

[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 **G&C Food Ltd**

*(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>Massimos Café &amp; Restaurant 72 Pinner Green</b>			
<b>Post town</b>	Pinner	<b>Postcode</b>	<b>HA5 5AB</b>

Telephone number at premises (if any)	<b>[REDACTED]</b>
Non-domestic rateable value of premises	<b>£7900</b>

**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 type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
<b>Surname</b>			<b>First names</b>		
I am 18 years old or over				<input type="checkbox"/>	Please tick yes
Current postal address if different from premises address					
Post town			Postcode		
<b>Daytime contact telephone number</b>					
<b>E-mail address (optional)</b>					

**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)	
<b>Surname</b>			<b>First names</b>		
I am 18 years old or over <input type="checkbox"/> Please tick yes					
Current postal address if different from premises address					
Post town		Postcode			
<b>Daytime contact telephone number</b>					
<b>E-mail address (optional)</b>					

**(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 G & C Food Ltd
Address 264B Belsize Road NW6 4BT
Registered number (where applicable) <b>8669516</b>
Description of applicant (for example, partnership, company, unincorporated association etc.) <b>Private Limited Company</b>

E-mail address (optional)

### Part 3 Operating Schedule

When do you want the premises licence to start?

DD	MM	YYYY
<input type="text"/>	<input type="text"/>	<input type="text"/>

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"/>

Please give a general description of the premises (please read guidance note 1)  
Massimos Café and Restaurant is a new business, serving hot & cold beverages and food such as sandwiches, paninis, and meals.  
Seating and toilet facilities are available.

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)                                                                    | <input type="checkbox"/> |
| b) films (if ticking yes, fill in box B)                                                                    | <input type="checkbox"/> |
| c) indoor sporting events (if ticking yes, fill in box C)                                                   | <input type="checkbox"/> |
| d) boxing or wrestling entertainment (if ticking yes, fill in box D)                                        | <input type="checkbox"/> |
| e) live music (if ticking yes, fill in box E)                                                               | <input type="checkbox"/> |
| f) recorded music (if ticking yes, fill in box F)                                                           | <input type="checkbox"/> |
| g) performances of dance (if ticking yes, fill in box G)                                                    | <input type="checkbox"/> |
| h) anything of a similar description to that falling within (e), (f) or (g) (if ticking yes, fill in box H) | <input type="checkbox"/> |

**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)			<b><u>Will the performance of a play take place indoors or outdoors or both – please tick</u></b> (please read guidance note 2)	Indoors	<input type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Mon			<b><u>Please give further details here</u></b> (please read guidance note 3)		
Tue					
Wed			<b><u>State any seasonal variations for performing plays</u></b> (please read guidance note 4)		
Thur					
Fri			<b><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></b> (please read guidance note 5)		
Sat					
Sun					

## B

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

C

<b>Indoor sporting events</b> Standard days and timings (please read guidance note 6)			<b><u>Please give further details</u></b> (please read guidance note 3)	
Day	Start	Finish		
Mon			<b><u>State any seasonal variations for indoor sporting events</u></b> (please read guidance note 4)	
Tue				
Wed				
Thur				<b><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></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"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Mon			<b><u>Please give further details here</u></b> (please read guidance note 3)		
Tue					
Wed			<b><u>State any seasonal variations for boxing or wrestling entertainment</u></b> (please read guidance note 4)		
Thur					
Fri			<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)		
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 type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish			
Mon			<b>Please give further details here</b> (please read guidance note 3)		
Tue					
Wed			<b>State any seasonal variations for the performance of live music</b> (please read guidance note 4)		
Thur					
Fri			<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)		
Sat					
Sun					

**F**

<b>Recorded music</b> Standard days and timings (please read guidance note 6)			<b><u>Will the playing of recorded music 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					
Wed					
			<b><u>State any seasonal variations for the playing of recorded music</u></b> (please read guidance note 4)		
Thur					
Fri					
			<b><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></b> (please read guidance note 5)		
Sat					
Sun					

