

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 COM CATERING 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>382-384 STATION ROAD.</u>			
Post town	<u>HARROW</u>	Postcode	<u>HA1 2DD</u>

Telephone number at premises (if any)	<u> </u>
Non-domestic rateable value of premises	<u>£ 15,750</u>

Part 2 - Applicant details

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

- | | | |
|--|-------------------------------------|-----------------------------|
| a) an individual or individuals * | <input type="checkbox"/> | please complete section (A) |
| b) a person other than an individual * | | |
| I as a limited company/limited liability partnership | <input checked="" type="checkbox"/> | please complete section (B) |
| ii as a partnership (other than limited liability) | <input type="checkbox"/> | please complete section (B) |
| iii as an unincorporated association or | <input type="checkbox"/> | please complete section (B) |
| iv other (for example a statutory corporation) | <input type="checkbox"/> | please complete section (B) |
| c) a recognised club | <input type="checkbox"/> | please complete section (B) |
| d) a charity | <input type="checkbox"/> | 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 (by ticking yes to one box below):

- 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)	
Surname			First names		
Date of birth		I am 18 years old or over <input type="checkbox"/> Please tick yes			
Nationality					
Current residential address if different from premises address					
Post town				Postcode	
Daytime contact telephone number					
E-mail address (optional)					
Where applicable (if demonstrating a right to work via the Home Office online right to work checking service), the 9-digit 'share code' provided to the applicant by that service (please see note 15 for information)					

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		
Date of birth		I am 18 years old or over <input type="checkbox"/>		Please tick yes	
Nationality					
Where applicable (if demonstrating a right to work via the Home Office online right to work checking service), the 9-digit 'share code' provided to the applicant by that service: (please see note 15 for information)					
Current residential 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	COM CATERING LTD
Address	382-384 STATION ROAD HARROW HA1 2DD
Registered number (where applicable)	12069420
Description of applicant (for example, partnership, company, unincorporated association etc.)	LIMITED COMPANY

Telephone number (if any)	[REDACTED]
E-mail address (optional)	[REDACTED]

Part 3 Operating Schedule

When do you want the premises licence to start?

DD	MM	YYYY
19	07	2019

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)

RESTAURANT. LOCATED NAK/ON A BUSY HIGH STREET AREA IN HARLOW TOWN CENTRE.

THERE IS OUTDOOR SEATING AND INTERNAL WITH A CAPACITY FOR APPROX 40 COVERS

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 and Schedules 1 and 2 to the Licensing Act 2003)

Provision of regulated entertainment (please read guidance note 2)

Please tick all 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 7)			Will the performance of a play take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors	<input type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon			Please give further details here (please read guidance note 4)	Both	<input type="checkbox"/>
Tue					
Wed			State any seasonal variations for performing plays (please read guidance note 5)		
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 6)		
Sat					
Sun					

B

Films Standard days and timings (please read guidance note 7)			Will the exhibition of films take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 4)		
Mon					
Tue			State any seasonal variations for the exhibition of films (please read guidance note 5)		
Wed					
Thur			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 (please read guidance note 6)		
Fri					
Sat					
Sun					

C

Indoor sporting events Standard days and timings (please read guidance note 7)			<u>Please give further details</u> (please read guidance note 4)
Day	Start	Finish	
Mon			
Tue			<u>State any seasonal variations for indoor sporting events</u> (please read guidance note 5)
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 6)
Fri			
Sat			
Sun			

D

Boxing or wrestling entertainments Standard days and timings (please read guidance note 7)			<u>Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick</u> (please read guidance note 3)		Indoors	<input type="checkbox"/>
					Outdoors	<input type="checkbox"/>
					Both	<input type="checkbox"/>
Day	Start	Finish	<u>Please give further details here</u> (please read guidance note 4)			
Mon						
Tue			<u>State any seasonal variations for boxing or wrestling entertainment</u> (please read guidance note 5)			
Wed						
Thur			<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> (please read guidance note 6)			
Fri						
Sat						
Sun						

