

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

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.

I/We **MANDEEP GILL** [REDACTED]

(Insert name(s) of applicant)

apply for a premises licence under section 17 of 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 WEST DRAYTON CONVENIENT STORE 18 STATION ROAD			
Post town	WEST DRAYTON	Post code	UB7 7BY

Telephone number at premises (if any)	01895 850774
Non-domestic rateable value of premises	£9700

Part 2 - Applicant Details

Please state whether you are applying for a premises licence as
Please tick yes

- | | | |
|---|-------------------------------------|-----------------------------|
| a) an individual or individuals * | <input checked="" type="checkbox"/> | please complete section (A) |
| b) a person other than an individual * | | |
| i. as a limited company | <input type="checkbox"/> | please complete section (B) |
| ii. as a partnership | <input type="checkbox"/> | please complete section (B) |
| iii. as an unincorporated association or | <input type="checkbox"/> | please complete section (B) |
| iv. other (for example a statutory corporation) | <input type="checkbox"/> | please complete section (B) |
| c) a recognised club | <input type="checkbox"/> | please complete section (B) |
| d) a charity | <input type="checkbox"/> | 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:

Please tick yes

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

(A) INDIVIDUAL APPLICANTS (fill in as applicable)

<input type="checkbox"/> Mr	<input checked="" type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	Other Title (for example, Rev)	
Surname GILL			First names MANDEEP		
I am 18 years old or over				<input checked="" type="checkbox"/> Please tick yes	
Current postal address if different from premises address		[REDACTED]			
Post Town	HOUNSLOW			Postcode	[REDACTED]
Daytime contact telephone number		[REDACTED]			
E-mail address (optional)					

SECOND INDIVIDUAL APPLICANT (if applicable)

<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	Other Title (for example, Rev)	
Surname			First names		
I am 18 years old or over				<input type="checkbox"/> Please tick yes	

Please give a general description of the premises (please read guidance note1)
OFF LICENCE AND CONVENIENT STORE

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

What licensable activities do you intend to carry on from the premises?

(Please see sections 1 and 14 of the Licensing Act 2003 and Schedules 1 and 2 to the Licensing Act 2003)

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 type="checkbox"/> |
| f) recorded music (if ticking yes, fill in box F) | <input type="checkbox"/> |
| g) performances of dance (if ticking yes, fill in box G) | <input type="checkbox"/> |
| h) anything of a similar description to that falling within (e), (f) or (g) (if ticking yes, fill in box H) | <input type="checkbox"/> |

Provision of entertainment facilities:

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

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

M

Supply of alcohol Standard days and timings (please read guidance note 6)			Will the supply of alcohol be for consumption (Please tick box) (please read guidance note 7)	On the premises	<input type="checkbox"/>
				Off the premises	<input checked="" type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	State any seasonal variations for the supply of alcohol (please read guidance note 4)		
Mon	08:00	24:00			
	HRS	HRS			
Tue	08:00	24:00			
	HRS	HRS			
Wed	08:00	24:00			
	HRS	HRS			
Thur	08:00	24:00			
	HRS	HRS			
Fri	08:00	24:00			
	HRS	HRS			
Sat	08:00	24:00			
	HRS	HRS			
Sun	08:00	24:00			
	HRS	HRS			
			Non standard timings. Where you intend to use the premises for the supply of alcohol at different times to those listed in the column on the left, please list (please read guidance note 5)		

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

Name PRAMILLA PATEL	
Address [REDACTED]	
Postcode	[REDACTED]
Personal Licence number (if known) LBHIL 0082	
Issuing licensing authority (if known) LONDON BOROUGH OF HILLINGDON	

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)
 NONE

O

Hours premises are open to the public Standard days and timings (please read guidance note 6)			State any seasonal variations (please read guidance note 4)
Day	Start	Finish	
Mon	08:00	24:00	Non standard timings. Where you intend the premises to be open to the public at different times from those listed in the column on the left, please list (please read guidance note 5)
	HRS	HRS	
Tue	08:00	24:00	
	HRS	HRS	
Wed	08:00	24:00	
	HRS	HRS	
Thur	08:00	24:00	
	HRS	HRS	
Fri	08:00	24:00	
	HRS	HRS	
Sat	08:00	24:00	
	HRS	HRS	
Sun	08:00	24:00	
	HRS	HRS	

