

Harrow Application for a premises licence Licensing Act 2003

For help contact

licensing@harrow.gov.uk

Telephone: 020 8901 2600

required information

Section 1 of 19		
You can save the form at any	time and resume it later. You do not need to b	e logged in when you resume.
System reference	Not Currently In Use	This is the unique reference for this application generated by the system.
Your reference		You can put what you want here to help you track applications if you make lots of them. It is passed to the authority.
Are you an agent acting on bo	ehalf of the applicant?	Put "no" if you are applying on your own behalf or on behalf of a business you own or
	No	work for.
Applicant Details * First name	Rishi	ONDON BOROUGH OF HARROUS ONDON BOROUGH OF H
# Family name	Lakhani	_
* E-mail	Lakilalii	COMMUNITY SAFETY SERVICES
Main telephone number		Include country code.
Other telephone number		
·	licant would prefer not to be contacted by tele	
Is the applicant:	, , , , , , , , , , , , , , , , , , , ,	.
	or organisation, including as a sole trader	A sole trader is a business owned by one
 Applying as an individu 	-	person without any special legal structure. Applying as an individual means the applicant is applying so the applicant can be
		employed, or for some other personal reason, such as following a hobby.
Applicant Business		,
* Is the applicant's business registered in the UK with Companies House?		
* Registration number	08021399	
* Business name	Dine India (London) Ltd	If the applicant's business is registered, use its registered name.
* VAT number -	not availabl	Put "none" if the applicant is not registered for VAT.
* Legal status	Private Limited Company	
<u> </u>		

Continued from previous page	•	
* Applicant's position in the business	Director	
Home country	United Kingdom	The country where the applicant's headquarters are.
Registered Address		Address registered with Companies House.
* Building number or name		
* Street		
District		
* City or town		
County or administrative area		
* Postcode		
* Country		
Agent Details		
* First name		
* Family name		
* E-mail		
Main telephone number		Include country code.
Other telephone number		
☐ Indicate here if you woι	ald prefer not to be contacted by telephone	
Are you:		
	ess or organisation, including a sole trader	A sole trader is a business owned by one person without any special legal structure.
A private individual acti	ng as an agent	
* Is your business registered in the UK with Companies House?		
* Registration number	8832658	
* Business name	Compliance Direct Ltd	If your business is registered, use its registered name.
* VAT number GB	204 9151 33	Put "none" if you are not registered for VAT.
* Legal status	Private Limited Company	

Continued from previous page		
* Your position in the business	Director	
Home country	United Kingdom	The country where the headquarters of your business is located.
Agent Registered Address		Address registered with Companies House.
* Building number or name		
* Street		
District		
* City or town		
County or administrative area		
* Postcode		
* Country		
Section 2 of 19		
PREMISES DETAILS	**	
	oply for a premises licence under section 17 of the premises) and I/we are making this applicate of the Licensing Act 2003.	
Premises Address		
Are you able to provide a post	al address, OS map reference or description of	the premises?
♠ Address ← OS ma	p reference C Description	
Postal Address Of Premises		
Building number or name	328	
Street	High Road	
District		
City or town	Harrow Weald	
County or administrative area		
Postcode	HA3 6HS	
Country	United Kingdom	
Further Details		
Telephone number		
Non-domestic rateable value of premises (£)	0]

Section 3 of 19					
APPLICATION DETAILS					
In what capacity are you applying for the premises licence?					
An individual or individuals					
☐ A partnership					
An unincorporated association					
A recognised club					
A charity					
The proprietor of an educational establishment					
A health service body					
A person who is registered under part 2 of the Care Standards Act 2000 (c14) in respect of an independent hospital in Wales					
A person who is registered under Chapter 2 of Part 1 of the Health and Social Care Act 2008 in respect of the carrying on of a regulated activity (within the meaning of that Part) in an independent hospital in England					
☐ The chief officer of police of a police force in England and Wales					
Other (for example a statutory corporation)					
Confirm The Following					
l am carrying on or proposing to carry on a business which involves the use of the premises for licensable activities					
I am making the application pursuant to a statutory function					
I am making the application pursuant to a function discharged by virtue of Her Majesty's prerogative					
Section 4 of 19					
NON INDIVIDUAL APPLICANTS					
Provide name and registered address of applicant in full. Where appropriate give any registered number. In the case of a partnership or other joint venture (other than a body corporate), give the name and address of each party concerned.					
Non Individual Applicant's Name					
Name					
Details					
Registered number (where applicable)					
Description of applicant (for example partnership, company, unincorporated association etc)					

