

Harrow Application to vary a premises licence Licensing Act 2003

\* required information

| Section 1 of 18                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                 |                                                                                                                                                                                                                   |  |  |
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| You can save the form at any time and resume it later. You do not need to be logged in when you resume.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                 |                                                                                                                                                                                                                   |  |  |
| System reference                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Not Currently In Use                            | This is the unique reference for this application generated by the system.                                                                                                                                        |  |  |
| Your reference                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                 | You can put what you want here to help you<br>track applications if you make lots of them. It<br>is passed to the authority.                                                                                      |  |  |
| Are you an agent acting on be                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | half of the applicant?                          | Put "no" if you are applying on your own                                                                                                                                                                          |  |  |
| ⊙ Yes ⊃ N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 10                                              | behalf or on behalf of a business you own or work for.                                                                                                                                                            |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                 |                                                                                                                                                                                                                   |  |  |
| Applicant Details                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                 |                                                                                                                                                                                                                   |  |  |
| * First name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | CONSALOJAN                                      | ]                                                                                                                                                                                                                 |  |  |
| * Family name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | MYLVAKANAM                                      | ]                                                                                                                                                                                                                 |  |  |
| * E-mail                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                 | ]                                                                                                                                                                                                                 |  |  |
| Main telephone number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                 | Include country code.                                                                                                                                                                                             |  |  |
| Other telephone number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | number                                          |                                                                                                                                                                                                                   |  |  |
| $\boxtimes$ Indicate here if the appl                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | icant would prefer not to be contacted by telep | phone                                                                                                                                                                                                             |  |  |
| Is the applicant:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                 |                                                                                                                                                                                                                   |  |  |
| Applying as a business of the second seco | or organisation, including as a sole trader     | A sole trader is a business owned by one                                                                                                                                                                          |  |  |
| <ul> <li>Applying as an individua</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | al                                              | person without any special legal structure.<br>Applying as an individual means the<br>applicant is applying so the applicant can be<br>employed, or for some other personal reason,<br>such as following a hobby. |  |  |
| Applicant Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                 |                                                                                                                                                                                                                   |  |  |
| Is the applicant's business<br>registered in the UK with<br>Companies House?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Yes O No                                        | Note: completing the Applicant Business section is optional in this form.                                                                                                                                         |  |  |
| Registration number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 08560929                                        | ]                                                                                                                                                                                                                 |  |  |
| Business name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | YARLKANI FOOD & WINE LIMITED                    | If the applicant's business is registered, use its registered name.                                                                                                                                               |  |  |
| VAT number -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                 | Put "none" if the applicant is not registered for VAT.                                                                                                                                                            |  |  |
| Legal status Private Limited Company                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                 | ]                                                                                                                                                                                                                 |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                 |                                                                                                                                                                                                                   |  |  |

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| Applicant's position in the business                              | DIRECTOR                                     |                                                                                      |  |
| Home country                                                      | United Kingdom                               | The country where the applicant's headquarters are.                                  |  |
| Registered Address                                                |                                              | Address registered with Companies House.                                             |  |
| Building number or name                                           | 462                                          |                                                                                      |  |
| Street                                                            | Alexandra Avenue                             |                                                                                      |  |
| District                                                          | HARROW                                       |                                                                                      |  |
| City or town                                                      | LONDON                                       |                                                                                      |  |
| County or administrative area                                     |                                              |                                                                                      |  |
| Postcode                                                          | HA2 9TL                                      |                                                                                      |  |
| Country                                                           | United Kingdom                               |                                                                                      |  |
|                                                                   |                                              |                                                                                      |  |
| Agent Details                                                     |                                              |                                                                                      |  |
| * First name                                                      |                                              |                                                                                      |  |
| * Family name                                                     |                                              |                                                                                      |  |
| * E-mail                                                          |                                              |                                                                                      |  |
| Main telephone number                                             |                                              | Include country code.                                                                |  |
| Other telephone number                                            |                                              |                                                                                      |  |
| Indicate here if you would                                        | ld prefer not to be contacted by telephone   |                                                                                      |  |
| Are you:                                                          |                                              |                                                                                      |  |
| • An agent that is a busine                                       | ess or organisation, including a sole trader | A sole trader is a business owned by one person without any special legal structure. |  |
| <ul> <li>A private individual acting as an agent</li> </ul>       |                                              |                                                                                      |  |
| Agent Business                                                    |                                              |                                                                                      |  |
| Is your business registered in<br>the UK with Companies<br>House? | ● Yes                                        | Note: completing the Applicant Business section is optional in this form.            |  |
| Registration number                                               |                                              |                                                                                      |  |
| Business name                                                     |                                              | If your business is registered, use its registered name.                             |  |
| VAT number -                                                      |                                              | Put "none" if you are not registered for VAT.                                        |  |
| Legal status                                                      |                                              |                                                                                      |  |

