

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

RECEIVED

2 7 MAY 2010

Reference number:

### 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 baxes 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) 1/1/1/19

(1)

ZAPAW

MIN CHOUDHARY

apply for a premises licence under section 17 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 promise	
Postal address of premises or, if none, Ordnance Surve	y map reference or description
149/151 JAMAICA	20AD "
LOUDON.	
Post town	Postcode SEI6 4SH
Telephone number at premises(if any)	
Non-domestic rateable value of premises	£8,000
Part 2 - Applicant details	
Please state whether you are applying for a premises lice	nce as
an individual or individuals*	Please tick / yes  please complete section (A)
a person other than an individual*	h
: as a limited company	C plana complete a complete
ii. as a partnership	please complete section (B)
iii. as an unincorporated association; or	☐ please complete section (B)
iv. other (for example a statutory corporation)	please complete section (B)  please complete section (B)
Insert name and address of relevant licensing authority and its reference numbers name(s) of applicant	mber (optional)

c)	a recognised club	please complete section (B)
d)	a charity	please complete section (B)
e)	the proprietor of an educational establishmen	please complete section (B)
1)	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 a 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 y	ou are applying as a person described in (a) or	(b) please confirm: Please tick ✓ yes
	<ul> <li>I am carrying on or proposing to carry on which involves the use of the premises fo</li> </ul>	a business [] r licensable activitiès; or
	<ul> <li>I am making the application pursuant to</li> </ul>	
	- a statutory function; or	
	<ul> <li>a function discharged by virtue of H</li> </ul>	er Majesty's prerogative
(A) Mr [	INDIVIOUAL APPLICANTS (fill in as applicable  Mrs	Ms Other title (for example, Rev)
[	F	irst names
	HOUDHARY	LIMA CAPAM
lam	Please tick ves  18 years old or over Date	of birth Day Month Year of birth 23061984
Cum	ent postal address if different from premises ac	dress
10	05 DOLLIS HIL	L LAIE
Post	town	Postcode NN 2 GHP.
Dayti	me contact telephone number	07707561774
E-ma (option	il address al)	

## SECOND INDIVIDUAL APPLICANT (if applicable) Mr [] Mrs 🗍 Miss [ Ms 🔲 Other title (for example, Rev) Surname First names Please lick / yes I am 18 years old or over Day Month Year Date of birth 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. Address Registered number (where applicable) Description of applicant (for example partnership, company, unincorporated association etc.)

Telephone number (if any)

E-mail address (optional)

### Part 3 - Operating Schedule

When do you want the premises licences to start?

Day Month Year

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

Day Month Year

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

CONVENIENCE STORE

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

NA

What licensable activities do you intend to carry on from the premises? (Please see sections 1 and 14 of the Licensing Act 2003 and Schedule 1 and 2 to the Licensing Act 2003)

t.re	ovision of regulated entertainment	
	•	Please tick 🗸 yes
a)	plays (if ticking yes, fill in box A)	
p)	films (if ticking yes, fill in box B)	
c)	indoor sporting events (if ticking yes, fill in box C)	П
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)	
Pro	vision of entertainment facilities for:	
i)	making music (if ticking yes, fill in box I)	
j)	dancing (if ticking yes, fill in box J)	<u></u>
k)	entertainment of a similar description to that falling within (i) or (j) (if ticking yes, fill in box K)	
Prov	ision of late night refreshment (if ticking yes, fill in box L)	
Supl	oly of alcohol (if ticking yes, fill in box M)	<b>D</b>

In all cases complete boxes N, O and P

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Sur	e lei	of al	cohol	Will the sale of alcohol be for consumption			
				- please tick box 🗸 (please read guidance note 7)			
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State the name and details of the individual whom you wish to specify on the licence as premises superviso
Name WARAS AMIN ZHOUDHARY
Address 165 DOLLIS HILL LANE
Postcode NWZ COHP
Personal Licence number (if known) 365010  Issuing licensing authority (if known) BRWT

### 

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

			,
Hours premises are open to the public			State any seasonal variations (please read guidance note 4)
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a) General – all four licensing objectives (b,c,d,e) (please read guidance note 9)				
b) The prevention of crime and disorder				
b) The provention of other and and and				
c) Public safety				
	•			
	•			
d) The prevention of public nuisance				
e) The protection of children from harm				



### CHECKLIST

- I have made or enclosed payment of the fee
- I have enclosed the plan of the premises
- l'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
- Lunderstand 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. (Please read guidance have to it signing on behalf of the applicant please state in what capacity.

Signaturé .

Date

27/5/10

Capacity

Being Carl

: ;

For joint applications signature of 2nd applicant, 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)

HICH MA

HICH MA

Post town

Postcode M S J A

If you would prefer us to correspond with you by E-mail your e-mail address (optional)

IN SOUNCES CO. JK

Consent of individual to being specified as premises supervisor HARAS AMIN SHOUDHARY [full name of prospective premises supervisor] -15 HILL LOVE NWZ GHP [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 RETAIL SALE OF ALCOHOL [type of application] AMIN CHOUDMARY [name of applicant] | SE | SE | SE | Iname and address of premises to which the application relates and any premises licence to be granted or varied in respect of this application made AMIN CHOUDHAR- [name of applicant] concerning the supply of alcohol at MESTWAT 151 JAMAICA P (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 368010 (insert personal licence number, if any) Personal licence issuing authority ..... REPENT linsert name and address and telephone number of personal licence issuing authority, if any AMIN = HOUDH Rese print)

OFFICE COPY PROVISIONAL DRAWING

# Proposed Floor plan

Meeting Date: \_\_/\_\_/2008\_\_1118/

AVI STAN MXI

17th Oct 09

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WATAKHAR

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Ar TAKhan

James a Board, Landon SE16

REFRICERATION & SHELVING DIRECT SALES

