

[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 Manickavasagam Gunalan

*(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 <b>No 8 Village Way east Rayners Lane</b>			
Post town	Harrow	Postcode	HA2 7LU
Telephone number at premises (if any)			
Non-domestic rateable value of premises	£	8,800	

**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 <b>Gunalan</b>			First names <b>Manickavasagam</b>		
I am 18 years old or over				<input type="checkbox"/> Please tick yes	
Current postal address if different from premises address					
Post town					
Daytime contact telephone					
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
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?

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
<input type="text"/>	<input type="text"/>	<input type="text"/>

This premise is located along the main road including public house and many restaurants. This is a ground floor property consists of a function suit, bar, kitchen at the rear, 2toilets and the fire exit at the back.

Premise has a one fully equipped disable toilet.

The main use of this property is for small functions eg; birthday parties etc. other parties

Serve cooked food to the customers.

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

100

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"/>
				Both	<input type="checkbox"/>
Day	Start	Finish			
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 Standard days and timings (please read guidance note 6)			<u>Will the exhibition of films 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			
Mon			<u>Please give further details here</u> (please read guidance note 3)		
Tue					
Wed			<u>State any seasonal variations for the exhibition of films</u> (please read guidance note 4)		
Thur					
Fri			<u>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</u> (please read guidance note 5)		

Sat			
Sun			

C

<b>Indoor sporting events</b> Standard days and timings (please read guidance note 6)			<b>Please give further details</b> (please read guidance note 3)
Day	Start	Finish	
Mon			<b>State any seasonal variations for indoor sporting events</b> (please read guidance note 4)
Tue			
Wed			
Thur			<b>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</b> (please read guidance note 5)
Fri			
Sat			
Sun			

D

<b>Boxing or wrestling entertainments</b> Standard days and timings (please read guidance note 6)			<b><u>Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick</u></b> (please read guidance note 2)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<b><u>Please give further details here</u></b> (please read guidance note 3)		
Mon					
Tue			<b><u>State any seasonal variations for boxing or wrestling entertainment</u></b> (please read guidance note 4)		
Wed					
Thur			<b><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></b> (please read guidance note 5)		
Fri					
Sat					
Sun					

**E**

<b>Live music</b> Standard days and timings (please read guidance note 6)			<b>Will the performance of live music take place indoors or outdoors or both – please tick</b> (please read guidance note 2)	Indoors	<input checked="" type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<b>Please give further details here</b> (please read guidance note 3) Non amplified		
Mon	1100	2400			
Tue	1100	2400			
Wed	1100	2400	<b>State any seasonal variations for the performance of live music</b> (please read guidance note 4) No		
Thur	1100	2400			
Fri	1100	0300	<b>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</b> (please read guidance note 5) NO		
Sat	1100	0300			
Sun	1100	0300			



**F**

<b>Recorded music</b> Standard days and timings (please read guidance note 6)			<b>Will the playing of recorded music take place indoors or outdoors or both – please tick</b> (please read guidance note 2) .	Indoors	<input checked="" type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
<b>Day</b>	<b>Start</b>	<b>Finish</b>	<b>Please give further details here</b> (please read guidance note 3) Non amplified		
Mon	1100	2400			
Tue	1100	2400			
<b>Wed</b>	<b>1100</b>	<b>24 00</b>	<b>State any seasonal variations for the playing of recorded music</b> (please read guidance note 4) No		
Thur	1100	2400			
Fri	1100	0300			
<b>Sat</b>	<b>1100</b>	<b>0300</b>	<b>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</b> (please read guidance note 5) NO		
Sun	1100	0300			

**G**

Performances of dance Standard days and timings (please read guidance note 6)			Will the performance of dance take place indoors or outdoors or both – please tick (please read guidance note 2)	Indoors	<input checked="" type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Mon	1100	2400	<b>Please give further details here</b> (please read guidance note 3) N/A		
Tue	1100	2400			
Wed	1100	2400	<b>State any seasonal variations for the performance of dance</b> (please read guidance note 4) No		
Thur	11 00	2400			
Fri	1100	0300	<b>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</b> (please read guidance note 5) NO		
Sat	1100	0300			
Sun	1100	0300			

