

- 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)
E-mail address (optional)

Part 3 Operating Schedule

When do you want the premises licence to start?

DD	MM	YYYY
0	1	02019

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)

PUB/RESTAURANT LOCATED ON A HIGH STREET. OUTDOOR SEATING AT REAR

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

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			

D

Boxing or wrestling entertainments Standard days and timings (please read guidance note 7)			Will the boxing or wrestling entertainment 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			
Mon			Please give further details here (please read guidance note 4)		
Tue					
Wed			State any seasonal variations for boxing or wrestling entertainment (please read guidance note 5)		
Thur					
Fri			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 (please read guidance note 6)		
Sat					
Sun					

E

Live music Standard days and timings (please read guidance note 7)			Will the performance of live 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	Please give further details here (please read guidance note 4) WE WOULD LIKE TO HAVE TRADITIONAL MUSIC ON OCCASSIONS. OUTDOOR LIVE MUSIC WOULDN'T GO PAST 22.00.	Both	<input checked="" 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			
Sat	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)		
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 <u>indoors or outdoors or both</u> – please tick (please read guidance note 3)	Indoors	<input type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon	1200	0200	Please give further details here (please read guidance note 4) MUSIC OUTSIDE A WOULD BE UNAMPLIFIED BACKGROUND MUSIC AND WE WOULD OBSERVE A CUT OFF TIME AS NOT TO DISRUPT NEIGHBOURS INSIDE. ALSO BACKGROUND - UNAMPLIFIED	Both	<input checked="" type="checkbox"/>
Tue	1200	0200			
Wed	1200	0200	State any seasonal variations for the playing of recorded music (please read guidance note 5)		
Thur	1200	0200			
Fri	1200	0200	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 (please read guidance note 6)		
Sat	1200	0200			
Sun	1200	0100			

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	1600	00:00	Please give further details here (please read guidance note 4) TRADITIONAL BELLY DANCERS, ALL FAMILY-FRIENDLY.	Both	<input checked="" type="checkbox"/>
Tue	1600	0000			
Wed	1600	0000	State any seasonal variations for the performance of dance (please read guidance note 5) IN SUMMER MONTHS WE MAY HAVE DANCERS IN THE DAY HOWEVER GENERALLY IT WOULD BE AN EVENING ACCOMPANIMENT TO DINNER		
Thur	1600	0000			
Fri	1600	0000	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	1600	00:00			
Sun	1600	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 - MOROCCAN/ARABIC /SPANISH/BRITISH RECORDED MUSIC - UNAMPLIFIED - LATE NIGHT REFRESHMENT. 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	1200	0200		Outdoors	<input type="checkbox"/>
				Both	<input checked="" type="checkbox"/>
Tue	1200	0200	<p>Please give further details here (please read guidance note 4)</p>		
Wed	1200	0200			
Thur	1200	0200	<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	1200	0300			
Sat	1200	0300	<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	1200	0100			

I

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"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon	2300	0200	Please give further details here (please read guidance note 4) TAKEAWAY, SIT DOWN MEALS AND REFRESHMENT INCLUDING TEAS + COFFEES. OUTSIDE SEATING IN REAR GARDEN OF BUILDING – WHEN OUTSIDE CUSTOMERS REMINDED TO KEEP NOISE LEVELS LOW	Both	<input checked="" type="checkbox"/>
Tue	2300	0200			
Wed	2300	0200	State any seasonal variations for the provision of late night refreshment (please read guidance note 5)		
Thur	2300	0200			
Fri	2300	0300	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	0300			
Sun	2300	0200			

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	11:30	01:00	State any seasonal variations for the supply of alcohol (please read guidance note 5) NONE.	Both	<input checked="" type="checkbox"/>
Tue	11:30	02:00			
Wed	11:30	02:00			
Thur	11:30	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	11:30	02:00			
Sat	11:30	02:00			
Sun	11:30	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	SAMEED SADIQ 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).

