

APPENDIX ①



HILLINGDON
LONDON

Application to vary a premises licence under the Licensing Act 2003

Reference number:

(1) To Licensing Service, London Borough of Hillingdon
Civic Centre, Uxbridge UB8 1UW

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 ROWVALE LTD T/A RAJDOOT TANDOORI RESTAURANT

being the premises licence holder, apply to vary
a premises licence under section 34 of the Licensing Act 2003 for the premises described in
Part 1 below

Premises licence number 108/05

Part 1 - Premises details

Postal address of premises or, if none, Ordnance Survey map reference or description <u>RAJDOOT TANDOORI RESTAURANT</u> <u>59 WINDMILL HILL</u>	
Post town <u>RUISLIP</u>	Postcode <u>HA4 8PU</u>

Telephone number at premises (if any)	<u>01895 675284</u>
Non-domestic rateable value of premises	<u>£ 8400 AT PRESENT</u>

Part 2 - Applicant details

Daytime contact telephone number 01895 675284

E-mail address (optional)

Current postal address if different from premises address <u>ROWVALE LTD T/A RAJDOOT TANDOORI RESTAURANT</u> <u>59 WINDMILL HILL</u>	
Post town <u>RUISLIP</u>	Postcode <u>HA4 8PU</u>

(1) Insert name and address of relevant licensing authority and its reference number (optional)
(2) Insert name(s) of applicant COMPANY REG NO 6591550

Part 3 - Variation

Please tick yes

Do you want the proposed variation to have effect as soon as possible?

If not do you want the variation to take effect from

Day		Month		Year	

Please describe briefly the nature of the proposed variation (Please read guidance note 1)

EXTEND RESTAURANT INTO NEXT DOOR PREMISES
REGULATED ENTERTAINMENT FOR CUSTOMERS TAKING
TABLE MEALS

INCREASE MAXIMUM NUMBER OF PERSONS TO 120.

PERMIT DRINKS WITHOUT MEAL.

EXTEND HOURS

IF AS FITTED DRAWING WILL BE SUPPLIED PRIOR
TO LICENCE ISSUE. - FIRE SAFETY.

If your proposed variation would mean that 5,000 or more people are expected to attend the premises at any one time, please state the number expected to attend

Part 4 - Operating Schedule

Please complete those parts of the Operating Schedule below which would be subject to change if this application to vary is successful.

Provision of regulated entertainment

Please tick yes

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

Provision of entertainment facilities for:

- | | |
|---|-------------------------------------|
| i) making music (if ticking yes, fill in box I) | <input checked="" type="checkbox"/> |
| j) dancing (if ticking yes, fill in box J) | <input checked="" type="checkbox"/> |
| k) entertainment of a similar description to that falling within (i) or (j) (if ticking yes, fill in box K) | <input checked="" type="checkbox"/> |

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

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

C**Indoor sporting events**Standard days and timings
(please read guidance note 6)

Day	Start	Finish
Mon		
Tue		
Wed		
Thur		
Fri		
Sat		
Sun		

Please give further details here (please read guidance note 3)

State any seasonal variations for indoor sporting events
(please read guidance note 4)

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)

D**Boxing or wrestling entertainments**Standard days and timings
(please read guidance note 6)

Day	Start	Finish
Mon		
Tue		
Wed		
Thur		
Fri		
Sat		
Sun		

Will the boxing or wrestling entertainment take place indoors or outdoors or both - please tick (please read guidance note 2)Indoors Outdoors Both

Please give further details here (please read guidance note 3)

State any seasonal variations for boxing or wrestling entertainment
(please read guidance note 4)

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)

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 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	1100	0300	
Tue	1100	0300	State any seasonal variations for the performance of live music (please read guidance note 4)
Wed	1100	0300	
Thur	1100	0300	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)
Fri	1100	0300	
Sat	1100	0300	
Sun	1100	0300	

As box M

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	1100	0300	
Tue	1100	0300	State any seasonal variations for the playing of recorded music (please read guidance note 4)
Wed	1100	0300	
Thur	1100	0300	Non-standard timings. Where you intend to use the premises for the playing of recorded music at different times from those listed in the column on the left, please list (please read guidance note 5)
Fri	1100	0300	
Sat	1100	0300	
Sun	1100	0300	

As box M

G**Performances of dance**Standard days and timings
(please read guidance note 6)

Day	Start	Finish
Mon	1100	0300
Tue	1100	0300
Wed	1100	0300
Thur	1100	0300
Fri	1100	0300
Sat	1100	0300
Sun	1100	0300

Will the performance of dance take place indoors or outdoors or both
- please tick (please read guidance note 2)Indoors Outdoors Both

Please give further details here (please read guidance note 3)

State any seasonal variations for the performance of dance
(please read guidance note 4)

As Box M

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

H**Anything of a similar description to that falling within (e), (f) or (g)**Standard days and timings
(please read guidance note 6)

Day	Start	Finish
Mon	1100	0300
Tue	1100	0300
Wed	1100	0300
Thur	1100	0300
Fri	1100	0300
Sat	1100	0300
Sun	1100	0300

Please give a description of the type of entertainment you will be providing

Will this entertainment take place indoors or outdoors or both
- please tick (please read guidance note 2)Indoors Outdoors Both

Please give further details here (please read guidance note 3)

State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g) (please read guidance note 4)

