

# Harrow Application for a premises licence Licensing Act 2003

For help contact

licensing@harrow.gov.uk
Telephone: 020 8901 2600

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Section 1 of 19		* required information
	time and resume it later. You do not need to be	
System reference	Not Currently In Use	This is the unique reference for this application generated by the system.
Your reference	Harrow Supermarket	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 be	ehalf of the applicant? No	Put "no" if you are applying on your own behalf or on behalf of a business you own or work for.
Applicant Details		
* First name	Vassantharasa	
* Family name	Kanapathipillai	
* E-mail		Ī
Main telephone number		Include country code.
Other telephone number		
•	licant would prefer not to be contacted by tele	□ phone
Is the applicant:		
	or organisation, including as a sole trader ual	A sole trader is a business owned by one 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?	← Yes ← No	
* Is the applicant's business registered outside the UK?	← Yes ← No	
* Business name	Harrow Supermarket	If the applicant's business is registered, use its registered name.
* VAT number -	none	Put "none" if the applicant is not registered for VAT.

Continued from previous page			
* Legal status	Sole Trader	7	
* Applicant's position in the business	Owner Manager		
Home country	United Kingdom	The country where the applicant's headquarters are.	
Applicant Business Address		If the applicant has one, this should be the	
* Building number or name	81	applicant's official address - that is an address required of the applicant by law for	
* Street	Headstone Garden	receiving communications.	
District		]	
* City or town	Harrow	]	
County or administrative area	Middx	]	
* Postcode	HA2 6PJ		
* Country	United Kingdom		
Agent Details			
* First name	Gosia	]	
* Family name	Goryl	]	
* E-mail	(	]	
Main telephone number		Include country code.	
Other telephone number			
☐ Indicate here if you wou	ld prefer not to be contacted by telephone	•	
Are you:			
<ul> <li>An agent that is a busine</li> </ul>	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 acting as an agent			
* Is your business registered in the UK with Companies House?			
* Registration number	09036487		
* Business name	Arka Licensing Consultants Ltd	If your business is registered, use its registered name.	
* VAT number	none	Put "none" if you are not registered for VAT.	
* Legal status	Private Limited Company		

Continued from previous page			
* Your position in the business	Manager		
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	Trident Business Centre-B003		
* Street	89 Bickersteth Road		
District			
* City or town	Tooting		
County or administrative area			
* Postcode	SW17 9SH		
* Country	United Kingdom		
Section 2 of 19			
PREMISES DETAILS			
I/we, as named in section 1, apply for a premises licence under section 17 of the Licensing Act 2003 for the premises described in section 2 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.			
Premises Address			
Are you able to provide a postal address, OS map reference or description of the premises?			
Postal Address Of Premises			
Building number or name	81		
Street	Headstone Garden		
District			
City or town	Harrow		
County or administrative area	Middx		
Postcode	HA2 6PJ		
Country	United Kingdom		
Further Details			
Telephone number			
Non-domestic rateable value of premises (£)	9,400		

Secti	on 3 of 19		
APPL	ICATION DETAILS		
In wh	nat capacity are you apply	ing for the premises licence?	-
$\boxtimes$	An individual or individuals		
	A limited company		
	] A partnership		
	An unincorporated associ	iation	
	A recognised club		
	A charity		
	The proprietor of an edu	cational establishment	
	A health service body		
	· ·	ed under part 2 of the Care Standards Act n 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)		
Conf	firm The Following		
$\boxtimes$	I am carrying on or proposing to carry on a business which involves the use of the premises for licensable activities		
	l am making the application pursuant to a statutory function		
	I am making the applicat virtue of Her Majesty's pr	ion pursuant to a function discharged by erogative	
Secti	on 4 of 19		
INDI	VIDUAL APPLICANT DET	AILS	
	licant Name		
is the	e name the same as (or sin	nilar to) the details given in section one?	If "Yes" is selected you can re-use the details from section one, or amend them as required.
(e )	<b>Yes</b>	○ No	Select "No" to enter a completely new set of details.
First	name	Vassantharasa	
Fami	Family name Kanapathipillai		
Is the	Is the applicant 18 years of age or older?		
(e )	Yes	← No	

