



* required information

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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

Not Currently In Use

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

Heval

* Family name

sevhat

* E-mail

Main telephone number

Include country code.

Other telephone number

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

Are you:

- 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 you are applying so you can be employed, or for some other personal reason, such as following a hobby.

Continued from previous page...

Your Address

Address official correspondence should be sent to.

* Building number or name	unit 5-6 cardinal building, high point villiage
* Street	station aproach
District	
* City or town	hayes
County or administrative area	
* Postcode	ub3 4fe
* Country	United Kingdom

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PREMISES DETAILS

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	unit 5-6, cardinal building, high point villiage
Street	station aproach
District	
City or town	hayes
County or administrative area	
Postcode	ub3 4fe
Country	United Kingdom

Further Details

Telephone number	
Non-domestic rateable value of premises (£)	4,000

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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

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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

Family name

Is the applicant 18 years of age or older?

- Yes No

Continued from previous page...

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	<input type="text" value="unit 5-6 cardinal building, high point villiage"/>
Street	<input type="text" value="station aproach"/>
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 4fe"/>
Country	<input type="text" value="United Kingdom"/>

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

E-mail	<input type="text" value="[REDACTED]"/>
Telephone number	<input type="text" value="[REDACTED]"/>
Other telephone number	<input type="text"/>

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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.

The premises will be a Restaurant for 40-50 covers. Will also takes take way function.

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

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PROVISION OF PLAYS

Will you be providing plays?

- Yes No

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PROVISION OF FILMS

Will you be providing films?

- Yes No

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PROVISION OF INDOOR SPORTING EVENTS

Will you be providing indoor sporting events?

- Yes No

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PROVISION OF BOXING OR WRESTLING ENTERTAINMENTS

Will you be providing boxing or wrestling entertainments?

- Yes No

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PROVISION OF LIVE MUSIC

Will you be providing live music?

- Yes No

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PROVISION OF RECORDED MUSIC

Will you be providing recorded music?

- Yes No

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PROVISION OF PERFORMANCES OF DANCE

Will you be providing performances of dance?

- Yes No

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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

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

SATURDAY

Start

End

Start

End

SUNDAY

Start

End

Start

End

Will the provision of late night refreshment take place indoors or outdoors or both?

- Indoors Outdoors Both

Where taking place in a building or other structure tick as appropriate. Indoors may include a tent.

State 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.

The premises will have out side seating as well as inside.

Continued from previous page...

State any seasonal variations

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

Spring, summer and atuhom

Non-standard timings. Where the premises will be used for the supply of late night refreshments 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.

Xmas, St patrik day and 21st March (Newroz)

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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

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

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.

Spicing, summer and autumn

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.

New year, St Patrik day, Newroz day (21st March)

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

Name

First name

Family name

Continued from previous page...

Enter the contact's address

Building number or name	<input type="text" value="19"/>
Street	<input type="text" value="hoppner road"/>
District	<input type="text"/>
City or town	<input type="text" value="hayes"/>
County or administrative area	<input type="text" value="middlesex"/>
Postcode	<input type="text" value="ub4 8py"/>
Country	<input type="text" value="United Kingdom"/>
Personal Licence number (if known)	<input type="text" value="LBHIL2404"/>
Issuing licensing authority (if known)	<input type="text" value="hillington"/>

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.

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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.

Continued from previous page...

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

State any seasonal variations

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

SUMMER, SIPRING AND AUTUMN

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.

XMAS, ST PATRIK DAYS AND 21ST MARCH (NEWROZ)

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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)

Continued from previous page...

List here steps you will take to promote all four licensing objectives together.

THERE IS A 4 CCTV IN PUBLIC AREA, 2 INSIDE AND 2 OUT SIDE. THE IMAGES WILL RECORDED FOT A MONTH. SECURITY BY A BALLYMORE GROUP WHO PATROLLING 24/7 HOUR/DAY.

b) The prevention of crime and disorder

PREMISES HAS A 4 CCTV IN PUBLIC AREA, SECURITY BY A BALLYMORE GROUP WHO PATROLLING 24/7 HOUR/DAY AND SIGANGES TO POLITLY ASK CUSTOMER TO LEAVE SILENCLY.

c) Public safety

STAFF WILL BE TRAINED FOR FIRST AID. CCTV IN PUBLIC AREA, SECURITY BY A BALLYMORE GROUP WHO PATROLLING 24/7 HOUR/DAY

d) The prevention of public nuisance

CCTV IN PUBLIC AREA, SECURITY BY A BALLYMORE GROUP WHO PATROLLING 24/7 HOUR/DAY AND SIGANGES TO ASK CUSTOMER TO LEAVE QUATLY.

e) The protection of children from harm

CCTV IN PUBLIC AREA, SIGNAGE FOR CHALANGE 21 YEAR OLD AND SHOW ID.

