



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

RECEIVED
27 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 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

(2) I/We WAQAS AMIN CHOUDHARY

apply for a premises licence under section 17 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 WA-1 149/151 JAMAICA ROAD LONDON	
Post town	Postcode SE16 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 licence as

- Please tick yes
- a) an individual or individuals* please complete section (A)
 - b) a person other than an individual*
 - i. as a limited company please complete section (B)
 - 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)

(1) Insert name and address of relevant licensing authority and its reference number (optional)
(2) Insert name(s) of applicant

- 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 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 Mrs Miss Ms Other title (for example, Rev)

Surname First names

I am 18 years old or over Please tick yes
 Date of birth Day Month Year

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

Mrs

Miss

Ms

Other title
(for example, Rev)

Surname

First names

I am 18 years old or over

Please tick ✓ yes

Date of birth

Day

Month

Year

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

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

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
	ASAP	

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

N/A

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)

Provision of regulated entertainment

Please tick ✓ yes

- 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 entertainment facilities for:

- i) making music (if ticking yes, fill in box I)
- j) dancing (if ticking yes, fill in box J)
- k) entertainment of a similar description to that falling within (i) or (j) (if ticking yes, fill in box K)

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

A

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

B

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

C

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

N
A

D

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

E

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

N
A

F

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

G

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

N

H

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

A

Provision of facilities for making music			Please give a description of the facilities for making music you will be providing
Standard days and timings (please read guidance note 6)			Will the facilities for making music be indoors or outdoors or both - please tick <input checked="" type="checkbox"/> (please read guidance note 2)
Day	Start	Finish	Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Both <input type="checkbox"/>
Mon			Please give further details here (please read guidance note 3)
Tue			
Wed			State any seasonal variations for the provision of facilities for making music (please read guidance note 4)
Thur			
Fri			Non-standard timings. Where you intend to use the premises for provision of facilities for making music at different times from those listed in the column on the left, please list (please read guidance note 5)
Sat			
Sun			

J

Provision of facilities for dancing			Please give a description of the facilities for dancing you will be providing
Standard days and timings (please read guidance note 6)			Will the facilities for dancing be indoors or outdoors or both - please tick <input checked="" type="checkbox"/> (please read guidance note 2)
Day	Start	Finish	Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Both <input type="checkbox"/>
Mon			Please give further details here (please read guidance note 3)
Tue			
Wed			State any seasonal variations for providing dancing facilities (please read guidance note 4)
Thur			
Fri			Non-standard timings. Where you intend to use the premises for the provision of facilities for dancing entertainment at different times from those listed in the column of the left, please list (please read guidance note 5)
Sat			
Sun			

L

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 Outdoors Both

Day	Start	Finish	
Mon			Please give further details here (please read guidance note 3)
Tue			
Wed			State any seasonal variations for the provision of late night refreshment (please read guidance note 4)
Thur			
Fri			Non-standard timings. Where you intend to use the premises for the provision of late night refreshment at different times from those listed in the column on the left, please list (please read guidance note 5)
Sat			
Sun			

M

Supply of alcohol
Standard days and timings
(please read guidance note 6)

Will the sale of alcohol be for consumption - please tick box (please read guidance note 7)

On the premises Off the premises Both

Day	Start	Finish	
Mon	07.00	23.00	State any seasonal variations for the supply of alcohol (please read guidance note 4)
Tue	07.00	23.00	
Wed	07.00	23.00	Non-standard timings. Where you intend to use the premises for the supply of alcohol at different times from those listed in the column on the left, please list (please read guidance note 5)
Thur	07.00	23.00	
Fri	07.00	23.00	
Sat	07.00	23.00	
Sun	07.00	23.00	

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

Name **WAQAS AMIN CHOUDHARY**
 Address **165 DOLLIS HILL LANE**
LONDON
 Postcode **NW2 6HP**
 Personal Licence number (if known) **368010**
 Issuing licensing authority (if known) **BRENT**

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 6)

NONE

O

Hours premises are open to the public			State any seasonal variations (please read guidance note 4)
Day	Start	Finish	
Mon	00.00	24.00	Non-standard timings. Where you intend to use 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)
Tue	00.00	24.00	
Wed	00.00	24.00	
Thur	00.00	24.00	
Fri	00.00	24.00	
Sat	00.00	24.00	
Sun	00.00	24.00	

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

b) The prevention of crime and disorder

c) Public safety

d) The prevention of public nuisance

e) The protection of children from harm

Please tick yes

~~13~~
13

CHECKLIST

- 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. (Please read guidance note 11) If signing on behalf of the applicant please state in what capacity.

