

[Insert name and address of relevant licensing authority and its reference number (optional).]

**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 The White Brasserie Company Limited

(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			
The White Bear Ickenham Road			
Post town	Ruislip	Postcode	HA4 7DF
Telephone number at premises (if any)			
Non-domestic rateable value of premises		£27,300	

Part 2 - Applicant Details

Please state whether you are applying for a premises licence as

Please tick as appropriate

- | | | |
|---|-------------------------------------|-----------------------------|
| a) an individual or individuals * | <input type="checkbox"/> | please complete section (A) |
| b) a person other than an individual * | | |
| i. as a limited company | <input checked="" 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 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 in Wales please complete section (B)
- ga) a person who is registered under Chapter 2 of Part 1 of the Health and Social Care Act 2008 (within the meaning of that Part) in an independent hospital in England please complete section (B)
- h) the chief officer of police of a police force in England and Wales please complete section (B)

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

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)

Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
Surname			First names		
I am 18 years old or over				<input type="checkbox"/> Please tick yes	
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 <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
Surname			First names		
I am 18 years old or over				<input type="checkbox"/>	Please tick yes
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 The White Brasserie Company Limited
Address 106 – 108 High Street Teddington TW11 8JD
Registered number (where applicable) 07118269
Description of applicant (for example, partnership, company, unincorporated association etc.) Company
Telephone number (if any)
E-mail address (optional)

Part 3 Operating Schedule

When do you want the premises licence to start?

DD	MM	YYYY
2	2	0 5 2 0 1 5

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

D	MM	YYYY

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

Bar with substantial dining facilities

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 any that apply

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

Provision of late night refreshment (if ticking yes, fill in box I) **Supply of alcohol** (if ticking yes, fill in box J) **In all cases complete boxes K, L and M**

A

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

B

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

C

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

D

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

E

Live music Standard days and timings (please read guidance note 6)			Will the performance of live music take place indoors or outdoors or both – please tick (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								
Wed						State any seasonal variations for the performance of live music (please read guidance note 4)		
Thur								
Fri								
Sat						Non standard timings. Where you intend to use the premises for the performance of live music at different times to those listed in the column on the left, please list (please read guidance note 5)		
Sun								

F

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

G

Performances of dance Standard days and timings (please read guidance note 6)			Will the performance of dance take place indoors or outdoors or both – please tick (please read guidance note 2)	Indoors	<input type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon			Please give further details here (please read guidance note 3)	Both	<input type="checkbox"/>
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 at different times to those listed in the column on the left, please list (please read guidance note 5)		
Sat					
Sun					

H

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

I

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 (please read guidance note 2)	Indoors	<input checked="" type="checkbox"/>			
				Outdoors	<input type="checkbox"/>			
				Both	<input type="checkbox"/>			
Day	Start	Finish	<u>Please give further details here</u> (please read guidance note 3)					
Mon	23.00	01.00						
Tue	23.00	01.00						
Wed	23.00	01.00				<u>State any seasonal variations for the provision of late night refreshment</u> (please read guidance note 4)		
Thur	23.00	01.00	From the start time on New Year's Eve to the finish time on New Year's Day					
Fri	23.00	01.00	<u>Non standard timings. Where you intend to use the premises for the provision of late night refreshment at different times, to those listed in the column on the left, please list</u> (please read guidance note 5)					
Sat	23.00	01.00						
Sun	23.00	01.00						

K

Please highlight any adult entertainment or services, activities, other entertainment or matters ancillary to the use of the premises that may give rise to concern in respect of children (please read guidance note 8).
 None

L

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	From the start time on New Year's Eve to the finish time on New Year's Day	
Mon	08:00	01:00		
Tue	08:00	01:00		
Wed	08:00	01:00		
Thur	08:00	01:00		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)
Fri	08:00	01:00		The premises licence holder reserves the right to open to the public at any time for non-licensable activities
Sat	08:00	01:00		
Sun	09:00	01:00		

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

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

b) The prevention of crime and disorder

CCTV will be provided in accordance with the requirements of ~~Surrey~~^{MET} Police.

c) Public safety

Health and safety risk assessments will be undertaken and staff trained therein

d) The prevention of public nuisance

Steps will be taken to ensure no disturbance to local residents by departing customers.

