



Hillingdon
Application for a premises licence
Licensing Act 2003

For help contact
applicationsprocessingteam@hillington.gov.uk
 Telephone: 01895 558170

* required information

Section 1 of 19

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 This is the unique reference for this application generated by the system.

Your reference You can put what you want here to help you track applications if you make lots of them. It is passed to the authority.

Are you an agent acting on behalf of the applicant?

Yes No

Put "no" if you are applying on your own behalf or on behalf of a business you own or work for.

Applicant Details

* First name

* Family name

You must enter a valid e-mail address

* E-mail

Main telephone number Include country code.

Other telephone number

Indicate here if the applicant would prefer not to be contacted by telephone

Is the applicant:

- Applying as a business or organisation, including as a sole trader
- Applying as an individual

A sole trader is a business owned by one person without any special legal structure. Applying as an individual means the applicant is applying so the applicant can be employed, or for some other personal reason, such as following a hobby.

*Continued from previous page...***Address**

* Building number or name	<input type="text"/>
* Street	<input type="text"/>
District	<input type="text"/>
* City or town	<input type="text"/>
County or administrative area	<input type="text"/>
* Postcode	<input type="text" value="United"/>
* Country	<input type="text" value="Kingdom"/>

Agent Details

* First name	<input type="text" value="MANPREET"/>
* Family name	<input type="text" value="KAPOOR"/>
* E-mail	<input type="text" value="info@personallicensecourses.co.uk"/>
Main telephone number	<input type="text" value="██████████"/>
Other telephone number	<input type="text"/>

Include country code.

 Indicate here if you would prefer not to be contacted by telephone

Are you:

- An agent that is a business or organisation, including a sole trader
 A private individual acting as an agent

A sole trader is a business owned by one person without any special legal structure.

Your Address

* Building number or name	<input type="text" value="PERSONAL LICENCE COURSES LTD, STUDIO 8, HAYES BUSINESS STUDIOS, HAYES CAMPUS"/>
* Street	<input type="text" value="COLLEGE WAY"/>
District	<input type="text"/>
* City or town	<input type="text" value="HAYES"/>
County or administrative area	<input type="text"/>
* Postcode	<input type="text" value="UB3 3BB"/>
* Country	<input type="text" value="United Kingdom"/>

Address official correspondence should be sent to.

Section 2 of 19**PREMISES DETAILS**

Continued from previous page...

I/we, as named in section 1, apply for a premises licence under section 17 of the Licensing Act 2003 for the premises described in section 2 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.

Premises Address

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	<input type="text" value="SUPERMARKET"/>
Street	<input type="text" value="88-90 HIGH STREET"/>
District	<input type="text"/>
City or town	<input type="text" value="WEST DRAYTON"/>
County or administrative area	<input type="text"/>
Postcode	<input type="text" value="UB7 7DS"/>
Country	<input type="text" value="United Kingdom"/>

Further Details

Telephone number	<input type="text"/>
Non-domestic rateable value of premises (£)	<input type="text" value="23,243"/>

Section 3 of 19**APPLICATION DETAILS**

In what capacity are you applying for the premises licence?

- An individual or individuals
- A limited company
- A partnership
- An unincorporated association
- A recognised club
- A charity
- The proprietor of an educational establishment
- A health service body
- A person who is registered under part 2 of the Care Standards Act 2000 (c14) in respect of an independent hospital in Wales
- A person who is registered under Chapter 2 of Part 1 of the Health and Social Care Act 2008 in respect of the carrying on of a regulated activity (within the meaning of that Part) in an independent hospital in England
- The chief officer of police of a police force in England and Wales
- Other (for example a statutory corporation)

Confirm The Following

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

Section 4 of 19**INDIVIDUAL APPLICANT DETAILS****Applicant Name**

Is the name the same as (or similar to) the details given in section one?

- Yes No

If "Yes" is selected you can re-use the details from section one, or amend them as required. Select "No" to enter a completely new set of details.