| Continued from previous page                                                                                                                                                                                                                                                                                                               |                                                                 |  |  |
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| Your position in the business                                                                                                                                                                                                                                                                                                              |                                                                 |  |  |
| Home country                                                                                                                                                                                                                                                                                                                               | The country where the headquarters of your business is located. |  |  |
| Agent Registered Address                                                                                                                                                                                                                                                                                                                   | Address registered with Companies House.                        |  |  |
| Building number or name                                                                                                                                                                                                                                                                                                                    |                                                                 |  |  |
| Street                                                                                                                                                                                                                                                                                                                                     |                                                                 |  |  |
| District                                                                                                                                                                                                                                                                                                                                   |                                                                 |  |  |
| City or town                                                                                                                                                                                                                                                                                                                               |                                                                 |  |  |
| County or administrative area                                                                                                                                                                                                                                                                                                              |                                                                 |  |  |
| Postcode                                                                                                                                                                                                                                                                                                                                   |                                                                 |  |  |
| Country                                                                                                                                                                                                                                                                                                                                    |                                                                 |  |  |
|                                                                                                                                                                                                                                                                                                                                            |                                                                 |  |  |
| Section 2 of 18                                                                                                                                                                                                                                                                                                                            |                                                                 |  |  |
| APPLICATION DETAILS                                                                                                                                                                                                                                                                                                                        |                                                                 |  |  |
| This application cannot be used to vary the licence so as to extend the period for which the licence has effect or to vary substantially the premises to which it relates. If you wish to make that type of change to the premises licence, you should make a new premises licence application under section 17 of the Licensing Act 2003. |                                                                 |  |  |
| I/we, as named in section 1, being the premises licence holder, apply to vary a premises licence under section 34 of the Licensing Act 2003 for the premises described in section 2 below.                                                                                                                                                 |                                                                 |  |  |
| * Premises Licence Number                                                                                                                                                                                                                                                                                                                  | LN/00000785/2017/6                                              |  |  |
| Are you able to provide a postal address, OS map reference or description of the premises?                                                                                                                                                                                                                                                 |                                                                 |  |  |
| Address     OS map reference     Description                                                                                                                                                                                                                                                                                               |                                                                 |  |  |
| Postal Address Of Premises                                                                                                                                                                                                                                                                                                                 |                                                                 |  |  |
| Building number or name                                                                                                                                                                                                                                                                                                                    | YARLKANI FOOD & WINE                                            |  |  |
| Street                                                                                                                                                                                                                                                                                                                                     | 462 ALEXANDER AVENUE                                            |  |  |
| District                                                                                                                                                                                                                                                                                                                                   | HARROW                                                          |  |  |
| City or town                                                                                                                                                                                                                                                                                                                               | LONDON                                                          |  |  |
| County or administrative area                                                                                                                                                                                                                                                                                                              |                                                                 |  |  |
| Postcode                                                                                                                                                                                                                                                                                                                                   | HA2 9TL                                                         |  |  |
| Country                                                                                                                                                                                                                                                                                                                                    | United Kingdom                                                  |  |  |
| Premises Contact Details                                                                                                                                                                                                                                                                                                                   |                                                                 |  |  |
| Telephone number                                                                                                                                                                                                                                                                                                                           |                                                                 |  |  |