Continued from previous page		
Applicant Postal Address		
Is the address the same as (or	similar to) the address given in section one?	If "Yes" is selected you can re-use the details
G Voc	C No	from section one, or amend them as required. Select "No" to enter a completely
	C No	w set of details.
Applicant Contact Details		
1 **	me as (or similar to) those given in section one?	If "Yes" is selected you can re-use the details
Are the contact details the sai	ne as (or similar to) those given in section one:	from section one, or amend them as
	C No	required. Select "No" to enter a completely
		new set of details.
E-mail		
Telephone number		
Telephone number		
Other telephone number		
	Add another applicant	]
Section 5 of 19		
OPERATING SCHEDULE		
When do you want the		-
premises licence to start?	30 / 04 / 2015	
ļ.	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	
Provide a general description of the premises		
	ises, its general situation and layout and any oth our application includes off-supplies of alcohol a	
	oplies you must include a description of where the	
premises.		
Convenience store selling foo	d items, Grocery, beverages & alcohol. Sale of al	cohol for consumption Off the premises only
li .		

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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?	
	€ No
Section 7 of 19	
PROVISION OF FILMS	
Will you be providing films?	
← Yes	• No
Section 8 of 19	
PROVISION OF INDOOR SPOR	ring events
Will you be providing indoor sp	orting events?
← Yes	No     No
Section 9 of 19	
PROVISION OF BOXING OR WI	RESTLING ENTERTAINMENTS
Will you be providing boxing or	wrestling entertainments?
← Yes	• No
Section 10 of 19	
PROVISION OF LIVE MUSIC	
Will you be providing live music	?
	• No
Section 11 of 19	
PROVISION OF RECORDED MU	SIC
Will you be providing recorded	music?
	● No
Section 12 of 19	
PROVISION OF PERFORMANCE	S OF DANCE
Will you be providing performa	nces of dance?
← Yes	• No
Section 13 of 19	
PROVISION OF ANYTHING OF DANCE	A SIMILAR DESCRIPTION TO LIVE MUSIC, RECORDED MUSIC OR PERFORMANCES OF
Will you be providing anything performances of dance?	similar to live music, recorded music or
C Yes (	• No

Continued from previous p	age	
Section 14 of 19		
LATE NIGHT REFRESHM		
Will you be providing lat	te night refreshment?	
( Yes	No     No	
Section 15 of 19		
SUPPLY OF ALCOHOL		
Will you be selling or sup	oplying alcohol?	
Yes	C No	
Standard Days And Tin	nings	
MONDAY		Give timings in 24 hour clock.
	Start 06:00	End 00:30 (e.g., 16:00) and only give details for the days
	Start	of the week when you intend the premises to be used for the activity.
TUESDAY		
TOESDA.	Start 06:00	End 00:30
	Start	End
WEDNESDAY		
	Start 06:00	End 00:30
	Start	End
THURSDAY		
	Start 06:00	End 00:30
	Start	End
EDIDAV		
FRIDAY	c:   0 c 00	r   10000
	Start 06:00	End 00:30
	Start	End
SATURDAY		
	Start 06:00	End 00:30
	Start	End
SUNDAY		
	Start 06:00	End 00:30
	Start	End End
	2001	

Continued from previous page		
Will the sale of alcohol be for consumption:  If the sale of alcohol is for consumption on		
On the premises	Off the premises	the premises select on, if the sale of alcohol is for consumption away from the premises select off. If the sale of alcohol is for consumption on the premises and away from the premises select both.
State any seasonal variations		
For example (but not exclusive	ly) where the activity will occur on additional da	ays during the summer months.
column on the left, list below	the premises will be used for the supply of alcoh	
For example (but not exclusive	ly), where you wish the activity to go on longer	on a particular day e.g. Christmas Eve.
State the name and details of the licence as premises supervisor	he individual whom you wish to specify on the	
Name		
First name	Vassantharasa	
Family name	Kanapathipillai	
Personal Licence number (if known)		
Issuing licensing authority (if known)	London Borough of Harrow	

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PROPOSED DESIGNAT	ED PREMISES SUPERVISOR	R CONSENT	
How will the consent for be supplied to the auth	orm of the proposed designation of the proposed designation or the proposed designation of the proposed designatio	ated premises supervisor	
← Electronically, by	the proposed designated p	remises supervisor	
<ul><li>As an attachment</li></ul>	to this application		
Reference number for o form (if known)	consent		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 ENTERTAINME	NT		
premises that may give Give information about	erise to concern in respect on the concern in respect of anything intended to occu	of children r at the premises or ancilla	ent or matters ancillary to the use of the ary to the use of the premises which may give the ren to have access to the premises, for example
(but not exclusively) nu	ıdity or semi-nudity, films fo	r restricted age groups etc	gambling machines etc.
Section 17 of 19			
HOURS PREMISES ARE	OPEN TO THE PUBLIC		
Standard Days And Ti	mings		
MONDAY			City National 24 hours lead
	Start 06:00	End 00:30	Give timings in 24 hour clock.  (e.g., 16:00) and only give details for the days
	Start	End	of the week when you intend the premises to be used for the activity.
TUESDAY			
	Start 06:00	End 00:30	
	Start	End	7
WEDNESDAY			
	Start 06:00	End 00:30	٦
	Start	End End	_ 
	Start	LIIU [	_
THURSDAY			
	Start 06:00	End 00:30	
	Start	End	J
FRIDAY			
	Start 06:00	End 00:30	
	Start	End	