# G

Performances of dance Standard days and timings (please read guidance note 6)			<b><u>Will the performance of dance 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			
Mon			<b><u>Please give further details here</u></b> (please read guidance note 3)		
Tue					
Wed			<b><u>State any seasonal variations for the performance of dance</u></b> (please read guidance note 4)		
Thur					
Fri			<b><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></b> (please read guidance note 5)		
Sat					
Sun					

# 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

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 checked="" type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon	23:00	23:30	<b><u>Please give further details here</u></b> (please read guidance note 3)	Both	<input type="checkbox"/>
Tue	23:00	23:30			
Wed	23:00	23:30	<b><u>State any seasonal variations for the provision of late night refreshment</u></b> (please read guidance note 4)		
Thur	23:00	23:30			
Fri	23:00	23:30	<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)		
Sat	23:00	23:30			
Sun					

**J**

<b>Supply of alcohol</b> Standard days and timings (please read guidance note 6)			<b><u>Will the supply of alcohol be for consumption – please tick</u></b> (please read guidance note 7)  <b>Please note that alcohol off the premises will only be sold with take away food.</b>	On the premises	<input type="checkbox"/>
				Off the premises	<input type="checkbox"/>
				Both	<input checked="" type="checkbox"/>
Day	Start	Finish	<b><u>State any seasonal variations for the supply of alcohol</u></b> (please read guidance note 4)		
Mon	08:00	23:30			
Tue	08:00	23:30			
Wed	08:00	23:30			
Thur	08:00	23:30			
Fri	08:00	23:30			
Sat	08:00	23:30			
Sun	08:00	22:30			
			<b><u>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</u></b> (please read guidance note 5)		

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

Name GINA MARIA ALVES CORREIA	
	
Postcode	



Sat	08:00	23:30	
Sun	08:00	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)**

ALL STAFF TO RECEIVE REGULAR TRAINING REGARDING THE REQUIREMENTS OF THE FOUR LICENSING OBJECTIVES OF THE LICENSING ACT 2003 WITH APPROPRIATE TRAINING RECORDS MAINTAINED. MASSIMOS CAFÉ & RESTAURANT WILL IMPLEMENT ANY RECOMMENDATIONS GIVEN BY THE AUTHORITIES TO IMPLEMENT AND PROMOTE THE FOUR LICENSING OBJECTIVES. REGULAR STAFF TRAINING TO TAKE PLACE REGARDING THE REQUIREMENTS AND RESPONSIBILITIES OF THE LICENSING ACT 2003, STAFF WILL BE TRAINED TO USE THE INCIDENT LOGS. CCTV IS INSTALLED WITH 31 DAYS RECORDING, CHALLENGE 21 POLICY WILL CONTINUE TO BE OPERATED ON THE PREMISES

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

CCTV WILL BE CAPABLE OF HOLDING RECORDINGS FOR 31 DAYS, AND WILL BE MADE AVAILABLE UPON REQUEST TO SUITABLY AUTHORISED OFFICERS. DRUNK AND VIOLENT PERSONS WILL NOT BE SERVED OR ALLOWED IN OUR PREMISES. POSTERS AND SIGNAGE WILL BE PLACED; STAFF WILL BE TRAINED IN ACCORDANCE. WE WILL IMPLEMENT ANY RECOMMENDATIONS GIVEN BY THE POLICE OR OTHER AUTHORITIES. AN INCIDENTLOG BOOK WILL BE MAINTAINED AT THE PREMISES WHERE STAFF WILL BE RESPONSIBLE FOR ENTERING DETAILS OF ANY INCIDENT OF A VIOLENT/ DISORDERLY NATURE.