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| continuou non provious page                                                                                                                                                                                                                                                                                                                                                                            |                                                   |                                                                                                                                                           |
| Non-domestic rateable value of premises (£)                                                                                                                                                                                                                                                                                                                                                            |                                                   |                                                                                                                                                           |
| Section 3 of 18                                                                                                                                                                                                                                                                                                                                                                                        |                                                   |                                                                                                                                                           |
| VARIATION                                                                                                                                                                                                                                                                                                                                                                                              |                                                   |                                                                                                                                                           |
| Do you want the proposed<br>variation to have effect as<br>soon as possible?                                                                                                                                                                                                                                                                                                                           | • Yes 🔿 No                                        |                                                                                                                                                           |
| Do you want the proposed va introduction of the late night                                                                                                                                                                                                                                                                                                                                             | riation to have effect in relation to the levy?   |                                                                                                                                                           |
| ⊖ Yes                                                                                                                                                                                                                                                                                                                                                                                                  | ● No                                              | You do not have to pay a fee if the only<br>purpose of the variation for which you are<br>applying is to avoid becoming liable to the<br>late night levy. |
| If your proposed variation<br>would mean that 5,000 or<br>more people are expected to<br>attend the premises at any<br>one time, state the number<br>expected to attend                                                                                                                                                                                                                                |                                                   |                                                                                                                                                           |
| Describe Briefly The Nature                                                                                                                                                                                                                                                                                                                                                                            | Of The Proposed Variation                         |                                                                                                                                                           |
| 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. |                                                   |                                                                                                                                                           |
| TO CHANGE THE PERMITTED LICENSING HOURS                                                                                                                                                                                                                                                                                                                                                                |                                                   |                                                                                                                                                           |
|                                                                                                                                                                                                                                                                                                                                                                                                        |                                                   |                                                                                                                                                           |
| Section 4 of 18                                                                                                                                                                                                                                                                                                                                                                                        |                                                   |                                                                                                                                                           |
| PROVISION OF PLAYS                                                                                                                                                                                                                                                                                                                                                                                     |                                                   |                                                                                                                                                           |
| See guidance on regulated en                                                                                                                                                                                                                                                                                                                                                                           | ntertainment                                      |                                                                                                                                                           |
| Will the schedule to provide p vary is successful?                                                                                                                                                                                                                                                                                                                                                     | plays be subject to change if this application to |                                                                                                                                                           |
| ⊖ Yes                                                                                                                                                                                                                                                                                                                                                                                                  | No                                                |                                                                                                                                                           |
| Section 5 of 18                                                                                                                                                                                                                                                                                                                                                                                        |                                                   |                                                                                                                                                           |
| PROVISION OF FILMS                                                                                                                                                                                                                                                                                                                                                                                     |                                                   |                                                                                                                                                           |
| See guidance on regulated en                                                                                                                                                                                                                                                                                                                                                                           | ntertainment                                      |                                                                                                                                                           |
| Will the schedule to provide films be subject to change if this application to vary is successful?                                                                                                                                                                                                                                                                                                     |                                                   |                                                                                                                                                           |
| ⊖ Yes                                                                                                                                                                                                                                                                                                                                                                                                  | No                                                |                                                                                                                                                           |
| Section 6 of 18                                                                                                                                                                                                                                                                                                                                                                                        |                                                   |                                                                                                                                                           |
| PROVISION OF INDOOR SPO                                                                                                                                                                                                                                                                                                                                                                                | RTING EVENTS                                      |                                                                                                                                                           |

| Continued from previous page                                                                                                                                         | See guidance on regulated entertainment |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|--|
| Will the schedule to provide indoor sporting events be subject to change if this application to vary is successful?                                                  |                                         |  |
| ○ Yes                                                                                                                                                                |                                         |  |
| Section 7 of 18                                                                                                                                                      |                                         |  |
| PROVISION OF BOXING OR WRESTLING ENTERTAINMENTS                                                                                                                      |                                         |  |
| See guidance on regulated entertainment                                                                                                                              |                                         |  |
| Will the schedule to provide boxing or wrestling entertainments be subject to change if this application to vary is successful?                                      |                                         |  |
| ○ Yes                                                                                                                                                                |                                         |  |
| Section 8 of 18                                                                                                                                                      |                                         |  |
| PROVISION OF LIVE MUSIC                                                                                                                                              |                                         |  |
| See guidance on regulated entertainment                                                                                                                              |                                         |  |
| Will the schedule to provide live music be subject to change if this application to vary is successful?                                                              |                                         |  |
| ⊖ Yes                                                                                                                                                                |                                         |  |
| Section 9 of 18                                                                                                                                                      |                                         |  |
| PROVISION OF RECORDED MUSIC                                                                                                                                          |                                         |  |
| See guidance on regulated entertainment                                                                                                                              |                                         |  |
| Will the schedule to provide recorded music be subject to change if this application to vary is successful?                                                          |                                         |  |
| ⊖ Yes                                                                                                                                                                |                                         |  |
| Section 10 of 18                                                                                                                                                     |                                         |  |
| PROVISION OF PERFORMANCES OF DANCE                                                                                                                                   |                                         |  |
| See guidance on regulated entertainment                                                                                                                              |                                         |  |
| Will the schedule to provide performances of dance be subject to change if this application to vary is successful?                                                   |                                         |  |
| ⊖ Yes                                                                                                                                                                |                                         |  |
| Section 11 of 18                                                                                                                                                     |                                         |  |
| PROVISION OF ANYTHING OF A SIMILAR DESCRIPTION TO LIVE MUSIC, R<br>DANCE                                                                                             | ECORDED MUSIC OR PERFORMANCES OF        |  |
| See guidance on regulated entertainment                                                                                                                              |                                         |  |
| Will the schedule to provide anything similar to live music, recorded music or performances of dance be subject to change if this application to vary is successful? |                                         |  |
| ○ Yes                                                                                                                                                                |                                         |  |
| Section 12 of 18                                                                                                                                                     |                                         |  |
| PROVISION OF LATE NIGHT REFRESHMENT                                                                                                                                  |                                         |  |

