



Application for a premises licence to be granted under the Licensing Act 2003

(1)

Reference number:

PLEASE READ THE FOLLOWING INSTRUCTIONS FIRST

Before completing this form please read the guidance notes at the end of the form. If you are completing this form by hand please write legibly in block capitals. In all cases ensure that your answers are inside the boxes and written in black ink. Use additional sheets if necessary. You may wish to keep a copy of the completed form for your records

(2) I/We

apply for a premises licence under section 17 the Licensing Act 2003 for the premises described in Part 1 below (the premises) and I/we are making this application to you as the relevant licensing authority in accordance with section 12 of the Licensing Act 2003

Part 1- Premises details

Postal address of premises or, if none, Ordnance Survey map reference or description PLAZA FOODS (LONDON) LTD 27-33 UXBRIDGE ROAD HAYS. MIDDLESEX.	
Post town HAYS	Postcode UB4 0JN.

Telephone number at premises (if any)

020 8569 2512.

Non-domestic rateable value of premises

£ NOT ASSESSED.

Part 2- Applicant details

Please state whether you are applying for a premises licence as

- Please tick ✓ yes
- a) an individual or individuals* please complete section (A)
 - b) a person other than an individual*
 - i. as a limited company please complete section (B)
 - ii. as a partnership please complete section (B)
 - iii. as an unincorporated association; or please complete section (B)
 - iv. other (for example a statutory corporation) please complete section (B)

(1) Insert name and address of relevant licensing authority and its reference number (optional)
(2) Insert name(s) of applicant

- c) a recognised club please complete section (B)
- d) a charity please complete section (B)
- e) the proprietor of an educational establishment please complete section (B)
- f) a health service body please complete section (B)
- g) a person who is registered under Part 2 of the Care Standards Act 2000 (c14) in respect of an independent hospital please complete section (B)
- h) the chief officer of police of a police force in England and Wales please complete section (B)

* If you are applying as a person described in (a) or (b) please confirm:

- I am carrying on or proposing to carry on a business which involves the use of the premises for licensable activities; or Please tick ✓ yes
- I am making the application pursuant to
 - a statutory function; or
 - a function discharged by virtue of Her Majesty's prerogative

(A) INDIVIDUAL APPLICANTS (fill in as applicable)

Mr Mrs Miss Ms Other title
(for example, Rev)

Surname First names

I am 18 years old or over Please tick ✓ yes
Date of birth

Day	Month	Year

Current postal address if different from premises address

Post town Postcode

Daytime contact telephone number

E-mail address (optional)

SECOND INDIVIDUAL APPLICANT (if applicable)

Mr Mrs Miss Ms Other title (for example, Rev)

Surname First names

I am 18 years old or over Please tick ✓ yes Date of birth

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

Current postal address if different from premises address

Post town Postcode

Daytime contact telephone number

E-mail address (optional)

(B) OTHER APPLICANTS

Please provide name and registered address of applicant in full. Where appropriate please give any registered number. In the case of a partnership or other joint venture (other than a body corporate), please give the name and address of each party concerned.

Name	PLAZA FOODS (LONDON) LTD. - GROUND FLOOR, SUNRISE PLAZA.
Address	GROUND FLOOR SUNRISE PLAZA 27-33 WYBRIDGE ROAD. HAYS W13 4 0JN
Registered number (where applicable)	6994753
Description of applicant (for example partnership, company, unincorporated association etc.)	LIMITED COMPANY.
Telephone number (if any)	0208569 2512.
E-mail address (optional)	SONJA@SUNRISE RADIO.COM

Part 3- Operating Schedule

When do you want the premises licences to start?

Day	Month	Year			
A	S	A	F		

If you wish the licence to be valid only for a limited period, when do you want it to end?

Day	Month	Year			

Please give a general description of the premises (please read guidance note 1)

PLAZA FOODS (LONDON) LTD WILL BE
OPERATING A CASH AND CARRY
WITHIN THE GROUND FLOOR OF THE
SUNRISE PLAZA BUILDING
APPLICATION IS FOR AN OFF LICENCE.