Notices shall be prominently displayed reminding customers to leave the premises and the area in a responsible manner bearing in mind the residential nature of the locality.

e) The protection of children from harm

A Challenge 25 scheme will be in operation at the premises.

Checklist:

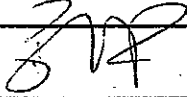
Please tick to indicate agreement

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

IT IS AN OFFENCE, LIABLE ON SUMMARY CONVICTION TO A FINE NOT EXCEEDING 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	16 th April 2015
Capacity	Solicitors for Applicant

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)

Craig Baylis
BLP
Adelaide House
London Bridge

Post town	London	Postcode	EC4R 9HA
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Telephone number (if any)	0203 400 2326
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If you would prefer us to correspond with you by e-mail, your e-mail address (optional)
craig.baylis@blplaw.com

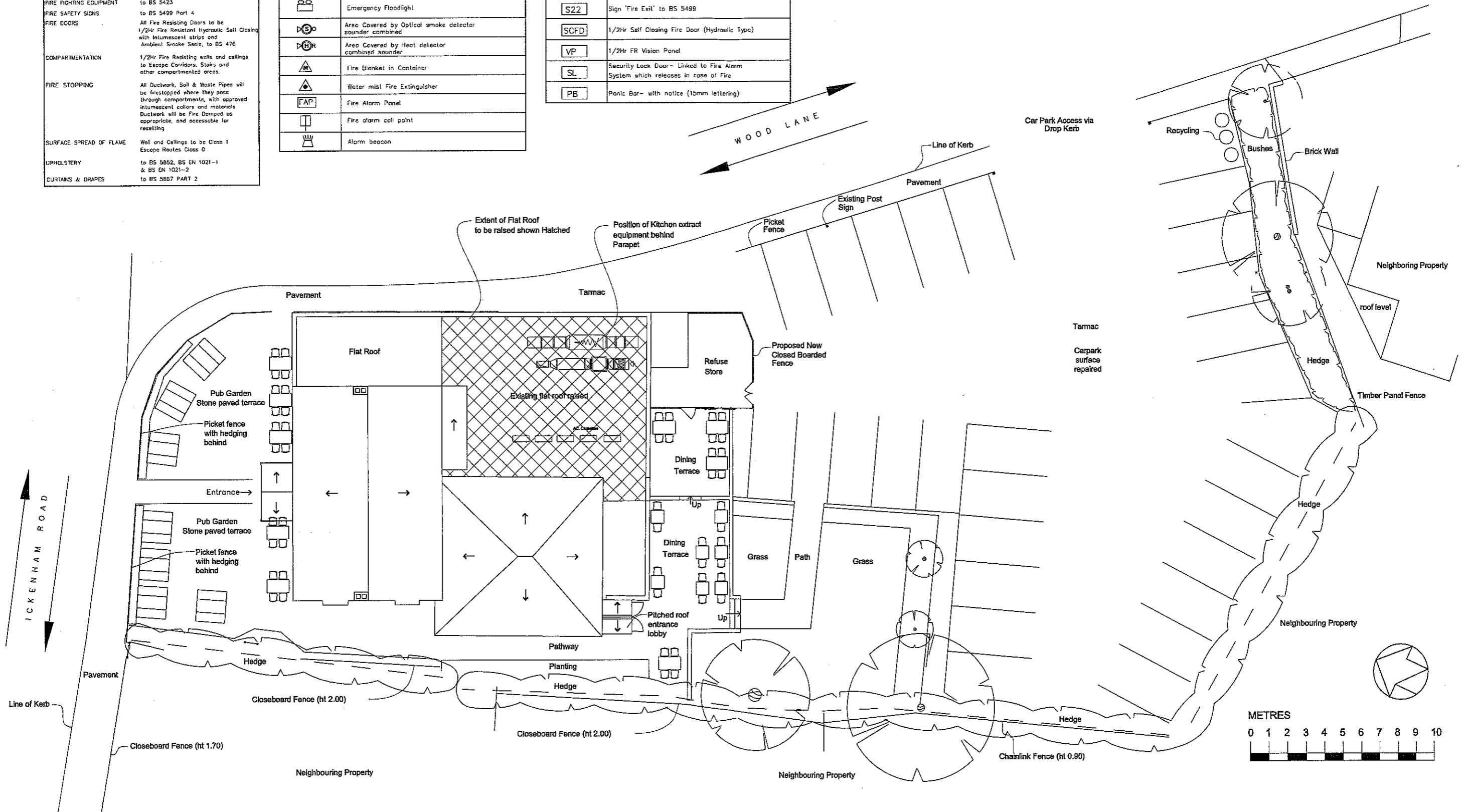
Notes for Guidance

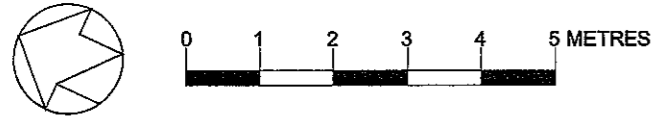
1. Describe the premises, for example the type of premises, its general situation and layout and any other information which could be relevant to the licensing objectives. Where your application includes off-supplies of alcohol and you intend to provide a place for consumption of these off-supplies, you must include a description of where the place will be and its proximity to the premises.
2. Where taking place in a building or other structure please tick as appropriate (indoors may include a tent).
3. For example the type of activity to be authorised, if not already stated, and give relevant further details, for example (but not exclusively) whether or not music will be amplified or unamplified.
4. For example (but not exclusively), where the activity will occur on additional days during the summer months.
5. For example (but not exclusively), where you wish the activity to go on longer on a particular day e.g. Christmas Eve.
6. Please give timings in 24 hour clock (e.g. 16:00) and only give details for the days of the week when you intend the premises to be used for the activity.