Continued from previous page	
Address	
Building number or name	
Street	
District	
City or town	
County or administrative area	
Postcode	
Country	United Kingdom
Contact Details	
E-mail	
Telephone number	
Other telephone number	
	Add another applicant
Section 5 of 19	
OPERATING SCHEDULE	
hiemises irrefice to start:	10 / 11 / 2015 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
Provide a general description of	the premises
licensing objectives. Where your	es, its general situation and layout and any other information which could be relevant to the rapplication includes off-supplies of alcohol and you intend to provide a place for ies you must include a description of where the place will be and its proximity to the
restaurant. The business is mainl	Floor restaurant and basement with 80 person capacity private bookings venue/ y food led and provides high quality dining experience. The timings for Ground floor are ement will be closing later than the Ground floor due to party bookings.
If 5,000 or more people are expected to attend the premises at any one time, state the number expected to attend	

Section 6 of 19 PROVISION OF PLAYS Will you be providing plays? (Yes
Will you be providing plays? Yes No Section 7 of 19 PROVISION OF FILMS Will you be providing films? Yes No Section 8 of 19 PROVISION OF INDOOR SPORTING EVENTS Will you be providing indoor sporting events?
C Yes
Section 7 of 19 PROVISION OF FILMS Will you be providing films? Yes No Section 8 of 19 PROVISION OF INDOOR SPORTING EVENTS Will you be providing indoor sporting events?
PROVISION OF FILMS Will you be providing films? Yes No Section 8 of 19 PROVISION OF INDOOR SPORTING EVENTS Will you be providing indoor sporting events?
Will you be providing films? Yes No Section 8 of 19 PROVISION OF INDOOR SPORTING EVENTS Will you be providing indoor sporting events?
C Yes No Section 8 of 19 PROVISION OF INDOOR SPORTING EVENTS Will you be providing indoor sporting events?
Section 8 of 19 PROVISION OF INDOOR SPORTING EVENTS Will you be providing indoor sporting events?
PROVISION OF INDOOR SPORTING EVENTS Will you be providing indoor sporting events?
Will you be providing indoor sporting events?
C Yes ♠ No
Section 9 of 19
PROVISION OF BOXING OR WRESTLING ENTERTAINMENTS
Will you be providing boxing or wrestling entertainments?
C Yes
Section 10 of 19
PROVISION OF LIVE MUSIC
Will you be providing live music?
Standard Days And Timings
MONDAY
Give timings in 24 hour clock. Start 00:00 End 01:00 (e.g., 16:00) and only give details for the da
Start 12:00 End 00:00 of the week when you intend the premises
TUESDAY
Start 00:00 End 01:00
Start 12:00 End 00:00
WEDNESDAY
Start 00:00 End 01:00
Start 12:00 End 00:00
THURSDAY
Start 00:00 End 01:00
Start 12:00 End 00:00

Continued from previous page.						
	169					
FRIDAY			1			
Star	rt 00:00	End 01:00				
Star	t 12:00	End 00:00				
SATURDAY						
Star	rt 00:00	End 01:00				
Star	t 12:00	End 00:00]			
SUNDAY	L					
Star	rt 00:00	End 01:00]			
			J J			
Star	t 12:00	End 00:00				
Will the performance of live r	music take place indoors or out	doors or both?	Where taking place in a building or other structure tick as appropriate. Indoors may			
● Indoors	C Outdoors C	Both	include a tent.			
	uthorised, if not already stated, a nusic will be amplified or unam		further details, for example (but not			
		·	or. The live music will be amplified.			
]	,					
State any seasonal variations for the performance of live music						
For example (but not exclusively) where the activity will occur on additional days during the summer months.						
Non-standard timings. Where in the column on the left, list	-	he performance o	f live music at different times from those listed			
For example (but not exclusive	vely), where you wish the activit	ty to go on longer	on a particular day e.g. Christmas Eve.			
On New Years Eve this activity	y will end at 0300 on New Years	day for both floo	rs			
Section 11 of 19	<u></u>					
PROVISION OF RECORDED N	MUSIC					
Will you be providing recorde	ed music?		· <u> </u>			
	C No					
Standard Days And Timing						