If 5,000 or more people are expected to attend the premises at any one time, please state the number expected to attend

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What licensable activities do you intend to carry on from the premises?
(Please see sections 1 and 14 of the Licensing Act 2003 and Schedule 1 and 2 to the Licensing Act 2003)

Provision of regulated entertainment

Please tick yes

- a) plays (if ticking yes, fill in box A)
- b) films (if ticking yes, fill in box B)
- c) indoor sporting events (if ticking yes, fill in box C)
- d) boxing or wrestling entertainment (if ticking yes, fill in box D)
- e) live music (if ticking yes, fill in box E)
- f) recorded music (if ticking yes, fill in box F)
- g) performances of a dance (if ticking yes, fill in box G)
- h) anything of a similar description to that falling within (e), (f) or (g) (if ticking yes, fill in box H)

Provision of entertainment facilities for:

- i) making music (if ticking yes, fill in box I)
- j) dancing (if ticking yes, fill in box J)
- k) entertainment of a similar description to that falling within (i) or (j) (if ticking yes, fill in box K)

Provision of late night refreshment (if ticking yes, fill in box L)

Supply of alcohol (if ticking yes, fill in box M)

In all cases complete boxes N, O and P

A

Plays			Will the performance of a play take place indoors or outdoors or both - please tick <input checked="" type="checkbox"/> (please read guidance note 2) Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Both <input type="checkbox"/>
Day	Start	Finish	
Mon			Please give further details here (please read guidance note 3)
Tue			State any seasonal variations for performing plays (please read guidance note 4)
Wed			Non-standard timings. Where you intend to use the premises for the performance of plays at different times from those listed in the column on the left, please list (please read guidance note 5)
Thur			
Fri			
Sat			
Sun			

B

Films			Will the exhibition of films take place indoors or outdoors or both - please tick <input checked="" type="checkbox"/> (please read guidance note 2) Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Both <input type="checkbox"/>
Day	Start	Finish	
Mon			Please give further details here (please read guidance note 3)
Tue			State any seasonal variations for the exhibition of films (please read guidance note 4)
Wed			Non-standard timings. Where you intend to use the premises for the exhibition of films at different times from those listed in the column on the left, please list (please read guidance note 5)
Thur			
Fri			
Sat			
Sun			

C

Indoor sporting events Standard days and timings (please read guidance note 6)			Please give further details here (please read guidance note 3)
Day	Start	Finish	
Mon			State any seasonal variations for indoor sporting events (please read guidance note 4)
Tue			
Wed			
Thur			Non-standard timings. Where you intend to use the premises for indoor sporting events at different times from those listed in the column on the left, please list (please read guidance note 5)
Fri			
Sat			
Sun			

D

Boxing or wrestling entertainments Standard days and timings (please read guidance note 6)			Will the boxing or wrestling entertainment take place indoors or outdoors or both - please tick <input checked="" type="checkbox"/> (please read guidance note 2)
Day	Start	Finish	Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Both <input type="checkbox"/>
Mon			Please give further details here (please read guidance note 3)
Tue			
Wed			State any seasonal variations for boxing or wrestling entertainment (please read guidance note 4)
Thur			
Fri			Non-standard timings. Where you intend to use the premises for boxing or wrestling entertainment at different times from those listed in the column on the left, please list (please read guidance note 5)
Sat			
Sun			

E

Live music			Will the performance of live music take place indoors or outdoors or both - please tick <input checked="" type="checkbox"/> (please read guidance note 2) Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Both <input type="checkbox"/>	
Standard days and timings (please read guidance note 6)				
Day	Start	Finish	Please give further details here (please read guidance note 3)	
Mon				
Tue				
Wed				State any seasonal variations for the performance of live music (please read guidance note 4)
Thur				
Fri			Non-standard timings. Where you intend to use the premises for the performance of live music at different times from those listed in the column on the left, please list (please read guidance note 5)	
Sat				
Sun				

F

Recorded music			Will the playing of recorded music take place indoors or outdoors or both - please tick <input checked="" type="checkbox"/> (please read guidance note 2) Indoors <input checked="" type="checkbox"/> Outdoors <input type="checkbox"/> Both <input type="checkbox"/>
Standard days and timings (please read guidance note 6)			
Day	Start	Finish	Please give further details here (please read guidance note 3)
Mon	0900	2400	
			State any seasonal variations for the playing of recorded music (please read guidance note 4)
Tue	0900	2400	
			Non-standard timings. Where you intend to use the premises for the playing of recorded music entertainment at different times from those listed in the column on the left, please list (please read guidance note 5)
Wed	0900	2400	
Thur	0900	2400	
Fri	0900	2400	
Sat	0900	2400	
Sun	0900	2400	