First name

MANMOHAN SINGH

Family name

BAJAJ

Is the applicant 18 years of age or older?

- Yes No

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Applicant Postal Address

Is the address the same as (or similar to) the address given in section one?

If "Yes" is selected you can re-use the details from section one, or amend them as required. Select "No" to enter a completely new set of details.

Yes No

Building number or name

Street

District

City or town

County or administrative area

Postcode

Country

Applicant Contact Details

Are the contact details the same as (or similar to) those given in section one?

If "Yes" is selected you can re-use the details from section one, or amend them as required. Select "No" to enter a completely new set of details.

Yes No

You must enter a valid email address

E-mail

Telephone number

Other telephone number

Add another applicant

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OPERATING SCHEDULE

When do you want the premises licence to start? / /
dd mm yyyy

If you wish the licence to be valid only for a limited period, when do you want it to end / /
dd mm yyyy

Provide a general description of 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.

OFF LICENCE AND CONVENIENCE STORE

Continued from previous page...

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

Section 6 of 19**PROVISION OF PLAYS**

Will you be providing plays?

- Yes No

Section 7 of 19**PROVISION OF FILMS**

Will you be providing films?

- Yes No

Section 8 of 19**PROVISION OF INDOOR SPORTING EVENTS**

Will you be providing indoor sporting events?

- Yes No

Section 9 of 19**PROVISION OF BOXING OR WRESTLING ENTERTAINMENTS**

Will you be providing boxing or wrestling entertainments?

- Yes No

Section 10 of 19**PROVISION OF LIVE MUSIC**

Will you be providing live music?

- Yes No

Section 11 of 19**PROVISION OF RECORDED MUSIC**

Will you be providing recorded music?

- Yes No

Section 12 of 19**PROVISION OF PERFORMANCES OF DANCE**

Will you be providing performances of dance?

- Yes No

Section 13 of 19**PROVISION OF ANYTHING OF A SIMILAR DESCRIPTION TO LIVE MUSIC, RECORDED MUSIC OR PERFORMANCES OF DANCE**

Will you be providing anything similar to live music, recorded music or performances of dance?

- Yes No

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LATE NIGHT REFRESHMENT

Will you be providing late night refreshment?

- Yes No

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SUPPLY OF ALCOHOL

Will you be selling or supplying alcohol?

- Yes No

Standard Days And Timings

MONDAY

Start

End

Start

End

TUESDAY

Start

End

Start

End

WEDNESDAY

Start

End

Start

End

THURSDAY

Start

End

Start

End

FRIDAY

Start

End

Start

End

SATURDAY

Start

End

Start

End

SUNDAY

Start

End

Start

End

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.

Continued from previous page...

Will the sale of alcohol be for consumption:

- On the premises
 Off the premises
 Both

If the sale of alcohol is for consumption on the premises select on, if the sale of alcohol is for consumption away from the premises select off. If the sale of alcohol is for consumption on the premises and away from the premises select both.

State any seasonal variations

For example (but not exclusively) where the activity will occur on additional days during the summer months.

NONE

Non-standard timings. Where the premises will be used for the supply of alcohol at different times from those listed in the column on the left, list below

For example (but not exclusively), where you wish the activity to go on longer on a particular day e.g. Christmas Eve.

NONE

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

Name

First name

MANMOHAN SINGH

Family name

BAJAJ

Enter the contact's address

Building number or name

Street

District

City or town

County or administrative area

Postcode

Country

United Kingdom

Personal Licence number (if known)

Issuing licensing authority (if known)

Continued from previous page...

PROPOSED DESIGNATED PREMISES SUPERVISOR CONSENT

How will the consent form of the proposed designated premises supervisor be supplied to the authority?

- Electronically, by the proposed designated premises supervisor
- As an attachment to this application

Reference number for consent form (if known)

If the consent form is already submitted, ask the proposed designated premises supervisor for its 'system reference' or 'your reference'.

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ADULT ENTERTAINMENT

Highlight any adult entertainment or services, activities, or other entertainment or matters ancillary to the use of the premises that may give rise to concern in respect of children

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 etc gambling machines etc.