As Box M

Non-standard timings. Where you intend to use the premises for entertainment of a 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)

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)
Day	Start	Finish	Indoors <input checked="" type="checkbox"/> Outdoors <input type="checkbox"/> Both <input type="checkbox"/>
Mon	1100	0300	Please give further details here (please read guidance note 3)
Tue	1100	0300	
Wed	1100	0300	State any seasonal variations for the provision of facilities for making music (please read guidance note 4)
Thur	1100	0300	
Fri	1100	0300	Non-standard timings. Where you intend to use the premises for provision of facilities for making music entertainment at different times from those listed in the column on the left, please list (please read guidance note 5)
Sat	1100	0300	
Sun	1100	0300	

As Box M

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)
Day	Start	Finish	Indoors <input checked="" type="checkbox"/> Outdoors <input type="checkbox"/> Both <input type="checkbox"/>
Mon	1100	0300	Please give further details here (please read guidance note 3)
Tue	1100	0300	
Wed	1100	0300	State any seasonal variations for providing dancing facilities (please read guidance note 4)
Thur	1100	0300	
Fri	1100	0300	Non-standard timings. Where you intend to use the premises for the provision of facilities for dancing at different times from those listed in the column on the left, please list (please read guidance note 5)
Sat	1100	0300	
Sun	1100	0300	

As Box M

K

Provision of facilities for entertainment of a similar description to that falling within I or J			Please give a description of the type of entertainment facility you will be providing
Standard days and timings (please read guidance note 6)			Will the entertainment facility be 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"/>
Day	Start	Finish	Please give further details here (please read guidance note 3)
Mon	1100	0300	
Tue	1100	0300	
Wed	1100	0300	
Thur	1100	0300	
Fri	1100	0300	
Sat	1100	0300	
Sun	1100	0300	State any seasonal variations for the provision of the facilities for entertainment of a similar description to that falling within I or J (please read guidance note 4) <i>As Box M</i>
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)			

Late night refreshment Standard days and timings (please read guidance note 6)			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)
			Indoors <input checked="" type="checkbox"/> Outdoors <input type="checkbox"/> Both <input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 3)
Mon	2300	0330	
Tue	2300	0330	
Wed	2300	0330	State any seasonal variations for the provision of late night refreshment (please read guidance note 4)
Thur	2300	0330	
Fri	2300	0330	
Sat	2300	0330	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)
Sun	2300	0330	

AS BOX M

M

Supply of alcohol Standard days and timings (please read guidance note 6)			Will the sale of alcohol be for consumption - please tick box <input checked="" type="checkbox"/> (please read guidance note 7)
			On the premises <input type="checkbox"/> Off the premises <input type="checkbox"/> Both <input checked="" type="checkbox"/>
Day	Start	Finish	State any seasonal variations for the supply of alcohol (please read guidance note 4)
Mon	1100	0300	
Tue	1100	0300	
Wed	1100	0300	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)
Thur	1100	0300	
Fri	1100	0300	
Sat	1100	0300	
Sun	1100	0300	

~~RETAIN~~ NEW YEAR EVE 1100 TO 1100 NEW YEAR DAY
THEN NORMAL DAY TIME

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)

No ADULT ENTERTAINMENT

O

Hours premises are open to the public

Standard days and timings
(please read guidance note 6)

Day	Start	Finish
Mon	1100	0330-
Tue	1100	0330
Wed	1100	0330
Thur	1100	0330
Fri	1100	0330
Sat	1100	0330
Sun	1100	0330-

State any seasonal variation (please read guidance note 4)

NEW YEAR EVE 1100 TO 1100 NEW YEAR DAY
THEN NORMAL DAY TIMES

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)

Please identify those conditions currently imposed on the licence which you believe could be removed as a consequence of the proposed variation you are seeking

① CONDITION FROM 1964 ACT IS GOOD FRIENDS ETC

② MAXIMUM NUMBER OF PERSONS 52 TO BE INCREASED TO 120.

③ REMOVAL OF ALCOHOL ONLY TO BE SOLD TO PERSONS TAKING TABLE MEALS IN PREMISES

Please tick yes

I have enclosed the premises licence

I have enclosed the relevant part of the premises licence

If you have not ticked one of these boxes please fill in reasons for not including the licence, or part of it, below

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

/

P Describe any additional steps you intend to take to promote the four licensing objectives as a result of the proposed variation:

a) General - all four licensing objectives (b, c, d, e) (please read guidance note 9)

b) The prevention of crime and disorder

c) Public safety

THE MAXIMUM NUMBER OF PERSON IN THE PREMISES.
SHALL NOT EXCEED 120.

d) The prevention of public nuisance

e) The protection of children from harm

Please tick yes

- I have made or enclosed payment of the fee
- I have sent copies of this application and the plan to responsible authorities and others where applicable
- I understand that I must now advertise my application
- I have enclosed the premises licence or relevant part of it or explanation
- I understand that if I do not comply with the above requirements my application will be rejected

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 5 - Signatures (please read guidance note 10)

Signature of applicant (the current premises licence holder) 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 *[Handwritten Signature]*

Date *12/10/2010.*

Capacity *Agent*

Where the premises licence is jointly held signature of 2nd applicant (the current premises licence holder) or 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 address for correspondence associated with this application. (please read guidance note 12)

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" you would prefer us to correspond with you by e-mail. "