

- 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
[] []	[] []	[] [] [] []

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)

(FORMER) PUBLIC HOUSE AND RESTAURANT, SERVING THAI ~~WINE~~ GARDEN TO REAR OF PREMISES. VENUE CONCEPT IS 'THAI KITCHEN' WITH A FOCUS ON ORIENTAL FOODS, AL-FRESCO DINING AND WORLD WINES. NO RECORDED MUSIC IN REAR GARDEN AFTER 2100 HRS ON ANY DAY.

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					

N/A

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					

N/A

C

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

N/A

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					

N/A

E

Live music Standard days and timings (please read guidance note 7)			<u>Will the performance of live music 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					
Wed			<u>State any seasonal variations for the performance of live music</u> (please read guidance note 5)		
Thur					
Fri					
Sat					
Sun					
			<u>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</u> (please read guidance note 6)		

N/A

F

Recorded music Standard days and timings (please read guidance note 7)			Will the playing of recorded music take place <u>indoors or outdoors or both</u> – please tick (please read guidance note 3)	Indoors	<input type="checkbox"/>
			RECORDED MUSIC WILL CEASE PLAY- ING IN REAR OUTDOOR GARDEN AT 2100 EACH DAY.	Outdoors	<input type="checkbox"/>
				Both	<input checked="" type="checkbox"/>
Day	Start	Finish			
Mon	1200	1200 00.00	<u>Please give further details here</u> (please read guidance note 4) RECORDED MUSIC TO BE PLAYED INDOORS SOUND LIMITERS WILL BE INSTALLED. RESTAURANT/BAR AREA TO HAVE AMBIENT MUSIC. * CONTINUED BELOW *		
Tue	1200	1200 00.00			
Wed	1200	1200 00.00	<u>State any seasonal variations for the playing of recorded music</u> (please read guidance note 5)		
Thur	1200	1200 00.00			
Fri	1200	0130	<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	1200	0130			
Sun	1200	1200 00.00			

* CONTINUED . . .

THE VENUE WILL BE A RELAXING LOUNGE AND RESTAURANT. ADEQUATE SEATING WILL BE PROVIDED AND PLACED THROUGHOUT THE VENUE SO THAT NO EMPTY SPACE COULD RESEMBLE A DANCEFLOOR.

RECORDED MUSIC IN GARDEN WILL CEASE AT 2100 hrs AS RECOMMENDED BY THE POLICE. THE OUTDOOR AREA WILL BE LANDSCAPED AND SET-UP FOR AL-FRESCO DINING. PLEASE SEE IMAGE IN THE COVER LETTER ATTACHED TO THIS APPLICATION.

G

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

N/A

H

Anything of a similar description to that falling within (e), (f) or (g) Standard days and timings (please read guidance note 7)			Please give a description of the type of entertainment you will be providing		
			RECORDED MUSIC - INDOORS AND OUTDOORS. FOR OUTDOORS THIS WILL CEASE AT 2100 ON ALL DAYS.		
Day	Start	Finish	Will this entertainment take place indoors or outdoors or both - please tick (please read guidance note 3)	Indoors	<input type="checkbox"/>
Mon	1200	0000 0000		Outdoors	<input type="checkbox"/>
			Both	<input checked="" type="checkbox"/>	
Tue	1200	0000 0000	Please give further details here (please read guidance note 4)		
Wed	1200	0000 0000	THERE WILL BE NO SALE OF ALCOHOL OUTDOORS AFTER 2300 ON ANY DAY. RECORDED MUSIC OUTDOORS TO CEASE AT 2100.		
Thur	1200	0000 0600	State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g) (please read guidance note 5)		
Fri	1200	0130			
Sat	1200	0130	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)		
Sun	1200	1200 0000			

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	Outdoors	Both
Day	Start	Finish	<p>LATE NIGHT REFRESHMENT INCLUDING; ALCOHOLIC DRINKS NON-ALCOHOLIC DRINKS, HOT DRINKS AND HOT AND COLD FOOD - CONTINUED</p> <p>Please give further details here (please read guidance note 4)</p> <p>OUTDOOR MUSIC RECORDED MUSIC WILL CEASE AT 2100 (PLEASE SEE BELOW)</p> <p>State any seasonal variations for the provision of late night refreshment (please read guidance note 5)</p> <p>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)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mon	2300	0000 00:00				
Tue	2300	0000 00:00				
Wed	2300	0000 00:00				
Thur	2300	0000 00:00				
Fri	2300	0200				
Sat	2300	0200				
Sun	2300	0000 00:00				

⊕ CONTINUED...