G

Performances of dance			Will the performance of dance take place indoors or outdoors or both - please tick <input checked="" type="checkbox"/> (please read guidance note 2) Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Both <input type="checkbox"/>	
Standard days and timings (please read guidance note 6)				
Day	Start	Finish	Please give further details here (please read guidance note 3)	
Mon				
Tue				
Wed				State any seasonal variations for the performance of dance (please read guidance note 4)
Thur				
Fri			Non-standard timings. Where you intend to use the premises for the performance of dance entertainment at different times from those listed in the column on the left, please list (please read guidance note 5)	
Sat				
Sun				

H

Anything of a similar description to that falling within (e), (f) or (g)			Please give a description of the type of entertainment you will be providing
Standard days and timings (please read guidance note 6)			
Day	Start	Finish	Will this entertainment take place indoors or outdoors or both - please tick <input checked="" type="checkbox"/> (please read guidance note 2) Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Both <input type="checkbox"/>
Mon			
			Please give further details here (please read guidance note 3)
Tue			
Wed			State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g) (please read guidance note 4)
Thur			
Fri			
			Non-standard timings. Where you intend to use the premises for the entertainment of similar description to that falling within (e), (f) or (g) at different times from those listed in the column on the left, please list (please read guidance note 5)
Sat			
Sun			

Provision of facilities for making music			Please give a description of the facilities for making music you will be providing
Standard days and timings (please read guidance note 6)			Will the facilities for making music be indoors or outdoors or both - please tick <input checked="" type="checkbox"/> (please read guidance note 2) Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Both <input type="checkbox"/>
Day	Start	Finish	
Mon			Please give further details here (please read guidance note 3)
Tue			State any seasonal variations for the provision off acilities for making music (please read guidance note 4)
Wed			Non-standard timings. Where you intend to use the premises for provision of facilities for making music at different times from those listed in the column on the left, please list (please read guidance note 5)
Thur			
Fri			
Sat			
Sun			

J

Provision of facilities for dancing			Please give a description of the facilities for dancing you will be providing
Standard days and timings (please read guidance note 6)			Will the facilities for dancing be indoors or outdoors or both - please tick <input checked="" type="checkbox"/> (please read guidance note 2) Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Both <input type="checkbox"/>
Day	Start	Finish	
Mon			Please give further details here (please read guidance note 3)
Tue			State any seasonal variations for providing dancing facilities (please read guidance note 4)
Wed			Non-standard timings. Where you intend to use the premises for the provision of facilities for dancing entertainment at different times from those listed in the column of the left, please list (please read guidance note 5)
Thur			
Fri			
Sat			
Sun			

K

Provision of facilities for entertainment of a similar description to that falling within I or J Standard days and timings (please read guidance note 6)			Please give a description of the type of entertainment facility you will be providing
			Will the entertainment facility be indoors or outdoors or both - please tick <input checked="" type="checkbox"/> (please read guidance note 2) Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Both <input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 3)
Mon			
Tue			State any seasonal variations for the provision of facilities for entertainment of a similar description to that falling within I or J (please read guidance note 4)
Wed			
Thur			Non-standard timings. Where you intend to use the premises for the provision of facilities for entertainment of a similar description to that falling within I or J at different times from those listed in the column on the left, please list (please read guidance note 5)
Fri			
Sat			
Sun			

Late night refreshment			Will the provision of late night refreshment take place indoors or outdoors or both - please tick <input checked="" type="checkbox"/> (please read guidance note 2)
Standard days and timings (please read guidance note 6)			
Day	Start	Finish	Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Both <input type="checkbox"/>
Mon			Please give further details here (please read guidance note 3)
Tue			State any seasonal variations for the provision of late night refreshment (please read guidance note 4)
Wed			Non-standard timings. Where you intend to use the premises for the provision of late night refreshment at different times from those listed in the column on the left, please list (please read guidance note 5)
Thur			
Fri			
Sat			
Sun			

M

Supply of alcohol			Will the sale of alcohol be for consumption - please tick box <input checked="" type="checkbox"/> (please read guidance note 7)
Standard days and timings (please read guidance note 6)			
Day	Start	Finish	On the premises <input checked="" type="checkbox"/> Off the premises <input checked="" type="checkbox"/> Both <input type="checkbox"/>
Mon	0800	2400	State any seasonal variations for the supply of alcohol (please read guidance note 4)
Tue	0800	2400	Non-standard timings. Where you intend to use the premises for the supply of alcohol at different times from those listed in the column on the left, please list (please read guidance note 5)
Wed	0800	2400	
Thur	0800	2400	
Fri	0800	2400	
Sat	0800	2400	
Sun	0800	2400	

State the name and details of the individual whom you wish to specify on the licence as premises supervisor

Name **PARI SOBRAMANIAN**
 Address **2 FITZROY COURT**
6 WHITE HORSE ROAD
 Postcode **CR0 2AX**
 Personal Licence number (if known) **PL11060**
 Issuing licensing authority (if known) **PLYMOUTH CITY COUNCIL**

N

Please highlight any adult entertainment or services, activities, other entertainment or matters ancillary to the use of the premises that may give rise to concern in respect of children (please read guidance note 8)

OFF LICENCE USE ONLY.