7. If you wish people to be able to consume alcohol on the premises, please tick 'on the premises'. If you wish people to be able to purchase alcohol to consume away from the premises, please tick 'off the premises'. If you wish people to be able to do both, please tick 'both'.
8. Please give information about anything intended to occur at the premises or ancillary to the use of the premises which may give rise to concern in respect of children, regardless of whether you intend children to have access to the premises, for example (but not exclusively) nudity or semi-nudity, films for restricted age groups or the presence of gaming machines.
9. Please list here steps you will take to promote all four licensing objectives together.
10. The application form must be signed.
11. An applicant's agent (for example solicitor) may sign the form on their behalf provided that they have actual authority to do so.
12. Where there is more than one applicant, each of the applicant or their respective agent must sign the application form.
13. This is the address which we shall use to correspond with you about this application.

FIRE SAFETY NOTES	
MEANS OF ESCAPE	to Building Regulations Part B
EMERGENCY LIGHTING	to BS 5266 Part 1: 3hrs Non Maintained
FIRE ALARM	L1 System to BS 5839 See Notes Fire Alarm to be linked in with Landlord's System, and to automatically close down Mechanical Ventilation, Music and Specialist Lighting Systems. to BS 5423
FIRE FIGHTING EQUIPMENT	to BS 5499 Part 4
FIRE SAFETY SIGNS	All Fire Resisting Doors to be 1/2hr Fire Resistant Hydraulic Self Closing with Intumescent strips and Ambient Smoke Seals, to BS 476
FIRE DOORS	
COMPARTMENTATION	1/2hr Fire Resisting walls and ceilings to Escape Corridors, Stairs and other compartmented areas.
FIRE STOPPING	All Ductwork, Soil & Waste Pipes will be firestopped where they pass through compartments, with approved intumescent collars and materials. Ductwork will be Fire Stopped as appropriate, and accessible for resetting
SURFACE SPREAD OF FLAME	Wall and Ceilings to be Class 1 Escape Routes Class 0
UPHOLSTERY	to BS 5852, BS EN 1021-1 & BS EN 1021-2
CURTAINS & DRAPES	to BS 5857 PART 2