TO BE PROVIDED INDOORS.
 OUTDOOR LATE NIGHT REFRESHMENT TO BE LIMITED TO HOT AND COLD FOOD, HOT AND COLD NON-ALCOHOLIC BEVERAGES. ~~(MUSIC WILL CEASE AT 2100 IN THE OUTDOOR AREA)~~

THERE WILL BE ADEQUATE SIGNAGE TO REMIND CUSTOMERS TO KEEP NOISE LEVELS TO A MINIMUM. SOUND WILL ALSO BE LIMITED THROUGH THE USE OF OUR DINING DONES. PLEASE SEE ⊕ IMAGES ATTACHED IN THE COVERING LETTER.

J

Supply of alcohol Standard days and timings (please read guidance note 7)			Will the supply of alcohol be for consumption – please tick (please read guidance note 8) WILL ONLY BE SOLD FOR CONSUMPTION ON THE PREMISES	On the premises <input checked="" type="checkbox"/> Off the premises <input type="checkbox"/> Both <input type="checkbox"/>
Day	Start	Finish	State any seasonal variations for the supply of alcohol (please read guidance note 5)	
Mon	1200	00:00		
Tue	1200	00:00		
Wed	1200	00:00		
Thur	1200	00:00		
Fri	1200	01:30		
Sat	1200	01:30		
Sun	1200	00:00	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) THE TIMINGS REQUESTED FOR THE SALE AND SUPPLY OF ALCOHOL ARE FOR THE INDOORS ONLY. THE OUTDOOR AREA WILL NOT HAVE ALCOHOL SALES AFTER 2300	

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	SAEED SAKIR 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).

THERE WILL BE NO ENTERTAINMENT OR SERVICES THAT MAY GIVE RISE TO CONCERN IN RESPECT OF CHILDREN.

WE WOULD ALSO BE FOLLOWING POLICE RECOMMENDATION OF NO CHILDREN IN RESTAURANT AREA AFTER 2100 UNLESS ACCOMPANIED BY AN ADULT.

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	1200	2300		
		00:30		
Tue	1200	2300		
		00:30		
Wed	1200	2300		
		00:30		
Thur	1200	2300		<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)
		00:30		
Fri	1200	0200		
Sat	1200	0200		
Sun	1200	2300		
		00:30		

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 ENSURE THAT THE MANAGEMENT TEAM IS STRONG AND HAVE A TEAM OF TRAINED STAFF WHO ARE ABLE TO ASSIST IN THE MANAGEMENT OF THE PREMISES. WE WILL FOLLOW CHALLENGE 25 POLICY, A NO ID/ENTRY POLICY AS RECOMMENDED BY THE POLICE. COMPREHENSIVE CCTV AND SIA DOOR STAFF TO BE EMPLOYED AT WEEKENDS. CHILDREN ALLOWED WITH RESPONSIBLE ADULT. LOGS TO BE KEPT WITH ALL INCIDENTS / REFUSAL OF SALES.

b) The prevention of crime and disorder

WE WILL PARTICIPATE IN LOCAL PUB WATCH SCHEME AND ENSURE WE REPORT ANY ANTI-SOCIAL BEHAVIOUR AS WELL AS KEEPING INCIDENT LOGS. WE WILL EMPLOY 8 SECURITY STAFF. TRAINING TO BE PROVIDED TO ALL STAFF TO ENSURE THE RESPONSIBLE SALE OF ALCOHOL. CCTV WILL BE IN PLACE INTERNALLY AND EXTERNALLY. WE WILL USE OF NON-GLASS CONTAINERS FOR ALCOHOL RELATED OFFENCES. ANTI-THEFT PROVISIONS WILL BE ONLY IN PLACE. THE STYLE AND DESIGN AND LAYOUT OF THE PREMISES WILL ENSURE FOR A SAFE EATING AND DRINKING ENVIRONMENT. ~~WE WILL~~ IDENTITY-CHECKING MEASURES.

