

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 MEVALO 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

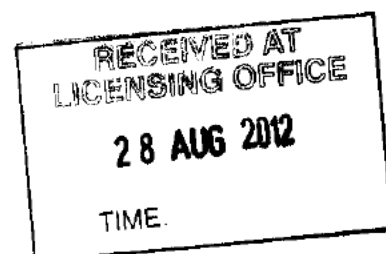
Part 1 – Premises Details

Postal address of premises or, if none, ordnance survey map reference or description <u>MEVALO LOCAL BAZAAR</u> <u>63 STATION ROAD</u> <u>HARROW</u> <u>HA2 7SR</u>			
Post town		Post code	<u>HA2 7SR</u>
Telephone number at premises (if any)			
Non-domestic rateable value of premises		<u>£ 20,750</u>	

Part 2 - Applicant Details

Please state whether you are applying for a premises licence as
Please tick yes

- a) an individual or individuals * please complete section (A)
- b) a person other than an individual * please complete section (B)
- 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 checked="" 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)					

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 checked="" 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	<i>H/ENALD LTD</i>
Registered number (where applicable)	<i>0767 3758</i>
Description of applicant (for example, partnership, company, unincorporated association etc.)	<i>LIMITED COMPANY</i>

Part 3 Operating Schedule

When do you want the premises licence to start?

Day	Month	Year
<i>01</i>	<i>09</i>	<i>2012</i>

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

Day	Month	Year

Please give a general description of the premises (please read guidance note1)

BRICK BUILDING ON A STREET WITHIN A LOCAL
PARADE OF SHOPS.

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 yes

- a) plays (if ticking yes, fill in box A)
- b) films (if ticking yes, fill in box B)
- c) indoor sporting events (if ticking yes, fill in box C)
- d) boxing or wrestling entertainment (if ticking yes, fill in box D)
- e) live music (if ticking yes, fill in box E)
- f) recorded music (if ticking yes, fill in box F)
- g) performances of dance (if ticking yes, fill in box G)
- h) anything of a similar description to that falling within (e), (f) or (g) (if ticking yes, fill in box H)

Provision of entertainment facilities:

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

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

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

L

Late night refreshment Standard days and timings (please read guidance note 6)			Will the provision of late night refreshment take place indoors or outdoors or both – please tick (please read guidance note 2)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
Day	Start	Finish	Both		
Mon			Please give further details here (please read guidance note 3)		
Tue					
Wed			State any seasonal variations for the provision of late night refreshment (please read guidance note 4)		
Thur					
Fri			Non standard timings. Where you intend to use the premises for the provision of late night refreshment at different times, to those listed in the column on the left, please list (please read guidance note 5)		
Sat					
Sun					

M

Supply of alcohol Standard days and timings (please read guidance note 6)			Will the supply of alcohol be for consumption (Please tick box) (please read guidance note 7)	On the premises <input checked="" type="checkbox"/>	
				Off the premises <input checked="" type="checkbox"/>	
Day	Start	Finish	Both <input type="checkbox"/>		
Mon	07 10 am	10 pm	State any seasonal variations for the supply of alcohol (please read guidance note 4)		
Tue	07 10 am	10 pm			
Wed	07 10 am	10 pm			
Thur	07 10 am	10 pm			
Fri	07 10 am	10 pm			
Sat	07 10 am	10 pm			
Sun	07 10 am	10 pm			
			Non standard timings. Where you intend to use the premises for the supply of alcohol at different times to those listed in the column on the left, please list (please read guidance note 5)		

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

Name	HEVAL SEVHAT
Personal Licence number (if known)	LBHIL2392
Issuing licensing authority (if known)	LONDON BOROUGH OF HILLINGDON