## H

<b>Anything of a similar description to that falling within (e), (f) or (g)</b> 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	<b><u>Will this entertainment take place indoors or outdoors or both – please tick</u></b> (please read guidance note 2)	Indoors	<input type="checkbox"/>
Mon				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Tue			<b><u>Please give further details here</u></b> (please read guidance note 3)		
Wed					
Thur			<b><u>State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g)</u></b> (please read guidance note 4)		
Fri					
Sat			<b><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></b> (please read guidance note 5)		
Sun					

**I**

<b>Late night refreshment</b> Standard days and timings (please read guidance note 6)			<b>Will the provision of late night refreshment take place indoors or outdoors or both – please tick</b> (please read guidance note 2)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input checked="" type="checkbox"/>
<b>Day</b>	<b>Start</b>	<b>Finish</b>	<b><u>Please give further details here</u></b> (please read guidance note 3)		
Mon	1100	2400			
Tue	1100	2400			
			<b><u>State any seasonal variations for the provision of late night refreshment</u></b> (please read guidance note 4) NO		
Wed	1100	2400			
Thur	1100	24 00			
			<b><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></b> (please read guidance note 5) NO		
Fri	1100	0300			
Sat	1100	0300			
Sun	1100	0300			

**J**

<b>Supply of alcohol</b> Standard days and timings (please read guidance note 6)			<b>Will the supply of alcohol be for consumption – please tick</b> (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	<b>State any seasonal variations for the supply of alcohol</b> (please read guidance note 4) No					
Mon	1100	2400						
Tue	1100	2400						
Wed	1100	2400						
Thur	1100	2400						
Fri	1100	0300						
Sat	1100	0300						
Sun	1100	0300						
						<b>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</b> (please read guidance note 5) No		

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

Name Manickavasagam Gunalan
Personal licence number (if known) 04057
Issuing licensing authority (if known) Ealing 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).

L

<b>Hours premises are open to the public</b> Standard days and timings (please read guidance note 6)			<b>State any seasonal variations</b> (please read guidance note 4) Not applicable
Day	Start	Finish	
Mon	1100	2400	
Tue	1100	2400	
Wed	1100	2400	
Thur	1100	2400	
Fri	1100	0300	
Sat	1100	0300	
Sun	1100	0300	
			<b>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</b> (please read guidance note 5)

**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 premises licence applicant has considered the operation of the building and mindful of 4 licensing objectives.  
All staff will be trained and training records maintained on the site and available for inspection at any time.

Staff should be trained for give first aid  
A First aid kit should store in the premises  
Refresher courses should be carried out at 6 months intervals.

**b) The prevention of crime and disorder**

A member of management supervisor team will be in the premises at all time when the hall is open.

Premise has CCTV cameras that cover all of the shop inside, outside all the exit doors including voice recording. Images will be retained for a minimum 30 days and made available subject to compliance with data protection legislation to the police for inspection on request.  
CCTV system is regularly served by qualified maintenance technician.

All incidents of crime and disorder will be logged and reported to the police as soon as possible.

Employ a door supervisor.

**c) Public safety**

All staff is required to attend comprehensive safety training to ensure that safe working method are adopted and all staff are trained in the evacuation procedure in the event of a fire or other dangerous occurrence. The shop sign displays a policy confirming the rules and regulation when supplying alcohol. Prepare a policy statement which includes four licensing objectives and supply a copy of the same to the customer who book the venue.

Every person who books the venue has to go through the rules and regulations and understand our policy.  
Female supervisor should be employed to supervise lady customers.  
Use paper glasses and tuff glass .

**d) The prevention of public nuisance**

Refuse will be disposed of in an appropriate manner at all times.  
Appropriate signage will be displayed asking customers to leave the premises in a respectful and quiet manner at all times.  
All the doors keep closed  
Installation of acoustic curtains or rubber speaker mount

**e) The protection of children from harm**

No sale of alcohol at any time persons under 18 ( staff should ask to check the identity)

Children less than 18 years old should accompanied an adult in establishment.

The importance of not selling Alcohol to persons under the age of 18 should be emphasised in the training.