P Describe the steps you intend to take to promote the four licensing objectives:

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

IMPLIMENTING CHALLENGE 25 STRICTLY
SEPARATING ALCOHOL FROM CHILDRENS SECTION
KNOWING YOUR CUSTOMERS WELL
CCTV IN OPERATION ALL THE TIMES 24HRS RECORDING & MONTHLY STORING
SYSTEM OF RECORDING.
JOINING NEIGHBOURHOOD SCHEMES & KEEPING IN TOUCH WITH THE POLICE

b) The prevention of crime and disorder

TRAIN ALL STAFF & DEVELOP THE RIGHT ATMOSPHERE WITH CUSTOMERS
CCTV INSTALLED INSIDE AND OUTSIDE.JOIN RETAILWATCH SCHEMES
KEEP A CLOSE WATCH ON ALL CUSTOMERS & KEEP CLEAR VIEW OF PREMISES
LIASE WITH THE LOCAL POLICE
BE CALM AND DECISIVE & DO NOT REACT TO PROVOCATION
MAINTAIN HIGH STANDARDS & UPHOLD THE LAW

c) Public safety

HEALTH & SAFETY RISK ASSESSMENTS TO BE CARRIED OUT REGULARLY
INSTALLATION OF APPROPRIATE & ADEQUATE SAFETY EQUIPMENT.
INSTALLATION OF EMERGENCY LIGHTING AND EVACUATION PROCEDURES BE IN
PLACE WITH WARNING SIGNS .
TO COMPLY WITH ALL CURRENT, FIRE AND HEALTH AND SAFETY LEGISLATION AS
REQUIRED BY THE LAW

d) The prevention of public nuisance

A MANAGEMENT POLICY IN PLACE TO TAKE INTO ACCOUNT THE EXTERNAL AREAS
OF THE PREMISES AND THE CONDUCT OF THE CUSTOMERS .
NOTICE TO CUSTOMERS REGARDING CONSIDERATION FOR NEIGHBOURS.
TO MONITOR ANTI SOCIAL BEHAVIOUR BY USE OF CCTV
JOIN RETAILWATCH SCHEMES
STRICT POLICY NOT TO SERVE DRUNKEN CUSTOMERS.
CHALLENGE 25 IN FORCE ALL THE TIME

e) The protection of children from harm

CHALLENGE 25 TO BE IMPLIMENTED STRICTLY
ALCOHOL TO BE KEPT AWAY FROM CHILDRENS CONFECTIONERY SHELVES
SIGNS TO BE PUT ON SHELVES REGARDS TO NO ID NO SALE ON ALCOHOL SHELVES
CIGARETTES & SPIRITS TO BE KEPT BEHIND THE COUNTER AWAY FROM CHILDREN.
STAFF FULLY TRAINED ON NO ID NO SALE CHALLENGE 25 SCHEME
HEALTH & SAFETY MEASURES ARE IN PLACE WHERE EQUIPMENT IS OF DANGER TO
YOUNG PERSONS.

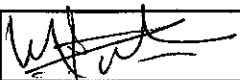
Please tick yes

- 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

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 (See guidance note 11). **If signing on behalf of the applicant please state in what capacity.**

Signature	
Date	07/06/2012
Capacity	AGENT

For joint applications signature of 2nd applicant 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 postal address for correspondence associated with this application (please read guidance note 13)

PERSONAL LICENCE COURSES LTD
 S.PANCHAL
 STUDIO 8
 HAYES BUSINESS STUDIO
 HAYES CAMPUS
 COLLEGE WAY

Post town	HAYES	Post code	UB3 3BB
Telephone number (if any)	07952990536		
If you would prefer us to correspond with you by e-mail your e-mail address (optional) wensons@aol.com			

Consent of individual to being specified as premises supervisor

PRAMILLA PATEL

[full name of prospective premises supervisor]

of

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

[home address of prospective premises supervisor]

hereby confirm that I give my consent to be specified as the designated premises supervisor in relation to the application for

NEW PREMISES LICENSE

[type of application]

by

MANDEEP GILL

[name of applicant]

relating to a premises licence **NEW PREMISES**

[number of existing licence, if any]

for

**WEST DRAYTON CONVENIENT STORE
18 STATION ROAD
WEST DRAYTON
UB7 7BY**

[name and address of premises to which the application relates]

and any premises licence to be granted or varied in respect of this application made by

MANDEEP GILL

[name of applicant]

concerning the supply of alcohol at

WEST DRAYTON CONVENIENT STORE
18 STATION ROAD
WEST DRAYTON
UB7 7BY

[name and address of premises to which application relates]

I also confirm that I am applying for, intend to apply for or currently hold a personal licence, details of which I set out below.