<u> </u>	· · · · · · · · · · · · · · · · · · ·		
Continued from previous	s page		
MONDAY			Give timings in 24 hour clock.
	Start 00:00	End 01:00	(e.g., 16:00) and only give details for the days
	Start 10:00	End 00:00	of the week when you intend the premises to be used for the activity.
TUESDAY			
_	Start 00:00	End 01:00	
	Start 10:00	End 00:00]
	Start 10.00	Ena 100:00	
WEDNESDAY			
	Start 00:00	End 01:00	
	Start 10:00	End 00:00	
THURSDAY			
	Start 00:00	End 01:00	
	Start 10:00	End 00:00	
FRIDAY		*55-1	
	Start 00:00	End 01:00	
	Start 10:00	End 00:00	
CATUDDAY	5tait [10.00	End 00.00	l
SATURDAY	51-11 20 00	5 1 2 2	ı
	Start 00:00	End 01:00	
	Start 10:00	End 00:00	
SUNDAY			
	Start 00:00	End 01:00	
	Start 10:00	End 00:00	
Will the playing of reco	orded music take place indoo	ors or outdoors or both?	Where taking place in a building or other
Indoors	C Outdoors	C Both	structure tick as appropriate. Indoors may include a tent.
State type of activity to	be authorised, if not alread	v stated, and give relevant f	urther details, for example (but not
exclusively) whether or	r not music will be amplified	or unamplified.	
The Recored amplified at Midnight.	music timings above are for	the Basement Only. The Gr	ound floor part will end the Recorded Music
at Midnight.			
State any seasonal varia	ations for playing recorded r	music	
For example (but not e	xclusively) where the activit	y will occur on additional da	ys during the summer months.

Continued from previous	page	*	··· — -·	
Non-standard timings. \ in the column on the le		be used for the pla	ying of recor	ded music at different times from those listed
For example (but not ex	(clusively), where you wi:	sh the activity to g	o on longer	on a particular day e.g. Christmas Eve.
On New Years Eve this a	activity will end at 0300 o	n New Years day o	n Basement	and Ground Floor
Section 12 of 19				
PROVISION OF PERFOR	RMANCES OF DANCE			
Will you be providing p	erformances of dance?			
	C No			
Standard Days And Ti	-			
MONDAY				
MONDAI	Start 100:00	End	01:00	Give timings in 24 hour clock. (e.g., 16:00) and only give details for the days
	Start 00:00			of the week when you intend the premises
	Start 12:00	End	00:00	to be used for the activity.
TUESDAY				
	Start 00:00	End	01:00	
	Start 12:00	End	00:00	
WEDNESDAY				
	Start 00:00	End	01:00	
	Start 12:00	End		
	Start 12:00	Eliq	00:00	
THURSDAY				
	Start 00:00	End	01:00	
	Start 12:00	End	00:00	
FRIDAY				
	Start 00:00	End	01:00	
	Start 12:00	End	00:00	
SATURDAY				
SATURDAT	St 100:00	الما الما	01.00	
	Start 00:00	End	01:00	
	Start 12:00	End	00:00	
SUNDAY				
	Start 00:00	End	01:00	
	Start 12:00	End	00:00	

						
Continued from previous						
Will the performance o	•			Where taking place in a building or other structure tick as appropriate. Indoors may		
♠ Indoors	C Outdoors	C Bo	oth	include a tent.		
State type of activity to exclusively) whether or	State 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.					
The above activity and	timings are only for the	Basement Floor				
State any seasonal varia	ations for the performa	nce of dance				
For example (but not ex	xclusively) where the ac	ctivity will occur o	n additional da	ays during the summer months.		
		47%				
Non standard time	10th Ale	11. 15.1	•			
the column on the left,		ii de usea for the j	performance o	f dance at different times from those listed in		
For example (but not ex	xclusively), where you v	vish the activity to	o ao on lonaer	on a particular day e.g. Christmas Eve.		
				ide Ground and Basement Floors		
	•		,			
Section 13 of 19						
PROVISION OF ANYTH	ING OF A SIMILAR DE	SCRIPTION TO LI	VE MUSIC, RE	CORDED MUSIC OR PERFORMANCES OF		
Will you be providing a		nusic, recorded m	nusic or			
performances of dance						
(Yes	← No					
Standard Days And Ti	mings					
MONDAY				Give timings in 24 hour clock.		
	Start 00:00	En	d 01:00	(e.g., 16:00) and only give details for the days of the week when you intend the premises		
	Start 12:00	En	d 00:00	to be used for the activity.		
TUESDAY						
	Start 00:00	En	d 01:00			
	Start 12:00	En	d 00:00			
WEDNESDAY						
.===.	Start 00:00	En	d 01:00			
	Start 12:00	En				
			<u> </u>			

