

598146.



[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. H.T

I/We ~~Asim Baig & Hemal Haker~~ (Moirety Lounge LTD) H.T  
(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			
273 PINNER ROAD MIDDLESEX  Moirety Lounge  H.T			
Post town	HARROW	Postcode	HA1 4HF
Telephone number at premises (if any)	[Redacted]		
Non-domestic rateable value of premises	£7,600		

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)

**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

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

MOIETY LOUNGE CONSISTS OF AN ANTIQUE RESTAURANT AREA & AFTER WALKING THROUGH THERE IS A GARDEN WHERE SMOKING OCCURS. FIRE ALARMS, FIRE ALARM, CCTV CAMERAS, SECURITY ALARM, FIRE EXTINGUISHERS, DISABILITY TOILET ALARM, FIRE EXITS, SIGNS & THE SMOKING GARDEN ALARMS, FIRE EXTINGUISHERS, ROAD LIGHTS CCTV CAMERAS & SIGNS FOR FIRE EXITS. (PLEASE SEE A BRIEF DIAGRAM OF THE PREMISES)

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)  H.T
- f) recorded music (if ticking yes, fill in box F)  H.T
- g) performances of dance (if ticking yes, fill in box G)  H.T
- h) anything of a similar description to that falling within (e), (f) or (g), (if ticking yes, fill in box H)

- 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)**

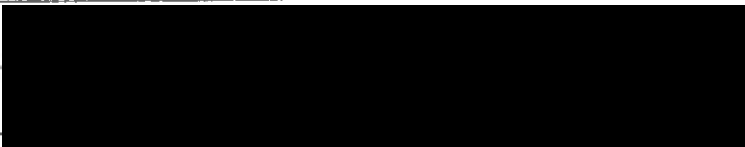
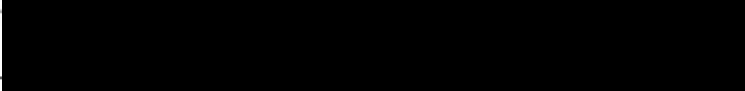
Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
<b>Surname</b>			<b>First names</b>		
I am 18 years old or over				<input type="checkbox"/> Please tick yes	
Current postal address if different from premises address					
Post town			Postcode		
Daytime contact telephone number					
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	MOIETY LOUNGE LIMITED
Address	273 PINNER ROAD HARROW MIDDLESEX HA1 4HF
Registered number (where applicable)	10176882
Description of applicant (for example, partnership, company, unincorporated association etc.)	Limited Company
Telephone number (if any)	
E-mail address (optional)	

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

**B**

<b>Films</b> Standard days and timings (please read guidance note 6)			<b>Will the exhibition of films 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	<b>Please give further details here</b> (please read guidance note 3)			
Mon						
Tue						
Wed			<b>State any seasonal variations for the exhibition of films</b> (please read guidance note 4)			
Thur						
Fri						
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**

<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					
			<b><u>State any seasonal variations for boxing or wrestling entertainment</u></b> (please read guidance note 4)		
Tue					
			<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)		
Wed					
Thur					
Fri					
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		
<b>Day</b>	<b>Start</b>	<b>Finish</b>	<b>Will this entertainment take place indoors or outdoors or both – please tick</b> (please read guidance note 2)	Indoors	<input type="checkbox"/>
Mon				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Tue			<b>Please give further details here</b> (please read guidance note 3)		
Wed					
Thur			<b>State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g)</b> (please read guidance note 4)		
Fri					
Sat			<b>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</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	<del>00:00</del> <sup>H.T.</sup> 02:00	Please give further details here (please read guidance note 3)	Both	<input type="checkbox"/>	
Tue	23:00	<del>00:00</del> <sup>H.T.</sup> 02:00				
Wed	23:00	<del>00:00</del> <sup>H.T.</sup> 02:00	State any seasonal variations for the provision of late night refreshment (please read guidance note 4)			
Thur	23:00	<del>00:00</del> <sup>H.T.</sup> 02:00		n/a		
Fri	23:00	<del>00:00</del> <sup>H.T.</sup> 02:00	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	23:00	<del>00:00</del> <sup>H.T.</sup> 02:00		Bank Holiday; Friday 23:00	<del>00:00</del> <sup>H.T.</sup>	– 03:00
Sun	23:00	<del>00:00</del> <sup>H.T.</sup> 02:00		Saturday 23:00 Sunday 23:00		– 03:00 – 03:00

J

<b>Supply of alcohol</b> Standard days and timings (please read guidance note 6)			<b>Will the supply of alcohol be for consumption –</b> please tick (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)		
Mon	10:00	00:00	~ / A		
Tue	10:00	00:00			
Wed	10:00	00:00			
Thur	10:00	00:00	<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)		
Fri	10:00	00:00	Bank Holiday;		
Sat	10:00	00:00	Friday 10:00 - <del>HT</del> - 01:00		
Sun	10:00	<del>HT</del> 00:00	Saturday 10:00 - - 01:00 Sunday 10:00 - - 01:00		

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

Name	MR HOMAL THAKER
Personal licence number (if known)	LN/000009389/2016/1
Issuing licensing authority (if known)	Harrow 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).