NONE

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HOURS PREMISES ARE OPEN TO THE PUBLIC

Standard Days And Timings

MONDAY

Start

End

Start

End

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.

TUESDAY

Start

End

Start

End

WEDNESDAY

Start

End

Start

End

THURSDAY

Start

End

Start

End

FRIDAY

Start

End

Start

End

Continued from previous page...

SATURDAY

Start End Start End

SUNDAY

Start End Start End

State any seasonal variations

For example (but not exclusively) where the activity will occur on additional days during the summer months.

NONE

Non standard timings. Where you intend to use the premises to be open to the members and guests at different times from those listed in the column on the left, list below

For example (but not exclusively), where you wish the activity to go on longer on a particular day e.g. Christmas Eve.

NONE

Section 18 of 19**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.

-STRICT IMPLEMENTATION OF CHALLENGE 25 POLICY
 -ALL STAFF TO BE TRAINED IN RESPONSIBLE ALCOHOL RETAILING
 -CCTV TO RECORD FOR 24HRS.
 -JOINING RETAIL WATCH SCHEMES & KEEPING IN TOUCH WITH THE POLICE

b) The prevention of crime and disorder

-CCTV INSTALLED INSIDE AND OUTSIDE THE PREMISES
 -CCTV TO RECORD FOR 31 DAYS
 -CCTV SYSTEM TO BE MAINTAINED IN EFFECTIVE WORKING ORDER AND RECORDING BE PROVIDED TO POLICE WHEN REQUESTED.
 -ALL PURCHASES MADE FROM REPUTABLE WHOLESALERS/CASH AND CARRY'S
 INCIDENT BOOK TO BE KEPT AT PREMISES
 -THE PREMISES LICENCE HOLDER AND/OR DPS SHALL NOT PURCHASE ANY ALCOHOL OR TOBACCO GOODS FROM DOOR TO DOOR SELLERS.
 -WHERE THE TRADER BECOMES AWARE THAT ANY ALCOHOL OR TOBACCO GOODS MAY BE NOT DUTY PAID THEY SHALL INFORM THE POLICE OF THIS IMMEDIATELY

c) Public safety

Continued from previous page...

-ALL STOCK WILL BE BOUGHT FROM REPUTABLE CASH AND CARRY OR WHOLESALERS
 -INCIDENT BOOK WILL BE AVAILABLE ON PREMISES
 -SIGNAGE OF FIRE EXIT DISPLAYED

d) The prevention of public nuisance

-TO MONITOR ANTI SOCIAL BEHAVIOUR BY USE OF CCTV
 -ASKING CUSTOMERS TO LEAVE PREMISES IN A QUIET AND ORDERLY MANNER
 -POSTERS DISPLAYED ALSO ASKING CUSTOMERS TO LEAVE QUIETLY AND NOT DISTURB NEIGHBOURS

e) The protection of children from harm

-STRICT IMPLEMENTATION OF CHALLENGE 25 POLICY
 -CHALLENGE 25 POSTERS DISPLAYED ACROSS THE PREMISES, STATING WHAT ID'S ARE ACCEPTED
 -ALCOHOL TO BE KEPT AWAY FROM CHILDRENS CONFECTIONERY SHELVES
 -SIGNS TO BE PUT ON SHELVES STATING NO ID, NO SALE
 -SPIRITS & CIGARETTES TO BE KEPT BEHIND THE COUNTER
 -REFUSAL BOOK TO BE KEPT AT PREMISES, ALL REFUSALS TO BE WRITTEN IN BOOK AT ALL TIMES

Section 19 of 19**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. Premises' licence 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 website at http://www.voa.gov.uk/business_rates/index.htm. For full details, refer to the 'Fees for Applications' webpage: <http://www.hillingdon.gov.uk/media.jsp?mediaid=22879&filetype=pdf>

* Fee amount (£)

190.00

ATTACHMENTS**AUTHORITY POSTAL ADDRESS****Address**

Building number or name

Street

District

City or town

County or administrative area

Postcode

Country

DECLARATION

* I/we understand 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.