O

Hours premises are open to the public

Standard days and timings
 (please read guidance note 6)

Day	Start	Finish
Mon	0900	2400
Tue	0800	2400
Wed	0800	2400
Thur	0800	2400
Fri	0800	2400
Sat	0800	2400
Sun	0800	2400

State any seasonal variations (please read guidance note 4)

Non-standard timings. Where you intend to use the premises to be open to the public at different times from those listed in the column on the left, please list (please read guidance note 5)

P Describe the steps you intend to take to promote the four licensing objectives:
(please read guidance note 9)

a) General - all four licensing objectives (b, c, d, e)

This application is by Plaza Foods (London) Ltd for sale by retail of alcohol for consumption off the premises at Ground Floor Sunrise Plaza. The business is a Cash and Carry and all staff involved in the sale of alcohol will be trained. The Cash and Carry Management will work in partnership with the local community in the promotion of the licensing objectives.

b) The prevention of crime and disorder

CCTV is used at the premises to monitor and record customers - footage is kept for 31 days. Staff training is given so that persons under the age of 18 are not sold alcohol- this is in the form of a challenge 21 scheme.

Proof of age cards that the Cash and Carry staff will accept are valid photo card schemes, passport or driving license.

The taking of open containers of alcohol from Plaza Foods demise is not permitted
Crime prevention notices are in place

c) Public safety

The location, width and position of the doors and exits has been planned to aid the escape of persons from the premises in consultation with our Fire Safety Consultant.
Automated fire alarm system is in place at the Cash and Carry- including call points, sounders and detectors

Emergency Lighting is installed in case of power failure

Portable fire fighting equipment is in place

Risk assessments are carried out by the management and staff on an ongoing basis

Exit signage is in place

Door have been fitted with facilities to aid the exit from the premises

d) The prevention of public nuisance

Noise from the premises shall not be such that causes nuisance to other properties within the vicinity of the area.

All refuse will be placed in waste containers to be collected by our contractor.

e) The protection of children from harm

As above,

A proof of age card system is in operation at the Cash and Carry

Staff are trained in how to use the age card system so that persons under 18 are not served alcohol

Computer prompts are in place to further aid the promotion of this objective.

CHECKLIST:

- I have made or enclosed payment of the fee
- I have enclosed the plan of the premises
- I have sent copies of this application and the plan to responsible authorities and others where applicable
- I have enclosed the consent form completed by the individual I wish to be premises supervisor, if applicable
- I understand that I must now advertise my application
- I understand that if I do not comply with the above requirements my application will be rejected

Please tick yes

IT IS AN OFFENCE, LIABLE ON CONVICTION TO A FINE UP TO LEVEL 5 ON THE STANDARD SCALE, UNDER SECTION 158 OF THE LICENSING ACT 2003 TO MAKE A FALSE STATEMENT IN OR IN CONNECTION WITH THIS APPLICATION

Part 4- Signatures (please read guidance note 10)

Signature of applicant or applicant's solicitor or other duly authorised agent. (Please read guidance note 11)
If signing on behalf of the applicant please state in what capacity.

Signature

Date

14/5/10

Capacity

DEVELOPMENT MGR

For joint applications signature of 2nd applicant, 2nd applicant's solicitor or other authorised agent.
(Please read guidance note 12)

If signing on behalf of the applicant please state in what capacity.

Signature

Date

Capacity

Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 13)	
RICHARD W. SALTZ SUNRISE HOUSE BRIDGE ROAD SOUTHALL	
Post town SOUTHALL	Postcode UB2 4AT
Telephone number (if any) 07779 63698	
If you would prefer us to correspond with you by e-mail your e-mail address (optional) rjew2000@gmail.com	

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DRAWING No.	1263PL06
SCALE	1:100 (A1)
DATE	16th March 2010
DRAWN BY	Husseln

CUSTOMER DETAILS
 Company Name: Sunrise
 Address: Hayes Middlesex
 Contact:
 Tel:

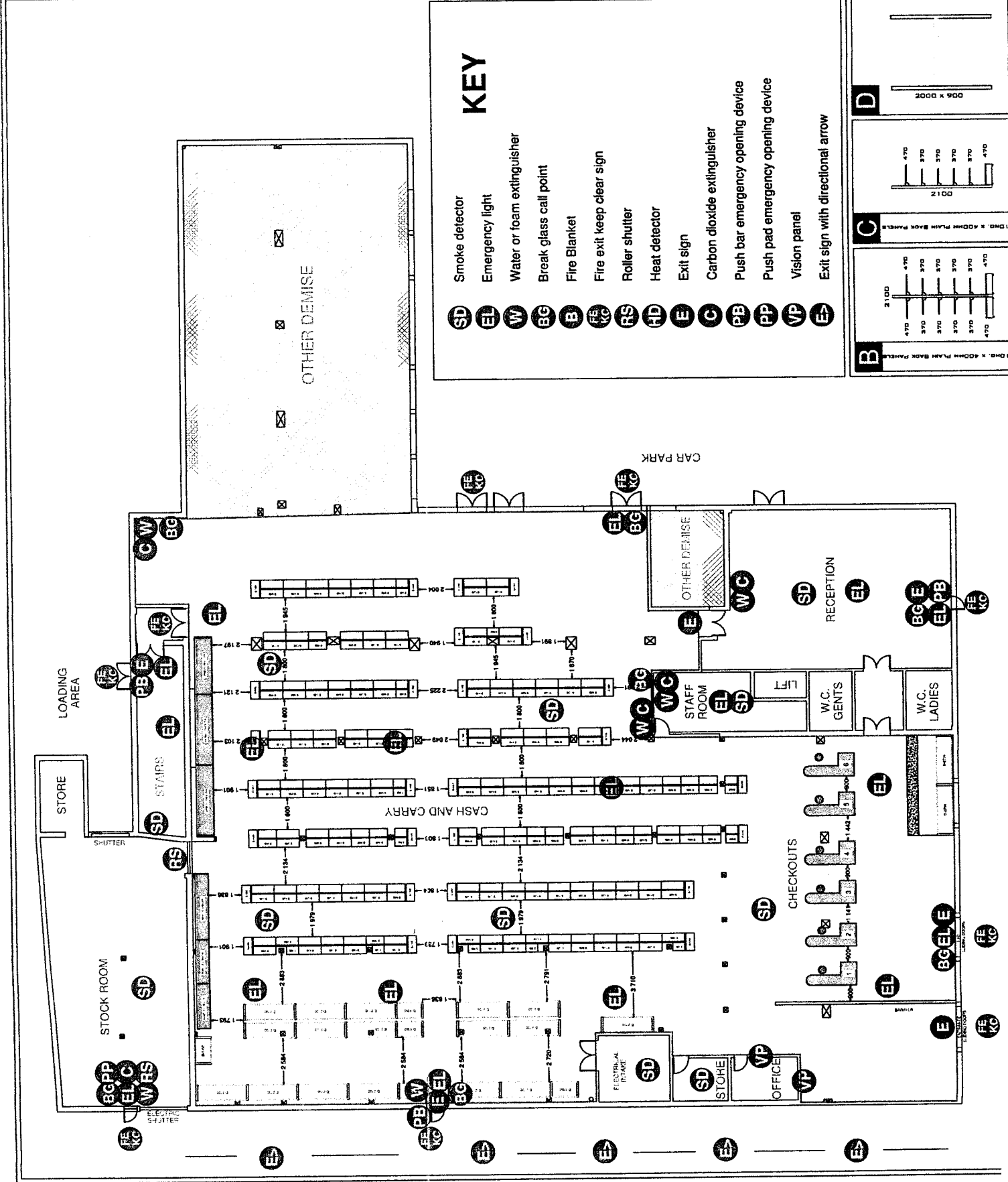
DESCRIPTION Proposed Shop Layout
 APPROVAL

Please sign below to indicate approval of layout and components. Any further alterations will be charged for separately.

Client Signature:

Date:

TRADING AREA



KEY

- SD** Smoke detector
- EL** Emergency light
- W** Water or foam extinguisher
- BG** Break glass call point
- B** Fire Blanket
- FE** Fire exit keep clear sign
- KC** Roller shutter
- RS** Heat detector
- HD** Exit sign
- E** Carbon dioxide extinguisher
- C** Push bar emergency opening device
- PB** Push pad emergency opening device
- PP** Vision panel
- VP** Exit sign with directional arrow
- EA** Exit sign with directional arrow