FIRE NOTES	
	Area Covered by Escape Lighting To BS5266 Part 1 3hr Non Maintained
	3hr Maintained emergency light with pictogram
	Emergency Floodlight
	Area Covered by Optical smoke detector sounder combined
	Area Covered by Heat detector combined sounder
	Fire Blanket in Container
	Water mist Fire Extinguisher
	Fire Alarm Panel
	Fire alarm call point
	Alarm beacon

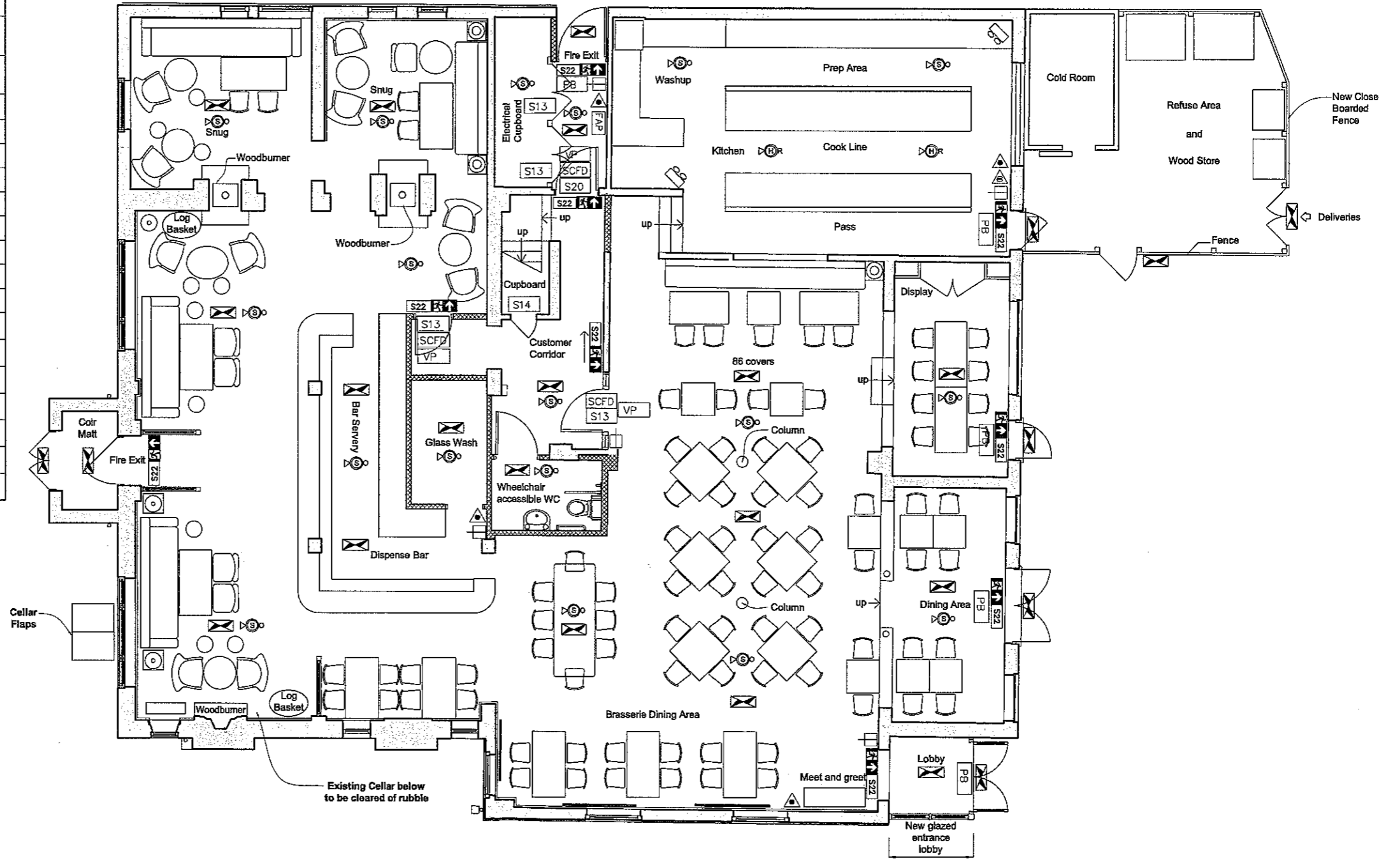
FIRE NOTES	
	Sign 'Fire Door Keep Shut' to BS 5499 (To each side of door)
	Sign 'Fire Door Keep Locked Shut' to BS 5499
	Sign 'Fire Escape Keep Clear' to BS 5499
	Sign 'Fire Exit' to BS 5499
	1/2hr Self Closing Fire Door (Hydraulic Type)
	1/2hr FR Vision Panel
	Security Lock Door- Linked to Fire Alarm System which releases in case of Fire
	Panic Bar- with notice (15mm lettering)