Continued from previous page		
SATURDAY		
Start 06:00 End 00:30		
Start End		
SUNDAY		
Start 06:00 End 00:30		
Start End		
State any seasonal variations		
For example (but not exclusively) where the activity will occur on additional days during the summer months.		
Non standard timings. Where you intend to use the premises to be open to the members and guests at different times from those listed in the column on the left, list below		
For example (but not exclusively), where you wish the activity to go on longer on a particular day e.g. Christmas Eve.		
, , , , , , , , , , , , , , , , , , ,		
Section 18 of 19		
LICENSING OBJECTIVES		
Describe the steps you intend to take to promote the four licensing objectives:		
a) General – all four licensing objectives (b,c,d,e)		
List here steps you will take to promote all four licensing objectives together.		
All staff undergo training in licensing and social responsibility in sale of alcohol. The shop management will work closely		
with the local police to reduce any crime and disorder.		
b) The prevention of crime and disorder		
Fully recorded CCTV system would be installed. All staff be trained to avoid any conflict with any one. The shop also has 'No		
sale to drunken people' policy. Incident record book will be maintained.		
c) Public safety		
Premises will operate with current legal requirement for fire safety, health and safety including periodic risk assessment.		
The premises will only purchase alcohol from registered wholesalers.		

## Continued from previous page...

## d) The prevention of public nuisance

In addition to having policy of no sale to drunken people, we will work closely with local community, police to identify any one causing anti social behavior to be barred from the shop.

## e) The protection of children from harm

The company will operate challenge 25 policy. Full training for staff with refusals book and refresher training on regular basis store shall operate fully recordable CCTV system.

#### 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, chapel halls or premises of a similar nature, village halls, parish or community halls, or other premises of a similar nature. The costs associated with these licences will be met by central Government. If, however, the licence also authorises the use of the premises for the supply of alcohol or the provision of late night refreshment, a fee will be required.

Schools and sixth form colleges are exempt from the fees associated with the authorisation of regulated entertainment where the entertainment is provided by and at the school or college and for the purposes of the school or college.

If you operate a large event you 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

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* Fee amount (£)	190.00
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)	
	Add another signatory
with your application.	
	SUMMARY CONVICTION TO A FINE NOT EXCEEDING LEVEL 5 ON THE STANDARD OF THE LICENSING ACT 2003, TO MAKE A FALSE STATEMENT IN OR IN CONNECTION

Consent of individual to being specified as premises supervisor VASSANTHARASA KANAPATHIPILLAI [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 NEW PREMISES LICENCE [type of application] by VASSANTHARASA KANAPATHIPILLAL Iname of applicant for HARROW SUPERMARKET 81 HEADSTONE GARDEN MARROW, THAR GPT

[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 VASSANTHARASA LANAPATHIPILLAI Iname of applicant concerning the supply of alcohol at .. HARROW SUPERMARKET 81 HEADSTONE GARDEN HARROW, HAR GPT

Iname 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.

CAPPLICATION IN PROCESS

Personal licence number

[insert personal licence number, if any]

Personal licence issuing authority

Personal licence issuing authority

Insert name and address and telephone number of personal licence issuing authority, if any]

signed

V. LANA PATHI PILIAI name (please print)

dated

81 HEADSTONE GAPDENS HARROW SUPERMARKET HARROW, MIDDLESEX

A :- SHOP FLOOR.

HAZ 6PJ

B .- Toiret

1- TOTLET

DI- STOREROOM

E - MAIN ENTRENCE

FIRE EXIT G :- FRIDGE H :- TILL COUNTER ACEA

1 - FIRE EXTINGUISHER:

D:- SINK

D :- SMOKE ALARM

:- ALCOHOL DISPLAY AREA

- RETAIL AREA.

CCTV CAMERA.

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