			<u>,, </u>		
Continued from previous page					
THURSDAY					
Start	00:00	End 01:00			
Start	12:00	End 00:00			
FRIDAY					
Start	00:00	End 01:00			
Start	12:00	End 00:00			
SATURDAY		L			
Start	00:00	End 01:00			
		End 00:00			
SUNDAY			J		
	00:00	End 01:00]		
Start		End 00:00]		
Give a description of the type of	of entertainment that will be p	rovidea			
Will this entertainment take place indoors or outdoors or both? Where taking place in a building or other structure tick as appropriate. Indoors may include a tent.					
State 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.					
The above activity and timings are for Basement Only					
The same strong and the adopting the same strong and the same stro					
State any seasonal variations for	or entertainment				
For example (but not exclusive	ely) where the activity will occu	ır on additional da	ays during the summer months.		
Non-standard timings. Where to the left, list below	the premises will be used for e	ntertainment at d	lifferent times from those listed in the column		
For example (but not exclusively), where you wish the activity to go on longer on a particular day e.g. Christmas Eve.					
On New Years Eve this activity will end at 0300 on New Years day and will applicable to Both Floors					

Continued from previous p	age					
Section 14 of 19			П			
LATE NIGHT REFRESHMI						
Will you be providing late	e nigh					
Yes		C No				
Standard Days And Tim	ings					
MONDAY						Give timings in 24 hour clock.
	Start	00:00		End	01:30	(e.g., 16:00) and only give details for the days
:	Start	23:00		End	00:00	of the week when you intend the premises to be used for the activity.
TUESDAY						to be used to: the delivity.
	C++	100.00		F I	0.20	
		00:00		End	01:30	
:	Start	23:00		End	00:00	
WEDNESDAY						
:	Start	00:00		End	01:30	
:	Start	23:00		End	00:00	
THURSDAY						! !
	C44	00.00				1
		00:00		End	01:30	
	Start	23:00		End	00:00	
FRIDAY						
:	Start	00:00		End	01:30	
	Start	23:00		End	00:00	
SATURDAY						
	m. ,					
	Start	00:00		End	01:30	
	Start	23:00		End	00:00	
SUNDAY						
9	Start	00:00		End	01:30	
5	Start	23:00		End	00:00	
Will the provision of late r both?		<u></u>	ndoo			
• Indoors		C Outdoors	C	Both		Where taking place in a building or other structure tick as appropriate. Indoors may include a tent.
State 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.						

Continued from previous	page		
The timings abvove are for basement floor only. the ground floor activity of LNR will finish at midnight			
State any seasonal varia			
For example (but not ex	(clusively) where the activity w	vill occur on additional days during the summer months.	\neg
	122.2		
	Where the premises will be use nn on the left, list below	ed for the supply of late night refreshments at different times from	
For example (but not ex	cclusively), where you wish the	e activity to go on longer on a particular day e.g. Christmas Eve.	
On New Years Eve this a	ectivity will end at 0300 on New	v Years day for both floors	
Section 15 of 19			
SUPPLY OF ALCOHOL			
Will you be selling or su			
• Yes	C No		
Standard Days And Ti	mings		
MONDAY		Give timings in 24 hour clock.	
	Start 00:00	End 01:00 (e.g., 16:00) and only give details for the of the week when you intend the premise	
	Start 10:00	End 00:00 to be used for the activity.	
TUESDAY			
	Start 00:00	End 01:00	
	Start 10:00	End 00:00	
WEDNESDAY			
	Start 00:00	End 01:00	
	Start 10:00	End 00:00	
THURSDAY			
	Start 00:00	End 01:00	
	Start 10:00	End 00:00	