WE AIM TO BRING BACK THIS DERALICT GRADE II LISTED PUB. WE WANT TO MODERNISE IT FOR THE 21ST CENTURY. WE WON'T BE HAVING ENTERTAINMENT WHICH WOULD BE HARMFUL TO CHILDREN. AFTER 2100 ~~ON~~ ^{NO} CHILDREN WOULD BE ALLOWED ON PREMISES. CHALLENGE 25 POLICY WILL BE IN PLACE. STAFF WILL BE TRAINED IN MATTERS FOR PROTECTING CHILDREN.

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	1130	0200	
Tue	1130	0200	
Wed	1130	0200	
Thur	1130	0200	<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)
Fri	1130	0300	
Sat	1130	0300	
Sun	1130	0200	

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 THERE IS STRONG MANAGEMENT IN PLACE, AS WELL AS ADEQUATE STAFF TRAINING TO ENSURE ALL FOUR LICENSING OBJECTIVES CAN BE UPHOLD. CCTV, CHALLENGE 25 POLICIES, DPS AND NOTICEKED TRAINED STAFF WILL BE IN CONTROL OF DAY TO DAY RUNNING OF THE BUSINESS. WE WILL NOT TOLERATE DRUNK AND DISCREET PATRONS AND SIA SECURITY WILL BE PRESENT IN EVENINGS

b) The prevention of crime and disorder

CCTV SYSTEM INSTALLED TO COVER ALL ENTRANCES/EXITS AND THROUGHOUT PREMISES TO ADDRESS PREVENTION OF CRIME. WE WILL EMPLOY SECURITY DOOR SUPERVISORS AND CLEAR NOTICES VISIBLE ASKING CUSTOMERS TO LEAVE QUIETLY

c) Public safety

WE WILL ENSURE PREMISES (INSIDE/OUTSIDE) IS ADEQUATELY LIT. ALL FITTINGS AND FIXTURES WILL BE MAINTAINED TO A GOOD ORDER. STAFF WILL BE TRAINED TO ADHERE TO ENVIRONMENTAL HEALTH REQUIREMENTS FOR THE SAFE SALE OF FOOD AND BEVERAGES.

d) The prevention of public nuisance

UNAMPLIFIED MUSIC AND NOISE REDUCTION MEASURES IN PLACE TO ADDRESS PUBLIC NUISANCE OBJECTIVE. CUSTOMERS REMINDED TO LEAVE QUIETLY AND NOT CONGREGATE. DELIVERIES BROUGHT AT A TIME NOT TO DISTURB RESIDENTS. BINS NOT MOVED AFTER 2300. OUTSIDE GARDEN PATRONS REMINDED TO KEEP QUIET.

e) The protection of children from harm

CHALLENGE 25 POLICY PUT IN PLACE. WELL TRAINED STAFF. A LOG BOOK TO BE KEPT ON PREMISES AT ALL TIMES. CHILDREN NOT TO BE ADMITTED AFTER 1800 WITHOUT AN 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).

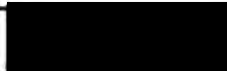
IT IS AN OFFENCE, UNDER SECTION 158 OF THE LICENSING ACT 2003, TO MAKE A FALSE STATEMENT IN OR IN CONNECTION WITH THIS APPLICATION. THOSE WHO MAKE A FALSE STATEMENT MAY BE LIABLE ON SUMMARY CONVICTION TO A FINE OF ANY AMOUNT.

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	21/08/19 21/08/19
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)

SAGEED KAZMI - 



Consent of individual to being specified as premises supervisor

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

of



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

21 HIGH STREET, LONDON HAS FEE
[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

21 HIGH STREET, EGGWARE, 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.

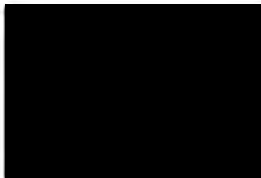
Personal licence number

112 7727
[insert personal licence number, if any]

Personal licence issuing authority

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

Signed



Name (please print)

SACED SAKIB KAZMI

Date

24/09/19