| Continued from previous page                         |                      |                          |              |                                                                          |
|------------------------------------------------------|----------------------|--------------------------|--------------|--------------------------------------------------------------------------|
| Will the schedule to pro<br>this application to vary |                      | shment be subject to a   | change if    |                                                                          |
| ⊖ Yes                                                | No                   |                          |              |                                                                          |
| Section 13 of 18                                     |                      |                          |              |                                                                          |
| SUPPLY OF ALCOHOL                                    |                      |                          |              |                                                                          |
| Will the schedule to sup vary is successful?         | pply alcohol be subj | ect to change if this ap | plication to |                                                                          |
| • Yes                                                | O No                 |                          |              |                                                                          |
| Standard Days And Ti                                 | mings                |                          |              |                                                                          |
| MONDAY                                               |                      |                          |              | Provide timings in 24 hour clock                                         |
|                                                      | Start 08:00          | End                      | 01:00        | (e.g., 16:00) and only give details for the days                         |
|                                                      | Start                | End                      |              | of the week when you intend the premises<br>to be used for the activity. |
| TUESDAY                                              |                      |                          |              |                                                                          |
|                                                      | Start 08:00          | End                      | 01:00        |                                                                          |
|                                                      | Start                | End                      |              |                                                                          |
| WEDNESDAY                                            |                      |                          |              |                                                                          |
|                                                      | Start 08:00          | End                      | 01:00        |                                                                          |
|                                                      | Start Start          | End                      |              |                                                                          |
|                                                      |                      | LIIG                     |              |                                                                          |
| THURSDAY                                             |                      |                          |              |                                                                          |
|                                                      | Start 08:00          | End                      | 01:00        |                                                                          |
|                                                      | Start                | End                      |              |                                                                          |
| FRIDAY                                               |                      |                          |              |                                                                          |
|                                                      | Start 08:00          | End                      | 03:00        |                                                                          |
|                                                      | Start                | End                      |              |                                                                          |
| SATURDAY                                             |                      |                          |              |                                                                          |
|                                                      | Start 08:00          | End                      | 03:00        |                                                                          |
|                                                      | Start                | End                      |              |                                                                          |
| SUNDAY                                               |                      |                          |              |                                                                          |
|                                                      | Start 08:00          | End                      | 01:00        |                                                                          |
|                                                      | Start                | End                      |              |                                                                          |