Continued from previous page			
FRIDAY			
	00:00	End 01:00	
	10:00	End 00:00	
SATURDAY			
	00:00	End 01:00	
	10:00		
	10.00	End 00:00	
SUNDAY	0000		
	00:00	End 01:00	
	10:00	End 00:00	11.5
Will the sale of alcohol be for co	•		ol is for consumption on t on, if the sale of alcohol
○ On the premises	Off the premises	Both is for consumption select off. If the sal	away from the premises
		consumption on t	ne premises and away
~		from the premises	select both.
State any seasonal variations			
		r on additional days during the sumn	
The above timings are for Bases to take aways and partly consu	ment Floor only. The Ground med bottles of wine .	loor sale of alcohol will stop at midni	ght. Off sales are limitted
		-	
Non-standard timings. Where t	the premises will be used for t	ne supply of alcohol at different times	from those listed in the
column on the left, list below			
For example (but not exclusive	ly), where you wish the activit	\prime to go on longer on a particular day ϵ	e.g. Christmas Eve.
On New Years Eve this activity v	will end at 0300 on New Years	day for both floors	
State the name and details of the licence as premises supervisor	he individual whom you wish	o specify on the	
Name			
First name	Atul		
Family name	Bhudia		

,			
Continued from previous page			
Enter the contact's address		_	
Building number or name			
Street			
District			
City or town			
County or administrative area			
Postcode			
Country			
Personal Licence number (if known)	to be applied for		
Issuing licensing authority (if known)			
PROPOSED DESIGNATED PRE	MISES SUPERVISOR CONSENT		
be supplied to the authority?	he proposed designated premises supervisor		
 As an attachment to this 			
	• •	to the transmission of the control o	
Reference number for consent form (if known)		If the consent form is already submitted, ask the proposed designated premises supervisor for its 'system reference' or 'your reference'.	
Section 16 of 19			
ADULT ENTERTAINMENT			
Highlight any adult entertainn premises that may give rise to	nent or services, activities, or other entertainme concern in respect of children	nt or matters ancillary to the use of the	
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 etc gambling machines etc.			
not applicable			
Section 17 of 19			
HOURS PREMISES ARE OPEN	TO THE PUBLIC		
Standard Days And Timings			
MONDAY		Give timings in 24 hour clock.	
Start	00:00 End 02:00	(e.g., 16:00) and only give details for the days of the week when you intend the premises	
Start	08:00 End 00:00	to be used for the activity.	

Continued from previous page			
TUESDAY			
Start	00:00	End	02:00
Start	08:00	End	00:00
WEDNESDAY			
	00:00	End	02.00
		End	02:00
Start	08:00	End	00:00
THURSDAY			
Start	00:00	End	02:00
Start	08:00	End	00:00
FRIDAY			
	00:00	End	02:00
		End	
Start	08:00	End	00:00
SATURDAY			
Start	00:00	End	02:00
Start	08:00	End	00:00
SUNDAY			
	00:00	End	02:00
Start	08:00	End	00:00
State any seasonal variations			
For example (but not exclusively) where the activity will occur on additional days during the summer months.			
The above timings are for Base	ment Only. The Groundfloor	will cl	ose at 0100.
Non standard timings. Where y		s to b	e open to the members and guests at different times from
		v to o	o on longer on a particular day e.g. Christmas Eve.
On New Years Eve the premise	<u> </u>		
On New Years Eve the premise	s will close at 0400 on New Ye	ars da	ly for both floors.
Section 18 of 19			
LICENSING OBJECTIVES	4 4 4 4 4 4 4 4		
Describe the steps you intend to take to promote the four licensing objectives:			

a) General – all four licensing objectives (b,c,d,e)

Continued from previous page...

List here steps you will take to promote all four licensing objectives together.

The premises is a Restaurant with private function facilities in the Basement Floor.

b) The prevention of crime and disorder

The premises will be covered by a suitable CCTV system in line with the Home Office and ICO quidance.

c) Public safety

All staff will be trained to a suitable level to identify public safety matters and any such concerns will be recorded in the incident book.

d) The prevention of public nuisance

Posters will be displayed asking customers to be mindful of the nearby residents.