**c) Public safety**

MASSIMOS CAFÉ & RESTAURANT WILL IMPLEMENT ANY REASONABLE RECOMMENDATIONS GIVEN BY THE POLICE AND OTHER RESPONSIBLE AUTHORITIES. VIOLENT AND DRUNK PEOPLE SHALL NOT BE SERVED, STAFF WILL BE FURTHER TRAINED. THE UNDER 21 CHALLENGE WILL BE IMPLEMENTED. THE PREMISES LICENSE HOLDER WILL ENSURE COMPLIANCE OF CURRENT FIRE AND SAFETY REGULATIONS AND VENTILATION AND AIR CONDITIONING TO BE WELL MAINTAINED AND IN GOOD CONDITION.

**d) The prevention of public nuisance**



STAFF WILL BE TRAINED REGARDING PROTECTION OF CHILDREN FROM HARM, OBJECTIVE. NO ID, NO SALE. THE UNDER 21 CHALLENGE WILL APPLY. STAFF WILL TRAINED TO RECOGNISE ID PROOF AND CHALLENGE 21. REFUSAL BOOK, STAFF TRAINING RECORDS WILL BE AVAILABLE FOR THE AUTHORITIES. LOCAL TAXI NUMBERS WILL BE MADE AVAILABLE. CUSTOMERS WILL BE ASKED THE LEAVE THE VICINITY PROMPTLY, QUIETLY AND RESPECTFULLY.

e) The protection of children from harm

STAFF WILL BE TRAINED REGARDING PROTECTION OF CHILDREN FROM HARM, OBJECTIVE. NO ID , NO SALE. THE UNDER 21 CHALLENGE WILL APPLY. STAFF WILL BE TRAINED TO RECOGNISE ID PROOF AND CHALLENGE 21. REFUSAL BOOK , STAFF TRAINING RECORDS WILL BE AVAILABLE FOR THE AUTHORITIES.



**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.**

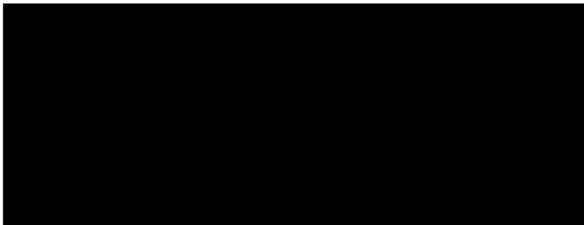
Signature	[Redacted]
Date	25/09/2013
Capacity	DIRECTOR / MANAGER

**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

I GINA ALVES CORREIA  
*[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

GRANT OF NEW PREMISES LICENSE  
*[type of application]*

by

G & C FOOD LTD  
*[name of applicant]*

relating to a premises licence *[number of existing licence, if any]*

for MASSIMOS CAFE & RESTAURANT  
72 PINNER GREEN  
PINNER  
HAS TAB

*[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

GFC FOOD LTD  
*[name of applicant]*

concerning the supply of alcohol at

MASSIMOS CAFE & RESTAURANT  
72 PINNER GREEN.  
PINNER  
HAST TAB.

*[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.

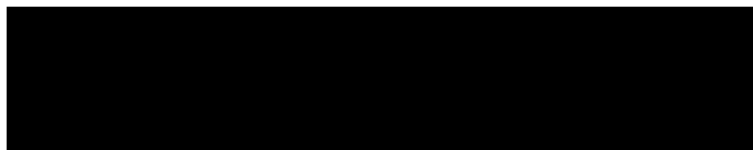
Personal licence number

*[insert personal licence number, if any]*

Personal licence issuing authority

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

Signed



Name (please print)

GINA MARIA ALVES CORREIA

Date

25/09/2013.

Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 13)

[REDACTED]

Post town

[REDACTED]

Postcode

[REDACTED]

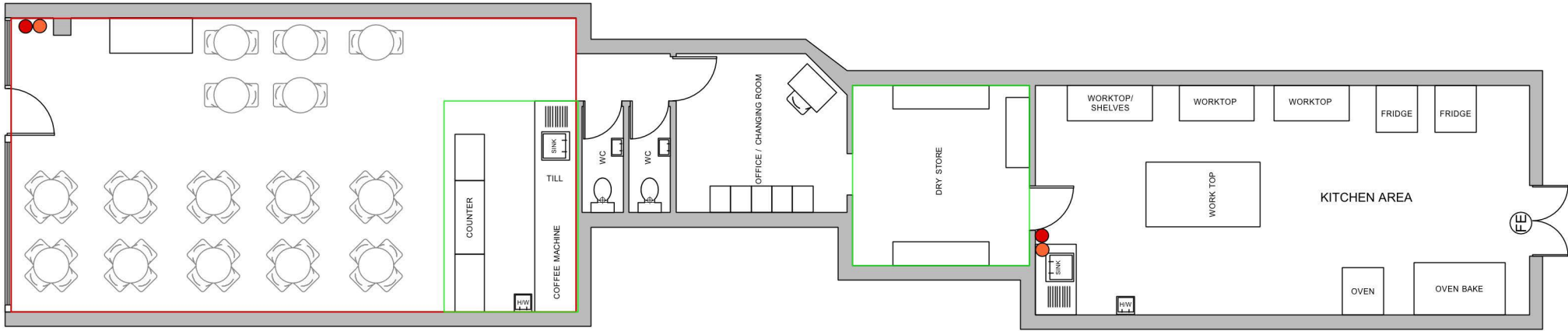
Telephone number (if any)

[REDACTED]

[REDACTED]

### Notes for Guidance

1. Describe the premises, for example the type of premises, its general situation and layout and any other information which could be relevant to the licensing objectives. Where your application includes off-supplies of alcohol and you intend to provide a place for consumption of these off-supplies, you must include a description of where the place will be and its proximity to the premises.
2. Where taking place in a building or other structure please tick as appropriate (indoors may include a tent).
3. For example the type of activity to be authorised, if not already stated, and give relevant further details, for example (but not exclusively) whether or not music will be amplified or unamplified.
4. For example (but not exclusively), where the activity will occur on additional days during the summer months.
5. For example (but not exclusively), where you wish the activity to go on longer on a particular day e.g. Christmas Eve.
6. Please give timings in 24 hour clock (e.g. 16:00) and only give details for the days of the week when you intend the premises to be used for the activity.
7. If you wish people to be able to consume alcohol on the premises, please tick 'on the premises'. If you wish people to be able to purchase alcohol to consume away from the premises, please tick 'off the premises'. If you wish people to be able to do both, please tick 'both'.
8. Please give information about anything intended to occur at the premises or ancillary to the use of the premises which may give rise to concern in respect of children, regardless of whether you intend children to have access to the premises, for example (but not exclusively) nudity or semi-nudity, films for restricted age groups or the presence of gaming machines.
9. Please list here steps you will take to promote all four licensing objectives together.
10. The application form must be signed.
11. An applicant's agent (for example solicitor) may sign the form on their behalf provided that they have actual authority to do so.
12. Where there is more than one applicant, each of the applicant or their respective agent must sign the application form.
13. This is the address which we shall use to correspond with you about this application.



<b>MASSIMOS CAFE &amp; RESTAURANT</b>	ADDRESS OF PREMISES	PROJECT	DRAWING TITLE	SCALE	DWG NO	NOTES
	72 PINNER GREEN, PINNER HA5 5AB	PREMISES LICENSE APPLICATION	PROPOSED GROUND FLOOR PLAN	1:100 @ A4	002	
			LOCATION	DATE		
			WHOLE PREMISES	SEPTEMBER 2013		<ul style="list-style-type: none"> <li><span style="border: 1px solid black; border-radius: 50%; padding: 2px;">FE</span> Fire Exit</li> <li><span style="color: orange;">●</span> Fire Extinguisher (CO2)</li> <li><span style="color: red;">●</span> Fire Extinguisher (Foam)</li> <li><span style="color: red; border-bottom: 1px solid red; width: 20px; display: inline-block;"></span> Area where alcohol is served</li> <li><span style="color: green; border-bottom: 1px solid green; width: 20px; display: inline-block;"></span> Area where alcohol is stored</li> </ul>