| Continued from previous                             | page                          |                  |             |                                                                                                                                                                                                                                                                    |
|-----------------------------------------------------|-------------------------------|------------------|-------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Will the sale of alcohol b                          | be for consumption?           |                  |             |                                                                                                                                                                                                                                                                    |
| <ul> <li>On the premises</li> </ul>                 | <ul> <li>Off the p</li> </ul> | oremises 🔿       | Both        | If the sale of alcohol is for consumption on<br>the premises select on, if the sale of alcohol<br>is for consumption away from the premises<br>select off. If the sale of alcohol is for<br>consumption on the premises and away<br>from the premises select both. |
| State any seasonal varia                            | tions.                        |                  |             |                                                                                                                                                                                                                                                                    |
| For example (but not ex                             | clusively) where the          | activity will oc | cur on add  | itional days during the summer months.                                                                                                                                                                                                                             |
|                                                     |                               |                  |             |                                                                                                                                                                                                                                                                    |
| Non-standard timings. V<br>list below.              | Where the premises v          | vill be used for | the supply  | of alcohol at different times from those listed above,                                                                                                                                                                                                             |
| For example (but not ex                             | clusively), where you         | u wish the activ | ity to go o | n longer on a particular day e.g. Christmas Eve.                                                                                                                                                                                                                   |
|                                                     |                               |                  |             |                                                                                                                                                                                                                                                                    |
| Section 14 of 18                                    |                               |                  |             |                                                                                                                                                                                                                                                                    |
| ADULT ENTERTAINMEN                                  | NT                            |                  |             |                                                                                                                                                                                                                                                                    |
| Highlight any adult enter<br>premises that may give |                               |                  |             | rtainment or matters ancillary to the use of the                                                                                                                                                                                                                   |
| give rise to concern in re                          | espect of children, re        | gardless of wh   | ether you   | s or ancillary to the use of the premises which may<br>ntend children to have access to the premises, for<br>d age groups etc gambling machines etc.                                                                                                               |
| NONE                                                |                               |                  |             |                                                                                                                                                                                                                                                                    |
|                                                     |                               |                  |             |                                                                                                                                                                                                                                                                    |
| Section 15 of 18                                    |                               |                  |             |                                                                                                                                                                                                                                                                    |
| HOURS PREMISES ARE                                  | OPEN TO THE PUBL              | .IC              |             |                                                                                                                                                                                                                                                                    |
| Standard Days And Tir                               | nings                         |                  |             |                                                                                                                                                                                                                                                                    |
| MONDAY                                              |                               |                  |             | Provide timings in 24 hour clock                                                                                                                                                                                                                                   |
|                                                     | Start 08:00                   |                  | End 01      | :00 (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 08:00                   |                  | End 01      | :00                                                                                                                                                                                                                                                                |
|                                                     | Start                         |                  | End         |                                                                                                                                                                                                                                                                    |

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|------------------------------------------------------------------|---------------------------------|-----------------------------------------------------------------|
| WEDNESDAY                                                        |                                 |                                                                 |
| Start                                                            | 08:00                           | End 01:00                                                       |
| Start                                                            |                                 | End                                                             |
| THURSDAY                                                         |                                 |                                                                 |
| Start                                                            | 08:00                           | End 01:00                                                       |
| Start                                                            |                                 | End                                                             |
| FRIDAY                                                           |                                 |                                                                 |
| Start                                                            | 08:00                           | End 03:00                                                       |
| Start                                                            |                                 | End                                                             |
| SATURDAY                                                         |                                 |                                                                 |
| Start                                                            | 08:00                           | End 03:00                                                       |
| Start                                                            |                                 | End                                                             |
| SUNDAY                                                           |                                 |                                                                 |
| Start                                                            | 08:00                           | End 01:00                                                       |
| Start                                                            |                                 | End                                                             |
| State any seasonal variations.                                   |                                 |                                                                 |
| For example (but not exclusiv                                    | ely) where the activity will oc | cur on additional days during the summer months.                |
|                                                                  |                                 |                                                                 |
|                                                                  |                                 |                                                                 |
|                                                                  |                                 |                                                                 |
| Non standard timings. Where those listed above, list below.      |                                 | es to be open to the members and guests at different times from |
| For example (but not exclusiv                                    | ely), where you wish the activ  | rity to go on longer on a particular day e.g. Christmas Eve.    |
|                                                                  |                                 |                                                                 |
|                                                                  |                                 |                                                                 |
|                                                                  |                                 |                                                                 |
| Identify those conditions curre<br>proposed variation you are se |                                 | which you believe could be removed as a consequence of the      |
|                                                                  |                                 |                                                                 |
|                                                                  |                                 |                                                                 |
|                                                                  |                                 |                                                                 |
| I have enclosed the prer                                         | nises licence                   |                                                                 |

□ I have enclosed the relevant part of the premises licence

Reasons why I have failed to enclose the premises licence or relevant part of premises licence.