Amplified music will be played so that no nuisance is caused to residents.

All windows and doors will be kept closed (except for entry and exit) during the times regulated entertainment is provided.

e) The protection of children from harm

The premises will operate a challenge 21 policy and all staff will be trained in such policy. All record of training will be kept at premises along with an incedent book.

Section 19 of 19

PAYMENT DETAILS

This fee must be paid to the authority. If you complete the application online, you must pay it by debit or credit card.

Premises Licence Fees are determined by the non domestic rateable value of the premises.

To find out a premises non domestic rateable value go to the Valuation Office Agency site at http://www.voa.gov.uk/business_rates/index.htm

Band A - No RV to £4300	£100.00
Band B - £4301 to £33000	£190.00
Band C - £33001 to £8700	£315.00
Band D - £87001 to £12500	£450.00*
Band E - £125001 and over	£635.00*

*If the premises rateable value is in Bands D or E and the premises is primarily used for the consumption of alcohol on the premises then your are required to pay a higher fee

Band D - £87001 to £12500 £900.00 Band E - £125001 and over £1,905.00

There is an exemption from the payment of fees in relation to the provision of regulated entertainment at church halls,

Continued from previous page	
costs associated with these lice	milar nature, village halls, parish or community halls, or other premises of a similar nature. The ences will be met by central Government. If, however, the licence also authorises the use of alcohol or the provision of late night refreshment, a fee will be required.
	s are exempt from the fees associated with the authorisation of regulated entertainment ovided by and at the school or college and for the purposes of the school or college.
If you operate a large event you	u are subject to ADDITIONAL fees based upon the number in attendance at any one time
Capacity 5000-9999	£1,000.00
Capacity 10000 -14999	£2,000.00
Capacity 15000-19999	£4,000.00
Capacity 20000-29999	£8,000.00
Capacity 30000-39000	£16,000.00
Capacity 40000-49999	£24,000.00
Capacity 50000-59999	£32,000.00
Capacity 60000-69999	£40,000.00
Capacity 70000-79999	£48,000.00
Capacity 80000-89999	£56,000.00
Capacity 90000 and over	£64,000.00
* Fee amount (£)	100.00
ATTACHMENTS	
AUTHORITY POSTAL ADDRES	S
Address	
Building number or name	
Street	
District	
City or town	
County or administrative area	
Postcode	
Country	United Kingdom
DECLARATION	
	ce, liable on conviction to a fine up to level 5 on the standard scale, under section 158 of the false statement in or in connection with this application.
☐ Ticking this box indicate	es you have read and understood the above declaration
This section should be complet behalf of the applicant?"	ted by the applicant, unless you answered "Yes" to the question "Are you an agent acting on
* Full name	
* Capacity	
Date (dd/mm/yyyy)	

Continued from previous page...

Add another signatory

Once you're finished you need to do the following:

- 1. Save this form to your computer by clicking file/save as...
- 2. Go back to https://www.gov.uk/apply-for-a-licence/premises-licence/harrow/apply-1 to upload this file and continue with your application.

Don't forget to make sure you have all your supporting documentation to hand.

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

Consent of individual to being specified as premises supervisor

	Alul Bhudia	
ı	(full name of prospective prem	ises supervisor]
of		
[hor	ne address of prospective premis	es supervisor)
sup	eby confirm that I give my ervisor in relation to the app ew Premises Licence Applic	
[lyp	e of application]	
by Di	ne India (London) Lld	
[nan	ne of applicant]	***************************************
rela	ting to a premises licence	To be issued [number of existing licence, if eny]
W	28 High Road ealdstone A3 6HS	
[nan	ne and address of premises to wh	ich the application relates]

and any premises licent by	ce to be granted or varied in respect of this application made
Dine India (London) Lt	d
[name of applicant]	
concerning the supply o	f alcohol at
328 High Road Weladstone HA3 6HS	
[name and address of premis	es to which application relates]
I also confirm that I am licence, details of which	applying for, intend to apply for or currently hold a personal set out below.
Personal licence number	
To be applied for	
[insert personal licence numbe	ar, if anyj
Personal licence issuing	authority
To be notified	
[insert name and address and	talephone number of personal licence issuing authority, if any]
Signed	
•	
Name (please print)	Atul Bhudia
Date	27/09/2015