c) Public safety

WE WILL ENSURE PREMISES AND SURROUNDING AREAS ARE ADEQUATELY LIT AND CCTV IS COVERING ALL AREAS WHERE POSSIBLE. ALL FITTINGS AND FIXTURES TO BE HIGH QUALITY AND MAINTAINED TO A GOOD ORDER. FOOD AND DRINKS HYGIENE TO BE ADEQUATELY MAINTAINED. FIRST AID ARRANGEMENTS TO BE IN PLACE FOR WORKERS AND CUSTOMERS. THE EMPLOYMENT OF SIA SECURITY ON ANY DAY THE PREMISES IS OPEN AFTER 1100.

d) The prevention of public nuisance

WE HAVE REDUCED OUR TRADING HOURS AS PER POLICE RECOMMENDATIONS. WE WILL USE SOUND LIMITERS AND DOORS AND WINDOWS TO BE KEPT CLOSED WHERE APPROPRIATE. CUSTOMERS REMINDED TO ARRIVE AND LEAVE THE PREMISES QUIETLY AND RESPECTFULLY. BINS WILL NOT BE MOVED AFTER 2300 AND DELIVERIES KEPT BETWEEN STANDARD DAYTIME BUSINESS HOURS. ~~AND~~ RECORDED MUSIC TO STOP IN GARDEN AT 2100 HIS PREMISES TO BE SECURED AS TO PREVENT FLY-TIPPERS AND TRAVELLERS TAKING OVER THE SITE AS HAVE DONE PREVIOUSLY.

e) The protection of children from harm

WE WILL HAVE AGE VERIFICATION POLICY OF CHALLENGE 25. CHILDREN NOT TO BE IN RESTAURANT AREA FROM 2100 UNLESS ACCOMPANIED BY AN ADULT AS PER POLICE RECOMMENDATION. WE WILL NOT HAVE ANY ADULT AIMED ACTIVITIES ON SITE. THERE WILL BE NO PERFORMERS. WE AIM TO GET MEMBERSHIP OF THE RESPONSIBLE TRADING SCHEME FOR BIRMINGHAM AND HAWKLOW

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)

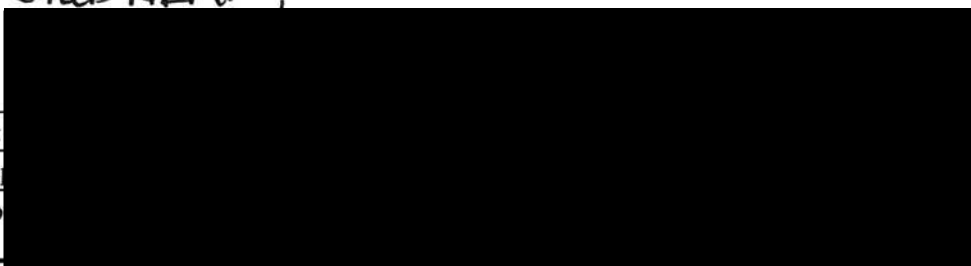
Signature of applicant or applicant’s solicitor or other duly authorised agent (see guidance note 12). **If signing on behalf of the applicant, please state in what capacity.**

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	 ANWAR CHEKOOALPURI
Date	29/10/19
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)	
SAEED KAZMI	
	
Post	
Tele	
If yo	

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

21 HIGH STREET, EDGWARE, HA8 7EE

[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

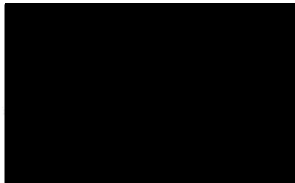
[insert personal licence number, if any]

Personal licence issuing authority

LONDON BOROUGH OF BRENT

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

Signed



Name (please print)

SAEED SAKIB KAZMI

Date

21/10/19