### Section 16 of 18

## 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.

The DPs is fully aware of his responsibilities

under the 2003 licensing act with regard to ensuring the Four licensing Objectives are being met. Detailed outlines of how this will be achieved are detailed below. The DPS has attained his level 2 APLH qualification.

The DPS will take full responsibility to ensure that all staff are fully trained with a comprehensive knowledge of challenge 25 and licensing Objectives under the 2003 licensing Act this training will be fully documented and refreshed every six months.

The DPS/PLH has operated this premises for

COVID 19 Special Arrangements have been made in relation to SOCIAL DISTANCING and with anti bacterial gels available for all customers and staff.

Staff have had additional training with regards to Covid 19 Goverment and Local Authority guidelines.

# b) The prevention of crime and disorder

1) In the event that crime or serious disorder is, or appears to have been, committed on the premises, the management will immediately ensure that:

(a) The police and, where appropriate, the London Ambulance Service, are called immediately.

(b) As far as is safe and reasonably practicable, all measures will be taken to apprehend any identified suspects pending the arrival of the police.

(c) As far as is safe and reasonably practicable, all measures will be taken to preserve any identified crime scene pending the arrival of the police.

(d) Any and all appropriate measures are taken to fully protect the safety of all persons

present on the premises always during operating hours.

2) An incident log shall be kept at the premises, and made available on request to the police or an authorised officer, which will record:

(a) Any and all allegations of crime or disorder reported at the venue

(b) Any and all complaints received by any party

(c) Any faults in the CCTV system

(d) Any visit by a relevant authority or emergency service

(e) Any and all ejections of patrons

(f) Any refusal of the sale of alcohol

3) CCTV shall be installed, operated, and maintained, to function all times that the premises

is open for licensable activities. Said CCTV will comply with the following criteria:

(a) The licensee will ensure that the system is checked every two weeks to ensure that the

system is working properly and that the date and time are correct.

(b) A record of these checks, showing the date and name of the person checking, will be kept and made available to the police or other authorised officer on request.

(c) The Police will be informed if the system will not be operating for longer than one day of business for any reason.

(d) One camera will show a close-up of the entrance to the premises, to capture a clear, full length image of anyone entering. (e) The system will provide full coverage of the interior of the premises and any exterior part of the premises accessible to the public. (f) The system will record in real time and recordings will be date and time stamped. (g) At all times during operating hours, there will be at least 1 member of staff on the premises who can operate the system sufficiently to allow Police or authorised Council officers to view footage on request. (h) Recordings will be kept for a minimum of 31 days and downloaded footage will be provided free of charge to the police or other authorised officers on request (subject to the Data Protection Act 2018) within 24 hours of any request. (i) Signage stating that CCTV is in operation will be clearly and prominently displayed at the premises. 4) The premises will operate the 'Challenge 25' proof of age scheme. (a) All staff will be fully trained in its operation. (b) Only suitable forms of photographic identification, such as passport or UK driving licence, or a holographically marked PASS scheme card, will be accepted. 5) The licence holder will always maintain MIN 2 MEMBERS OF STAFF AFTER 18:00 6) The licensee shall ensure that all staff are trained on relevant matters, including the conditions of the premises licence, age restricted products and [if they are ever left in charge of the shop] the operation of the CCTV system and how to deal with visits from authorised officers. The licensee shall keep written records of training and instructions given to each member of staff, detailing the areas covered to include the Licensing Objectives, identifying persons under 25, making a challenge, acceptable proof of age & checking it, making & recording a refusal, avoiding conflict & responsible alcohol retailing. Staff shall sign to confirm that they have received and understood the training. All staff who work at the till will be trained for their role on induction and be given refresher training every six months. The written training records kept for each staff member will be produced to police & authorised council officers on request. 7) The premises licence holder shall endeavour to eliminate or minimise any nuisance arising out of its licensable activities. In doing so the premises licence holder will work with enforcement authorities where any issues are identified. A complaints procedure will be maintained in order that local residents have a means of contact if necessary. A direct telephone number for the manager at the premises shall be publicly available at the times the premises is open. The telephone number is to be made available to residents and businesses in the vicinity.

8) The supply of alcohol shall be strictly for OFF sales only

9) The premises licence holder shall ensure that there is no loitering of customers outside of the shop and to ensure that there is no public nuisance or obstruction of the public highway.

c) Public safety

The installed digital CCTV system will record for 31 days all public areas of the premises which will monitor all public safety issues. The DPS will be responsible to carry out a fire and health and safety risk assessments for licensed premises all notices in relation to public health and safety will be displayed.