E

Live music Standard days and timings (please read guidance note 7)			Will the performance of live music take place <u>indoors or outdoors or both – please tick</u> (please read guidance note 3)	Indoors	<input checked="" type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon	12.00	00.00	Please give further details here (please read guidance note 4) WE MAY WISH TO HAVE A MOROCCAN GUITAR BAND	Both	<input type="checkbox"/>
Tue	12.00	00.00			
Wed	12.00	00.00	State any seasonal variations for the performance of live music (please read guidance note 5) /		
Thur	12.00	00.00			
Fri	12.00	00.00	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 (please read guidance note 6) /		
Sat	12.00	00.00			
Sun	12.00	00.00			

F

Recorded music Standard days and timings (please read guidance note 7)			Will the playing of recorded music take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors	<input type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon	12:00	00:00 02:00	<u>Please give further details here</u> (please read guidance note 4) UNAMPLIFIED MUSIC. IT'S A RESTAURANT SO JUST LOW BACKGROUND MUSIC TO CREATE AMBIENCE. OUTDOOR MUSIC WILL STOP AT 23:00 23:00	Both	<input checked="" type="checkbox"/>
Tue	12:00	02:00			
Wed	12:00	02:00	<u>State any seasonal variations for the playing of recorded music</u> (please read guidance note 5)		
Thur	12:00	02:00			
Fri	12:00	02:00	<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> (please read guidance note 6)		
Sat	12:00	02:00			
Sun	12:00	02:00			

G

Performances of dance Standard days and timings (please read guidance note 7)			Will the performance of dance take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors	<input type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon	18:00	00:00	Please give further details here (please read guidance note 4) MOROCCAN BELLY DANCERS OR ANY OTHER TRADITIONAL, FAMILY-FRIENDLY DANCING.	Both	<input checked="" type="checkbox"/>
Tue	18:00	00:00			
Wed	18:00	00:00	State any seasonal variations for the performance of dance (please read guidance note 5)		
Thur	18:00	00:00			
Fri	18:00	00:00	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 (please read guidance note 6)		
Sat	18:00	00:00			
Sun	18:00	00:00			

H

<p>Anything of a similar description to that falling within (e), (f) or (g) Standard days and timings (please read guidance note 7)</p>			<p>Please give a description of the type of entertainment you will be providing LIVE MUSIC - TRADITIONAL MOROCCAN BANDS RECORDED MUSIC - (BACKGROUND) UNAMPLIFIED LATE NIGHT REFRESHMENT PERFORMANCE OF DANCE - BELLY DANCERS FAMILY - FRIENDLY</p>		
Day	Start	Finish	<p>Will this entertainment take place indoors or outdoors or both - please tick (please read guidance note 3)</p>	Indoors	<input type="checkbox"/>
Mon	12:00	02:00		Outdoors	<input type="checkbox"/>
				Both	<input checked="" type="checkbox"/>
Tue	12:00	02:00	<p>Please give further details here (please read guidance note 4) MUSIC WILL BE UNAMPLIFIED LIVE MUSIC TO BE TRADITIONAL AND CULTURAL.</p>		
Wed	12:00	02:00			
Thur	12:00	02:00	<p>State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g) (please read guidance note 5)</p>		
Fri	12:00	03:00			
Sat	12:00	03:00	<p>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 (please read guidance note 6)</p>		
Sun	12:00	02:00			

Late night refreshment Standard days and timings (please read guidance note 7)			Will the provision of late night refreshment take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
Day	Start	Finish	Both <input checked="" type="checkbox"/>		
Mon	2300	0200	Please give further details here (please read guidance note 4) SIT DOWN MEALS AND TAKEAWAYS TO BE PROVIDED. LARGE GROUPS WILL NOT BE SEATED OUTSIDE. PATRONS WILL BE MADE AWARE TO KEEP NOISE DOWN. SIGNS TO BE POSTED		
Tue	23.00	02.00			
Wed	23.00	02.00	State any seasonal variations for the provision of late night refreshment (please read guidance note 5)		
Thur	2300	02.00			
Fri	2300	03.00	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 6)		
Sat	2300	03.00			
Sun	2300	03.00 02.00			