Personal licence number

LBHIL 0082

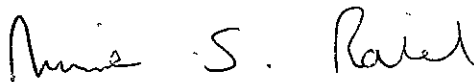
[insert personal licence number, if any]

Personal licence issuing authority

LONDON BOROUGH OF HILLINGDON

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

Signed



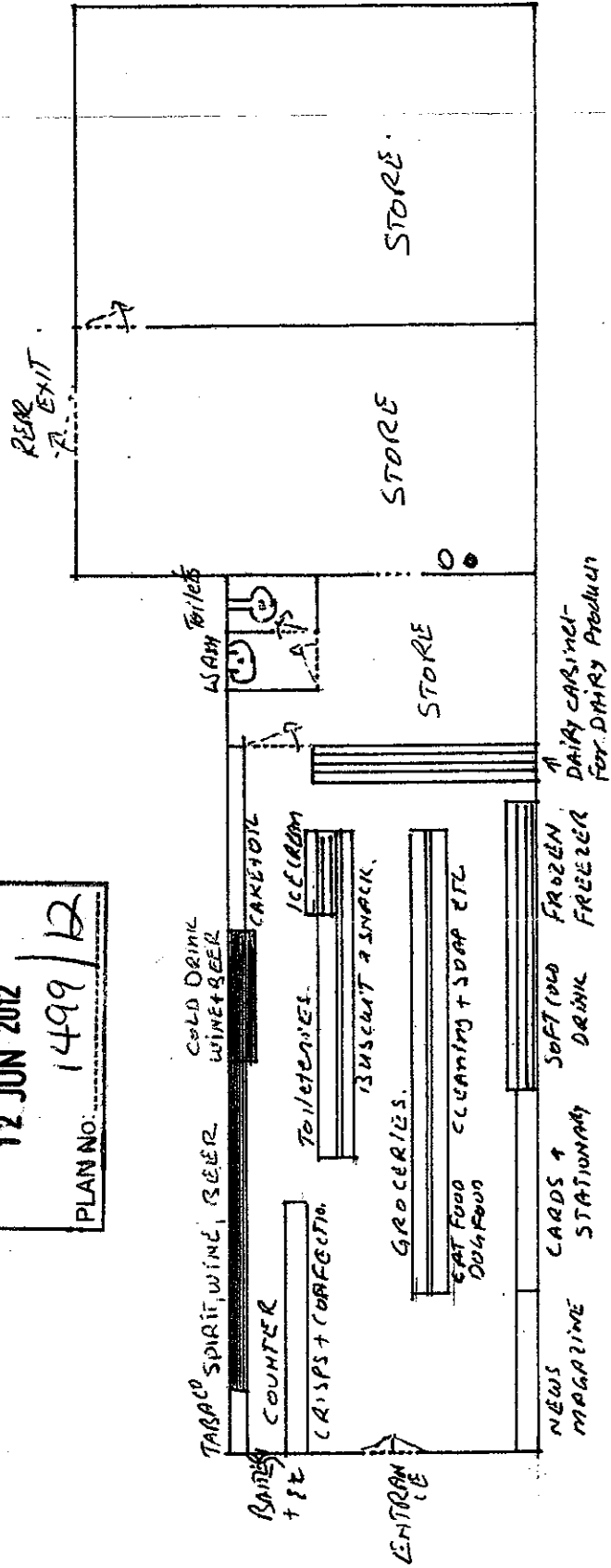
Name (please print)

PRAMILLA PATEL

Date

07/06/2012

RECEIVED BY
LICENSING SERVICE
12 JUN 2012
PLAN NO. 1499/12



CLIENT: VENUS CONVENIENCE STORE

ADDRESS: 18 STATION ROAD
WEST DRAYTON

MIDDX UB7 7BU

CONT MR & MRS PATEL

DRAWN BY :- S. R. PATEL

SCALE :- 1:100

DATE :- 10TH MAY 2005

RECEIVED
25 MAY 2005
PLAN NO: 32/05