The DPS will ensure that the premises operates in line with existing health and safety legislation and is aware that it is also the responsibility of the premises licence holder that this legislation is adhered to.

All fire equipment is provided and properly maintained.

Fire exits will checked clearly signed and kept clear of any obstruction at all times.

Signs informing the public of cctv in operation

d) The prevention of public nuisance

The DPS and the Premises Licence holder are responsible for ensuring that the premises do not cause any nuisance to the local residents, other business operators or the general public. They will monitor the external areas of the premises in relation to public nuisance or antisocial behaviour.

• In the event of a noise/nuisance complaint substantiated by an authorised officer, the licensee shall take appropriate measures in order to prevent any recurrence.

• Prominent, clear and legible notices must be displayed at exits requesting the public to respect the needs of local residents and to leave the premises and the area quietly.

• No rubbish will be moved, removed or placed in bins outside the premises between 23:00 - 07:00hrs.

• The collection of refuse or delivery of consumables shall be restricted to the hours between 07:00 and 23:00 Monday-Saturday. No deliveries or waste collections shall be made on a Sunday or Bank Holiday.

• The delivery of licensable goods shall be restricted to the hours between 07:00 and 23:00 Monday-Saturday. No deliveries shall be made on a Sunday or Bank Holiday.

• The outside frontage shall be swept and cleared of any rubbish and smoking litter associated with the business at the end of trade each evening.

• The shutters to the front of the premises shall be maintained so as not to cause a noise nuisance when in operation to residential properties in close vicinity.

e) The protection of children from harm

A challenge 25 proof of age scheme shall operate at the premises. Signage shall be displayed advising customers that the scheme is in place. All staff authorised to sell alcohol will be trained in the Challenge 25 scheme and this training will be documented to include the date the training was given, the name of the person who gave the training, the person who received the training and signatures by both trainer and trainee.

The DPS will ensure that all staff receive fully documented training in relation to Challenge 25 and the licensing Objectives. A refusal book will be kept on the premises for inspection by the authorities. All necessary signage will be displayed with regard to challenge 25 and the fact that NO ID NO SALE policy is in place.

A personal Licence holder will be on duty throughout the time of licensable activity is taking place to authorise any sale of Alcohol.

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NOTES ON REGULATED ENTERTAINMENT

In terms of specific regulated entertainments please note that:

- Plays: no licence is required for performances between 08:00 and 23.00 on any day, provided that the audience does not exceed 500.
- Films: no licence is required for 'not-for-profit' film exhibition held in community premises between 08.00 and 23.00 on any day provided that the audience does not exceed 500 and the organiser (a) gets consent to the screening from a person who is responsible for the premises; and (b) ensures that each such screening abides by age classification ratings.
- Indoor sporting events: no licence is required for performances between 08.00 and 23.00 on any day, provided that the audience does not exceed 1000.
- Boxing or Wrestling Entertainment: no licence is required for a contest, exhibition or display of Greco-Roman wrestling, or freestyle wrestling between 08.00 and 23.00 on any day, provided that the audience does not exceed 1000. Combined fighting sports defined as a contest, exhibition or display which combines boxing or wrestling with one or more martial arts are licensable as a boxing or wrestling entertainment rather than an indoor sporting event.
- Live music: no licence permission is required for:
  - o a performance of unamplified live music between 08.00 and 23.00 on any day, on any premises.
  - o a performance of amplified live music between 08.00 and 23.00 on any day on premises authorised to sell alcohol for consumption on those premises, provided that the audience does not exceed 500.
  - o a performance of amplified live music between 08.00 and 23.00 on any day, in a workplace that is not licensed to sell alcohol on those premises, provided that the audience does not exceed 500.
  - o a performance of amplified live music between 08.00 and 23.00 on any day, in a church hall, village hall, community hall, or other similar community premises, that is not licensed by a premises licence to sell alcohol, provided that (a) the audience does not exceed 500, and (b) the organiser gets consent for the performance from a person who is responsible for the premises.
  - o a performance of amplified live music between 08.00 and 23.00 on any day, at the non-residential premises of (i) a local authority, or (ii) a school, or (iii) a hospital, provided that (a) the audience does not exceed 500, and (b) the organiser gets consent for the performance on the relevant premises from: (i) the local authority concerned, or (ii) the school or (iii) the health care provider for the hospital.
  - Recorded Music: no licence permission is required for:
    - o any playing of recorded music between 08.00 and 23.00 on any day on premises authorised to sell alcohol for consumption on those premises, provided that the audience does not exceed 500.
    - o any playing of recorded music between 08.00 and 23.00 on any day, in a church hall, village hall, community hall, or other similar community premises, that is not licensed by a premises licence to sell alcohol, provided that (a) the audience does not exceed 500, and (b) the organiser gets consent for the performance from a person who is responsible for the premises.
    - o any playing of recorded music between 08.00 and 23.00 on any day, at the non-residential premises of (i) a local authority, or (ii) a school, or (iii) a hospital, provided that (a) the audience does not exceed 500, and (b) the organiser gets consent for the performance on the relevant premises from: (i) the local authority concerned, or (ii) the school proprietor or (iii) the health care provider for the hospital.