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

Date (dd/mm/yyyy)

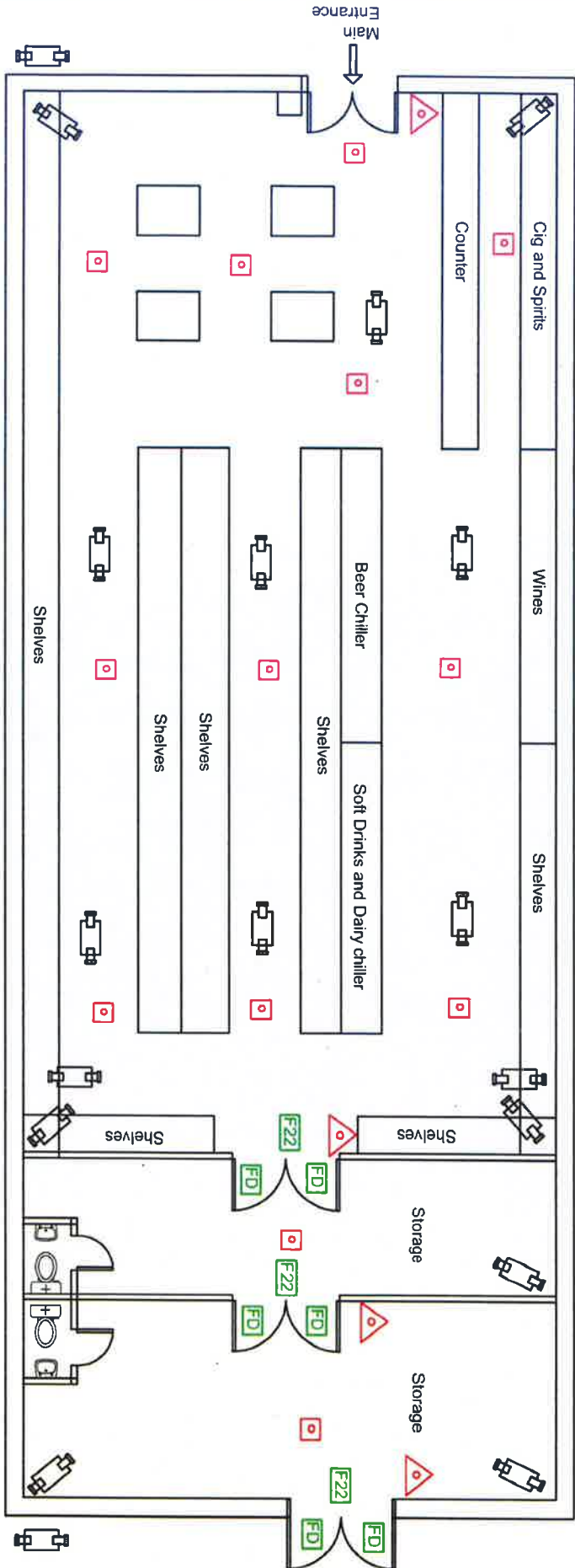
Once you're finished you need to do the following:

1. Save this form to your computer by clicking file/save as...
2. Go back to <https://www.gov.uk/apply-for-a-licence/premises-licence/hillingdon/apply-1> to upload this file and continue with your application.

Don't forget to make sure you have all your supporting documentation to hand.

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

PROPOSED LICENSING PLAN



Property Address:
 88-90 High Street
 West Drayton
 UB7 7DS

Drawing no: P/HBS/53	Date: 25th Feb 2016
Key	Scale: 1:100 Paper: A4
	FIRE EXTINGUISHER
	FIRE EXIT SIGNS
	EMERGENCY LIGHTING
	Fire Check Door
	CCTV CAMERAS
	CCTV RECORDING 31 DAYS
	SHUTTERS PROVIDED
	ALARM SYSTEM TO AOISPEC OR SIMILAR FITTED