. Where you intend to use 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)
Tue	06:00	23:00	
Wed	06:00	23:00	
Thur	06:00	23:00	
Fri	06:00	23:00	
Sat	06:00	23:00	
Sun	06:00	23:00	

P

Describe the steps you intend to promote the four licensing objectives:

a) General - all four licensing objectives (b, c, d, e) (please read guidance note 9)

The style of this operation at this premises designed to minimise crime & disorder. The premises seek to benefit solely from the sale of alcohol. It will be mainly selling high quality wines.

b) The prevention of crime and disorder

Premises will operate challenge 25 policy. It will also have no sale to drunken policy. CCTV also be installed.

c) Public safety

The premises will comply with the current legal requirements of fire safety and Health & safety including fire risk assessments.

d) The prevention of public nuisance

Premises are proposed to be licensed for the premises to sell alcohol off the premises only. There are no form of entertainment. The premises will operate within the required litter refuse policy.

e) The protection of children from harm

The premises will operate challenge 25 policy, full training to staff with refusal book maintained. Prominent signage throughout store.



Please tick ✓ yes

- 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 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 CONVICTION TO A FINE UP TO 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 20.06.12

Capacity Agent

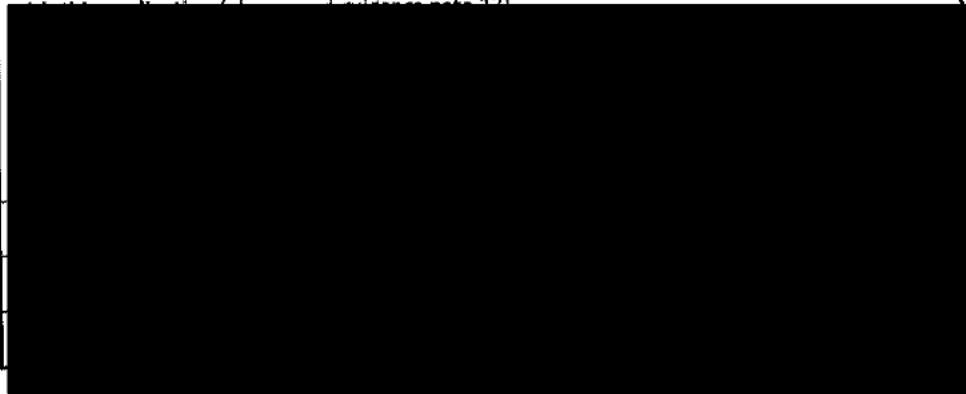
For joint applications signature of 2<sup>nd</sup> applicant or 2<sup>nd</sup> applicant's solicitor or other authorised agent. (please read guidance note 12) If signing on behalf of the applicant please state in what capacity.

Signature .....

Date .....

Capacity .....

Contact name (where not previously given) and postal address for correspondence associated with this application. (please read guidance note 12)



Consent of individual to being specified as premises supervisor

I MR PONNAMPALAM LINKESHWARAN  
[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 PETALS EMPORIUM LTD.....[name of applicant]

relating to a premises licence NONE.....[number of existing licence, if any]

for 128 BLENHEIM ROAD

HARROW

HA2 7AA  
[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 PETALS EMPORIUM LTD.....[name of applicant]

concerning the supply of alcohol at 128 BLENHEIM ROAD

HARROW

HA2 7AA  
[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 [REDACTED]  
[insert personal licence number]

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

[REDACTED].....signed

MR P. LINKESHWARAN.....name (please print)

20/06/12.....dated