NO ADULT ENTERTAINMENT (PAID FOR BY THE COMPANY OF A NURSING PHYSICIAN NATURE) IS PERMITTED AT THESE PREMISES. WE SHALL NOT ALLOW ANY ADULT ENTERTAINMENT TO BE ALLOWED IN THE PREMISES BY ANYONE ATTENDING THE VENUE OR ANYONE HOLDING AN EVENT HERE.

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)
Day	Start	Finish	
Mon	07:00	03:00	
Tue	07:00	03:00	
Wed	07:00	03:00	
Thur	07:00	03:00	
Fri	07:00	03:00	Bank Holiday; Friday 07:00 - 04:00
Sat	07:00	03:00	Saturday 07:00 - 04:00
Sun	07:00	03:00	Sunday 07:00 - 04:00

THE HOURS ABOVE ARE GUIDELINES TO TIMES WE MAY OPEN & CLOSE AS WELL AS A NEW COMPANY & HAVE NOT DECIDED ON THE ACTUAL OPENING & CLOSING HOURS.

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)

b) Keep incident report up to date. Keep CCTV records up to date  
Train staff on prevention of crime & disorder.  
c) Keep fire safety equipment up to date & place extinguishers according  
to the required legislation. Train staff on how to report any  
incident & assess risks.  
d) Managers to live with residents & resolve & reasonably concerns  
Train staff on reminding customers leaving rules & keep signs visible.  
e) Train staff on "challenge 21" policy & keep signs visible advising of age  
restrictions.

b) The prevention of crime and disorder

CCTV cameras to be installed operated & maintained to the  
Police's reasonable requirements. The tapes to be retained  
for a period of 31 days to enable Police & Council to inspect  
if necessary. Staff to be trained to carry out relevant  
procedures at times of risk of crime & disorder (enforcing  
relevant codes at times of disorder). An accurate up to date  
logbook to be kept to record any incidents.  
Burglar Alarm fitted -

c) Public safety

Fire exits will be clearly signed & kept clear of obstruction  
at all times. Fire safety equipment will be operated &  
maintained to London fire brigade standard. External lighting  
will be operated. Anyone intoxicated will not be served further  
alcohol & if danger to public may be kindly removed &  
if required local police to be reported. No Drugs Policy  
& stickers to be placed.

d) The prevention of public nuisance

Prominent, clear & legible notices to be displayed at all exits  
requesting the customers to respect the needs of local  
residents & to leave the premises & the area quietly.  
After 23:00 the music will be turned low & any unnecessary  
lights will be turned off. Customers are requested not  
to smoke outside the front of the building after 23:00.  
Managers are requested to live with local neighbours as part  
of their duties & resolve reasonable  
concerns.

e) The protection of children from harm

(E) The protection of children from harm

Children under the age of 16 to be supervised after 23:00pm if entering the bar or smoking area.

However persons under 18 are not allowed to smoke or drink any form of alcohol at any time on the premises but may purchase food or non alcoholic beverages.

Sign to be displayed outside and inside stating No alcohol or tobacco to be sold to anyone under 18 "challenge 21"

H.T

[Redacted] . A "Challenge 21" Policy will be asked of anyone who appears under 21 will be asked to provide proof (it

Passport, DL, or any other Accredited photo ID)

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	11/05/16
Capacity	Director

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	[Redacted]
Date	11/05/16
Capacity	Director

Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 13)			
273 PINNAC ROAD MIDDLESEX			
Post town	HARROW	Postcode	HA1 4HF
Telephone number (if any)	[REDACTED]		
If you would prefer us to correspond with you by e-mail, your e-mail address (optional)			

**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.



Consent of individual to being specified as premises supervisor

I Hemal Thaker  
[full name of prospective premises supervisor]

  
[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 ~~Hemal Thaker~~<sup>HT</sup> Moiety Lounge [name of applicant]

relating to a premises licence N/A [number of existing licence, if any]

for Moiety Lounge, 273 Pinner Rd  
HA1 4HF

[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 Moiety Lounge [name of applicant]

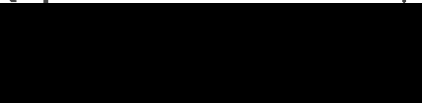
concerning the supply of alcohol at Moiety Lounge  
273 Pinner Rd

HA1 4HF  
[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 LN/000009389/2016/1  
[insert personal licence number, if any]

Personal licence issuing authority Harrow Council  
[insert name and address and telephone number of personal licence issuing authority, if

 .....signed

HEMAL THAKER .....name (please print)

11/05/16 .....dated