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

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

STAFF TRAINING TO OCCUR AT REGULAR INTERVALS

b) The prevention of crime and disorder

- ① CCTV - ID PERSON WHO APPEAR TO BE UNDER 25 WHO ATTEMPT TO PURCHASE ALCOHOL
- ② LIAISE WITH LOCAL POLICE COMMUNITY SUPPORT TEAM AS THEY REQUIRE
- ③ NO ALCOHOL SALE TO WHO APPEAR TO BE DRUNK
- ④ STAFF TRAINING TO OCCUR AT REGULAR INTERVALS

c) Public safety

- ① CCTV - DISPLAY ANY NOTICES REQUIRED BY RELEVANT AUTHORITIES
- ② STAFF TRAINING AND RESPONSIBLE RETAILING SHOULD ENSURE THE PUBLIC SAFETY ALL THE TIME
- ③ EMERGENCY LIGHTING AND FIRE ALARM INSTALLED FOR PUBLIC SAFETY

d) The prevention of public nuisance

- ① STAFF TRAINING; FOR ANY CUSTOMER WHO MAY CREATE NUISANCE
- ② CCTV - DISPLAY ANY NOTICES REQUIRED BY RELEVANT AUTHORITIES
- ③ LIAISE WITH LOCAL POLICE

e) The protection of children from harm

- ① CCTV - DISPLAY ANY NOTICES REQUIRED BY RELEVANT AUTHORITIES
- ② ID REQUIRED, NO SALE OF ALCOHOL WHO APPEARS UNDER 25
- ③ STAFF TRAINING IN REGULAR BASE.
- ④ NOTICES WILL BE DISPLAYED ADVISING CUSTOMERS THAT AN AGE VERIFICATION ²⁰ POLICY IS IN OPERATION
A RECORD OF AGE RELATED REFUSALS OF SALE WILL BE KEPT AND WILL BE MADE AVAILABLE TO OFFICERS OF THE POLICE OR LOCAL AUTHORITY UPON REQUEST.

N

Please highlight any adult entertainment or services, activities, other entertainment or matters ancillary to the use of the premises that may give rise to concern in respect of children (please read guidance note 8)

n/a.

O

Hours premises are open to the public Standard days and timings (please read guidance note 6)			State any seasonal variations (please read guidance note 4)
Day	Start	Finish	
Mon	7 am	10.00 pm	<p>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 (please read guidance note 5)</p>
Tue	7 am	10.0 pm	
Wed	7 am	10 pm	
Thur	7 am	10 pm	
Fri	7 am	10 pm	
Sat	7 am	10 pm	
Sun	7 am	10 pm	

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Please tick yes

- I have made or enclosed payment of the fee
- I have enclosed the plan of the premises
- I have sent copies of this application and the plan to responsible authorities and others where applicable
- I have enclosed the consent form completed by the individual I wish to be premises supervisor, if applicable
- I understand that I must now advertise my application
- I understand that if I do not comply with the above requirements my application will be rejected

IT IS AN OFFENCE, LIABLE ON CONVICTION TO A FINE UP TO LEVEL 5 ON THE STANDARD SCALE, UNDER SECTION 158 OF THE LICENSING ACT 2003 TO MAKE A FALSE STATEMENT IN OR IN CONNECTION WITH THIS APPLICATION

Part 4 – Signatures (please read guidance note 10)

Signature of applicant or applicant’s solicitor or other duly authorised agent (See guidance note 11). **If signing on behalf of the applicant please state in what capacity.**

Signature	
Date	21-8-2012
Capacity	DIRECTOR

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

Signature	
Date	
Capacity	


Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 13)			
Post town			Post code
Telephone number (if any)			
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, if you wish people to be able to purchase alcohol to consume away from the premises please tick off. 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, 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, both applicants or their respective agents 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 Heval SEVHAT
[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

A PREMISES LICENCE [type of application]

by HEVAL SEVHAT [name of applicant]

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

for HEVAL LOCAL BAZAAR
63 STATION ROAD

NORTH HARROW HA2 7SR
[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 HEVAL SEVHAT [name of applicant]

concerning the supply of alcohol at HEVAL LOCAL BAZAAR

63 STATION ROAD, NORTH HARROW
HA2 7SR

[name and address of premises to which application relates].

2404

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 ~~LBHIL 2392~~ LBHIL 2404
[insert personal licence number, if any]

Personal licence issuing authority LONDON BROUGH OF HILLINDON
[insert name and address and telephone number of personal licence issuing authority, if any]

 signed

HEVAL SEVHAT name (please print)

21-8-2012 dated