J

Supply of alcohol Standard days and timings (please read guidance note 7)			Will the supply of alcohol be for <u>consumption – please tick</u> (please read guidance note 8)	On the premises	<input type="checkbox"/>
Day	Start	Finish		Off the premises	<input type="checkbox"/>
Mon	12.00	02.00	State any seasonal variations for the supply of alcohol (please read guidance note 5) NONE. HOWEVER, ALCOHOL WILL BE PROVIDED AS PART OF A SIT-DOWN MEAL OR WITH TAKE-AWAY FOOD.	Both	<input checked="" type="checkbox"/>
Tue	12.00	01.00			
Wed	12.00	01.00			
Thur	12.00	01.00	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 6)		
Fri	12.00	02.00			
Sat	12.00	02.00			
Sun	12.00	02.00 01.00			

State the name and details of the individual whom you wish to specify on the licence as designated premises supervisor (Please see declaration about the entitlement to work in the checklist at the end of the form):

Name	SA'ED SAKIB KAZMI
Personal licence number (if known)	112 7727
Issuing licensing authority (if known)	BRENT 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 9).

THE RESTAURANT WILL BE FAMILY-FRIENDLY.
 THERE WILL BE NO ENTERTAINMENT WHICH COULD BE HARMFUL TO CHILDREN.
 THE RESTAURANT WILL SUPPLY ALCOHOL AS PART OF A MEAL. THERE WILL BE CHALLENGE 25B PROCEDURES IN PLACE TO ENSURE NO ILLEGAL ACTIVITY CAN TAKE PLACE. STAFF WILL BE TRAINED IN MATTERS REGARDING CHILD SAFETY AND PROTECTING THEM FROM HARM.

L

Hours premises are open to the public Standard days and timings (please read guidance note 7)			State any seasonal variations (please read guidance note 5)
Day	Start	Finish	
Mon	12.00	02.00	<p><u>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</u> (please read guidance note 6)</p>
Tue	12.00	02.00	
Wed	12.00	02.00	
Thur	12.00	02.00	
Fri	12.00	03.00	
Sat	12.00	03.00	
Sun	12.00	02.00	

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 10)

WE WILL UPHOLD STRONG MANAGEMENT CONTROLS AND STAFF TRAINING SO THAT EVERYONE IS AWARE OF HOW WE CAN PROMOTE ALL FOUR LICENSING OBJECTIVES.
WE WILL HAVE CCTV, CLEAR CHALLENGE 25 POLICY WITH REWARDS TO UNDERAGE DRINKING. DPS WILL BE IN CONTROL OF DAY-TO-DAY RUNNING OF THE BUSINESS. WE WILL MAKE SURE NO DRUNK OR DISORDERLY BEHAVIOUR, NO NUISANCE TO LOCAL RESIDENTS.

PROTECTION OF CHILDREN FROM HARM.

b) The prevention of crime and disorder

CCTV system installed to monitor and address the prevention of crime objective. A clear notice showing normal hours of licensable activities, not selling alcohol to overly intoxicated customers. Clear notices asking customers to leave premises quietly.

c) Public safety

WE WILL ENSURE THE PREMISES IS ADEQUATELY LIT SO THAT WE CAN PROMOTE PUBLIC SAFETY OBJECTIVE. WE WILL HAVE PARTS OF THE PREMISES AND FITTINGS MAINTAINED TO A GOOD ORDER. STAFF WILL BE TRAINED TO ADHERE TO ENVIRONMENTAL HEALTH REQUIREMENTS AS WELL AS IMPLEMENTING UNDERAGE ID CHECKS

d) The prevention of public nuisance

WE WILL PLAY UNAMPLIFIED MUSIC AND HAVE NOISE REDUCTION MEASURES TO ADDRESS THE PUBLIC NUISANCE OBJECTIVE. PROMINENT NOTICES REQUESTING PUBLIC TO RESPECT NEARBY RESIDENTS AND LEAVE PREMISES QUIETLY. DELIVERIES WILL BROUGHT AT A TIME THAT WON'T DISTURB LOCAL RESIDENTS. CUSTOMERS WILL NOT BE ALLOWED TO TALK LOUDLY OUTSIDE PREMISES & RING NOT TO BE MOVED AFTER 11PM.

e) The protection of children from harm

CHALLENGE 25 POLICY TO BE PUT INTO PLACE.
WELL TRAINED STAFF FOR REQUIREMENTS ABOUT PERSONS ID AND AGE.
A LOG BOOK TO BE KEPT UPON PREMISES ALL THE TIME.
CHILDREN UNDER 18 NOT TO BE ADMITTED AFTER 9PM WITHOUT A RESPONSIBLE ADULT PRESENT.