- Dance: no licence is required for performances between 08.00 and 23.00 on any day, provided that the audience does not exceed 500. However, a performance which amounts to adult entertainment remains licensable.
- Cross activity exemptions: no licence is required between 08.00 and 23.00 on any day, with no limit on audience size for:
  - any entertainment taking place on the premises of the local authority where the entertainment is provided 0 by or on behalf of the local authority;
  - any entertainment taking place on the hospital premises of the health care provider where the 0 entertainment is provided by or on behalf of the health care provider;
  - any entertainment taking place on the premises of the school where the entertainment is provided by or o on behalf of the school proprietor; and
  - any entertainment (excluding films and a boxing or wrestling entertainment) taking place at a travelling 0 circus, provided that (a) it takes place within a moveable structure that accommodates the audience, and (b) that the travelling circus has not been located on the same site for more than 28 consecutive days.

### Section 18 of 18

## **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.

Variation 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 If you own a large premise 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

\* Fee amount (£)

190.00

# DECLARATION

I/WE UNDERSTAND THAT 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 FINF OF ANY AMOUNT.

 $\boxtimes$ Ticking this box indicates you have read and understood the above declaration

| Continued from previous page                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                               |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| This section should be completed by the applicant, unless you answered "Yes" to the question "Are you an agent acting on behalf of the applicant?"                                                                                |                                                                                                                                                                                                                                                                                                                                                               |  |  |
| * Full name                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                               |  |  |
| * Capacity                                                                                                                                                                                                                        | DULY AUTHORISED AGENT                                                                                                                                                                                                                                                                                                                                         |  |  |
| * Date                                                                                                                                                                                                                            | 10     /     08     /     2022       dd     mm     yyyy                                                                                                                                                                                                                                                                                                       |  |  |
|                                                                                                                                                                                                                                   | Add another signatory                                                                                                                                                                                                                                                                                                                                         |  |  |
| 1. Save this form to your comp<br>2. Go back to <u>https://www.go</u><br>with your application.                                                                                                                                   | Once you're finished you need to do the following:<br>1. Save this form to your computer by clicking file/save as<br>2. Go back to <u>https://www.gov.uk/apply-for-a-licence/premises-licence/harrow/change-1</u> to upload this file and continue<br>with your application.<br>Don't forget to make sure you have all your supporting documentation to hand. |  |  |
| 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. |                                                                                                                                                                                                                                                                                                                                                               |  |  |
| OFFICE USE ONLY                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                               |  |  |
|                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                               |  |  |
| Applicant reference number                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                               |  |  |
| Fee paid                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                               |  |  |
| Payment provider reference                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                               |  |  |
| ELMS Payment Reference                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                               |  |  |
| Payment status                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                               |  |  |
| Payment authorisation code                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                               |  |  |
| Payment authorisation date                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                               |  |  |
| Date and time submitted                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                               |  |  |
| Approval deadline                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                               |  |  |
| Error message                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                               |  |  |
| Is Digitally signed                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                               |  |  |
| <b>1</b> <u>2</u> <u>3</u> <u>4</u>                                                                                                                                                                                               | <u>5 6 7 8 9 10 11 12 13 14 15 16 17 18</u> Next >                                                                                                                                                                                                                                                                                                            |  |  |