**Checklist:**

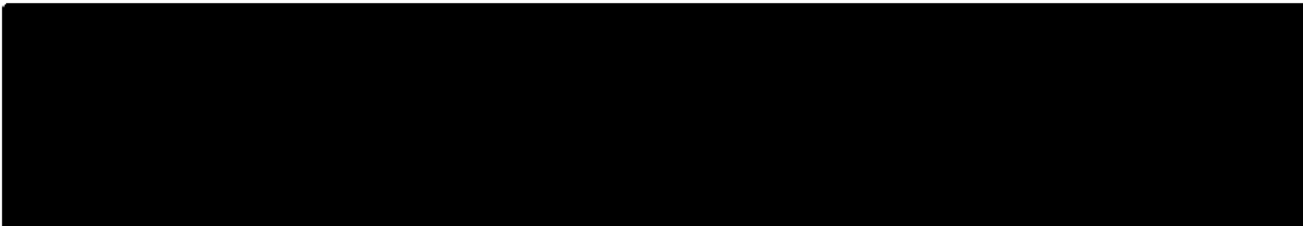
**Please tick to indicate agreement**

- 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.**

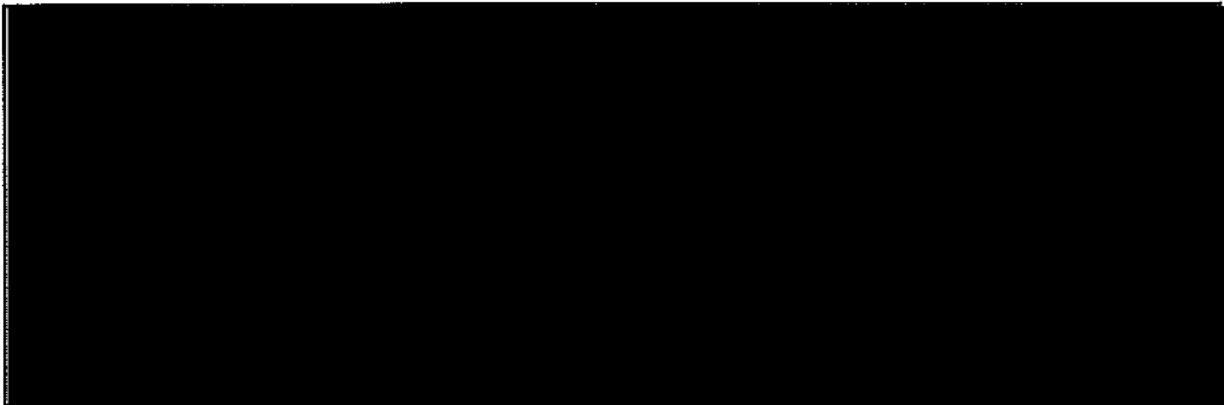
**Part 4 – Signatures (please read guidance note 10)**

**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.**



**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	



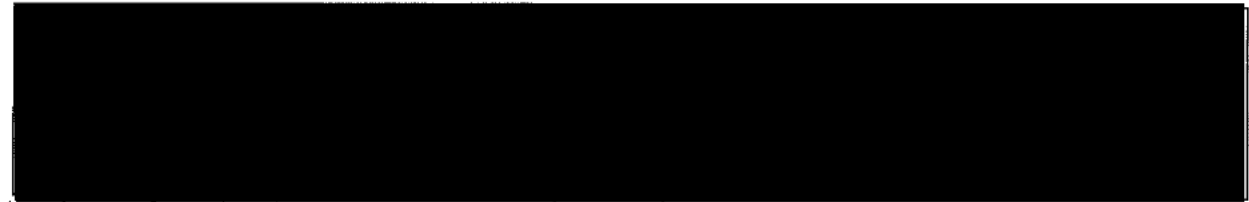


Consent of individual to being specified as premises supervisor

Manickavasagam Gunalan

[full name of prospective premises supervisor]

Of



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

Manickavasagam Gunalan (myself)

[name of applicant]

relating to a premises licence

—

[number of existing licence, if any]

for

The Peninsula  
NO-8, Villageway East, Rayners Lane  
HA2 7LU

[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

— Manickavasagam Gunalan (myself)

[name of applicant]

concerning the supply of alcohol at

The Peninsula  
No-8 Village Way East, Rayners Lane  
HA2 7LU  
[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

Lic NO - 04057  
[insert personal licence number, if any]

Personal licence issuing authority

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

[Redacted]

Name Manickavasagam Ganalan  
Date 24/02/2014