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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

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

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

HEVAL SEVHAT

Continued from previous page...

* 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

OFFICE USE ONLY

Applicant reference number

Fee paid

Payment provider reference

ELMS Payment Reference

Payment status

Payment authorisation code

Payment authorisation date

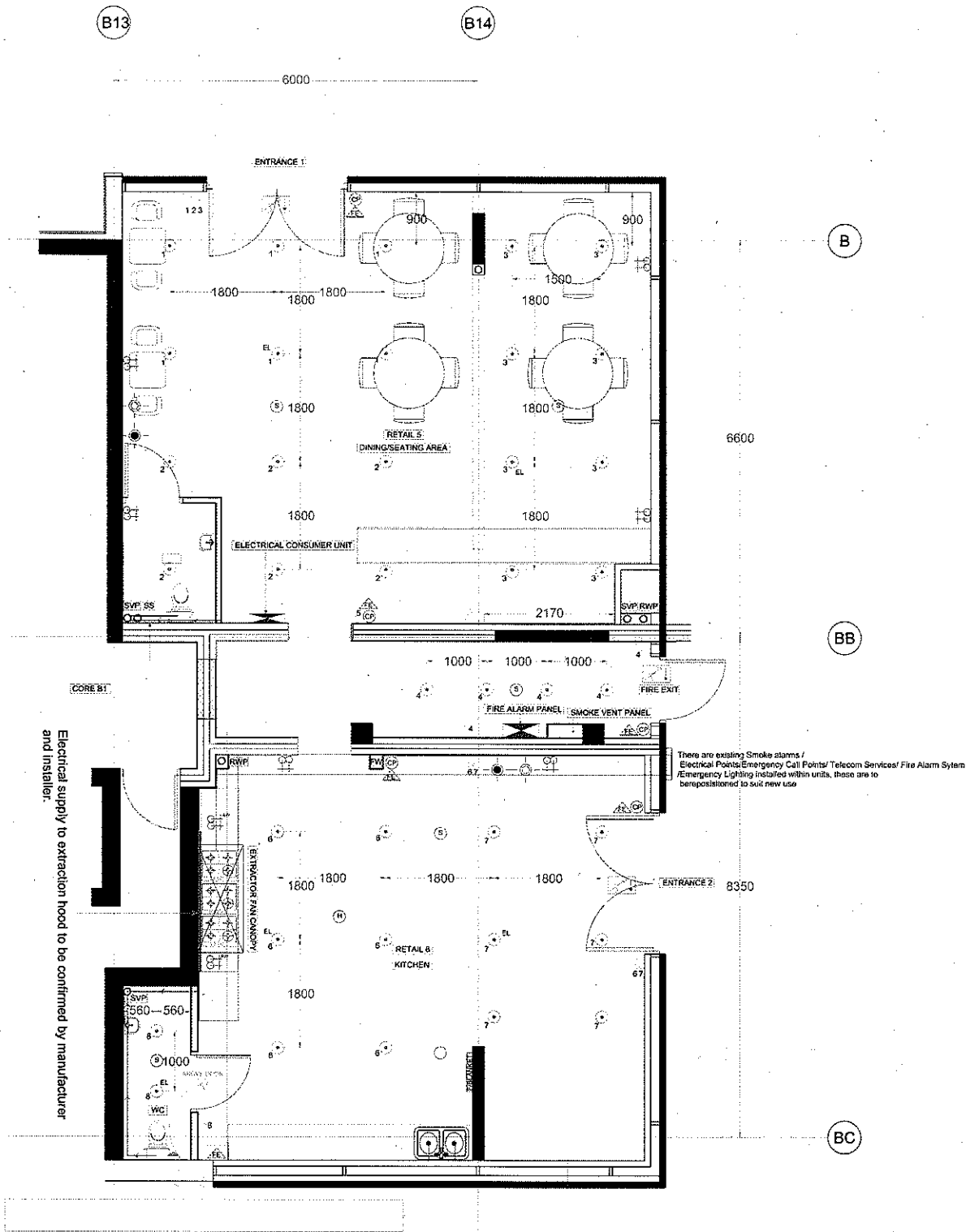
Date and time submitted

Approval deadline

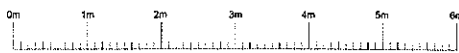
Error message

Is Digitally signed

Appendix 2



PROPOSED LAYOUT
SCALE BAR 1:50 @ A1



SCALE BAR 1:50 @ A1