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.
- [Applicable to all individual applicants, including those in a partnership which is not a limited liability partnership, but not companies or limited liability partnerships] I have included documents demonstrating my entitlement to work in the United Kingdom or my share code issued by the Home Office online right to work checking service (please read note 15).

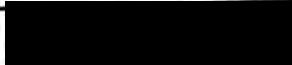
IT IS AN OFFENCE, UNDER SECTION 158 OF THE LICENSING ACT 2003, TO MAKE A FALSE STATEMENT IN OR IN CONNECTION WITH THIS APPLICATION. THOSE WHO MAKE A FALSE STATEMENT MAY BE LIABLE ON SUMMARY CONVICTION TO A FINE OF ANY AMOUNT.

IT IS AN OFFENCE UNDER SECTION 24B OF THE IMMIGRATION ACT 1971 FOR A PERSON TO WORK WHEN THEY KNOW, OR HAVE REASONABLE CAUSE TO BELIEVE, THAT THEY ARE DISQUALIFIED FROM DOING SO BY REASON OF THEIR IMMIGRATION STATUS. THOSE WHO EMPLOY AN ADULT WITHOUT LEAVE OR WHO IS SUBJECT TO CONDITIONS AS TO EMPLOYMENT WILL BE LIABLE TO A CIVIL PENALTY UNDER SECTION 15 OF THE IMMIGRATION, ASYLUM AND NATIONALITY ACT 2006 AND PURSUANT TO SECTION 21 OF THE SAME ACT, WILL BE COMMITTING AN OFFENCE WHERE THEY DO SO IN THE KNOWLEDGE, OR WITH REASONABLE CAUSE TO BELIEVE, THAT THE EMPLOYEE IS DISQUALIFIED.

Part 4 – Signatures (please read guidance note 11)

Signature of applicant or applicant's solicitor or other duly authorised agent (see guidance note 12). If signing on behalf of the applicant, please state in what capacity.

Declaration	<ul style="list-style-type: none">• [Applicable to individual applicants only, including those in a partnership which is not a limited liability partnership] I understand I am not entitled to be issued with a licence if I do not have the entitlement to live and work in the UK (or if I am subject to a condition preventing me from doing work relating to the carrying on of a licensable activity) and that my licence will become invalid if I cease to be entitled to live and work in the UK (please read guidance note 15).• The DPS named in this application form is entitled to work in the UK (and is not subject to conditions preventing him or her from doing work relating to a licensable activity) and I have seen a copy of his or
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	her proof of entitlement to work, or have conducted an online right to work check using the Home Office online right to work checking service which confirmed their right to work (please see note 15)
Signature	
Date	09-07-19
Capacity	DIRECTOR

For joint applications, signature of 2nd applicant or 2nd applicant's solicitor or other authorised agent (please read guidance note 13). 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 14)

Post town		Postcode	
Telephone number (if any)			
If you would prefer us to correspond with you by e-mail, your e-mail address (optional)			

Consent of individual to being specified as premises supervisor

I SA'EED SAKIB KAZMI
[full name of prospective premises supervisor]

of [redacted]

[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 COM CATERING LTD.
[name of applicant]

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

for

382-384 STATION ROAD, HARROW, HA1 2DD
[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

COM CATERING LTD
[name of applicant]

concerning the supply of alcohol at

①

382-384 STATION ROAD, HARROW, HA1 2DD
[name and address of premises to which application relates]

I also confirm that I am entitled to work in the United Kingdom and am applying for, intend to apply for or currently hold a personal licence, details of which I set out below.

Personal licence number

112 7727
[insert personal licence number, if any]

Personal licence issuing authority

BRENT COUNCIL, CIVIC CENTRE, ENGINEERS WAY, HA9 0FJ
[insert name and address and telephone number of personal licence issuing authority, if any]

Signed



Name (please print)

SA'ED KAZMI

Date

27/06/19