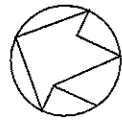




FIRE NOTES	
	Area Covered by Escape Lighting To BS5266 Part 1 3Hr Non Maintained
	3hr Maintained emergency light with pictogram
	Emergency Floodlight
	Area Covered by Optical smoke detector sounder combined
	Area Covered by Heat detector combined sounder
	Fire Blanket in Container
	Water mist Fire Extinguisher
	Fire Alarm Panel
	Fire alarm call point
	Alarm beacon
	Sign 'Fire Door Keep Shut' to BS 5499 (To each side of door)
	Sign 'Fire Door Keep Locked Shut' to BS 5499
	Sign 'Fire Escape Keep Clear' to BS 5499
	Sign 'Fire Exit' to BS 5499
	1/2Hr Self Closing Fire Door (Hydraulic Type)
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FIRE SAFETY NOTES	
MEANS OF ESCAPE	to Building Regulations Part B
EMERGENCY LIGHTING	to BS 5266 Part1: 3hrs Non Maintained
FIRE ALARM	L1 System to BS 5839 See Notes Fire Alarm to be linked in with Landlord's System, and to automatically close down Mechanical Ventilation, Music and Specialist Lighting Systems, to BS 5423
FIRE FIGHTING EQUIPMENT	
FIRE SAFETY SIGNS	to BS 5499 Part 4
FIRE DOORS	All Fire Resisting Doors to be 1/2Hr Fire Resistant Hydraulic Self Closing with Intumescent strips and Ambient Smoke Seals, to BS 476
COMPARTMENTATION	1/2Hr Fire Resisting walls and ceilings in Escape Corridors, Stairs and other compartmented areas.
FIRE STOPPING	All Ductwork, Soil & Waste Pipes will be firestopped where they pass through compartments, with approved intumescent collars and materials Ductwork will be Fire Damped as appropriate, and accessible for resetting
SURFACE SPREAD OF FLAME	Wall and Ceilings to be Class 1 Escape Routes Class 0
UPHOLSTERY	to BS 5852, BS EN 1021-1 & BS EN 1021-2
CURTAINS & DRAPES	to BS 5857 PART 2





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SURFACE SPREAD OF FLAME	Wall and Ceilings to be Class 1 Escape Routes Class 0
UPHOLSTERY	to BS 5852, BS EN 1021-1 & BS EN 1021-2
CURTAINS & DRAPES	to BS 5867 PART 2