Signature *[Handwritten Signature]*

Date 27/5/10

Capacity AUTHORIZED AGENT

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)

ANTHONY HICKMAN
LICENSING SERVICES AGENCY
MULBERRY HOUSE
583 FULHAM ROAD
LONDON O7941-659131

Post town

Postcode SW6 5UA

Telephone number (if any)

0207-471-1849

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

info @ licensing services .co.uk

Consent of individual to being specified as premises supervisor

WAQAS AMIN CHOUDHARY
[full name of prospective premises supervisor]

of 165 DOLLIS HILL LANE
LONDON NW2 6HP

[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]

by WAQAS AMIN CHOUDHARY [name of applicant]

relating to a premises licence [number of existing licence, if any]

for WESTWAY

149/151 JAMAICA ROAD

LONDON SE16 4SH

[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 WAQAS AMIN CHOUDHARY [name of applicant]

concerning the supply of alcohol at WESTWAY

149/151 JAMAICA ROAD

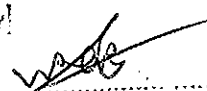
LONDON SE16 4SH

[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]

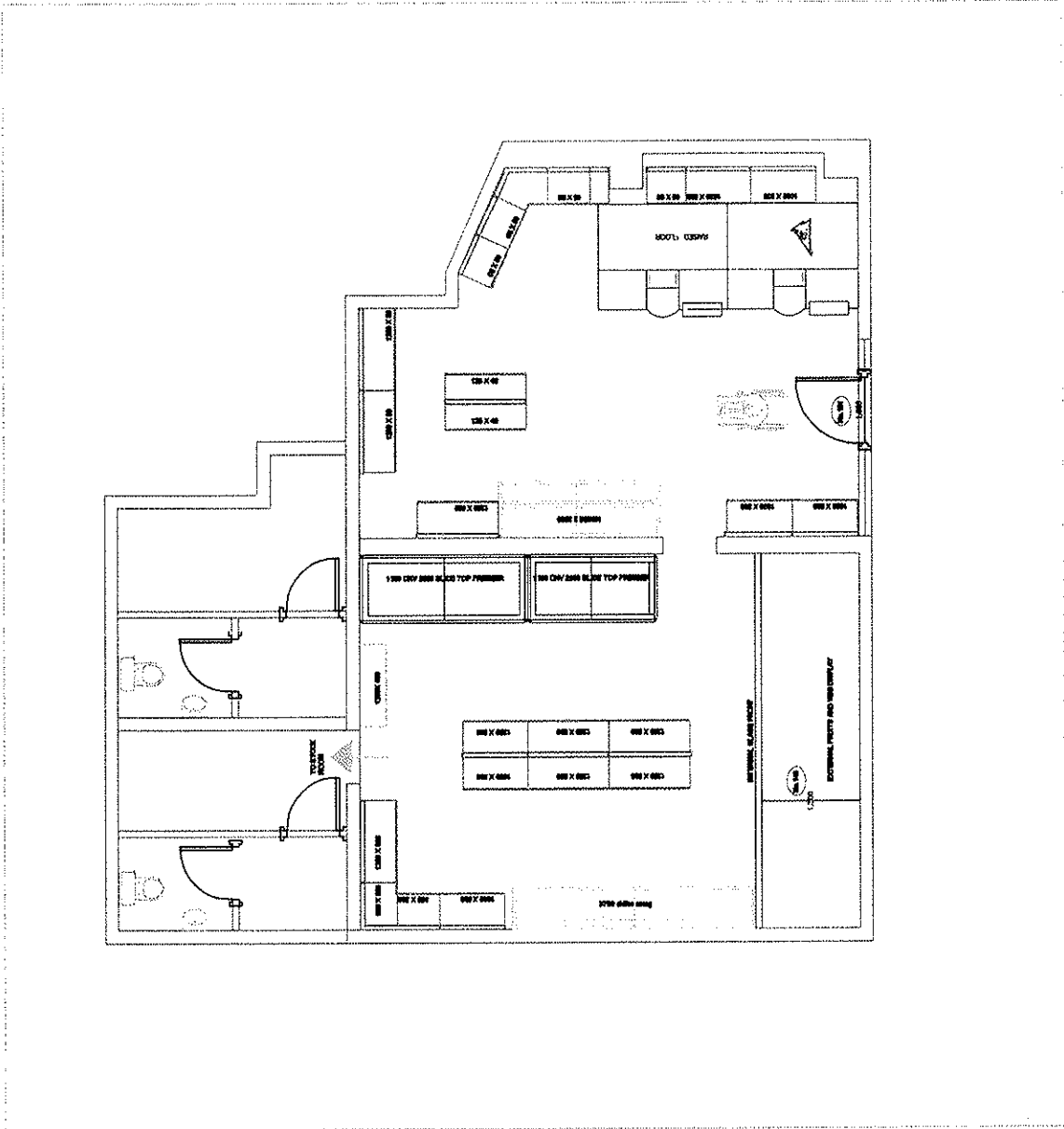
Personal licence issuing authority BRENT
[insert name and address and telephone number of personal licence issuing authority, if any]


WAQAS AMIN CHOUDHARY
signed name (please print)

27/5/10 dated

Proposed Floor plan

OFFICE COPY
PROVISIONAL DRAWING
Drawing Date: / / 2008. 11 AM



This drawing shows approximate positions. Other details, in accordance with contract conditions, are shown on drawings submitted to the client.

Refrigeration & Shelving
DIRECT SALES

Client Name	Mr T A Khan	Project Name	REFS
Address	Junction Road, London SE16	Contract No.	RTS
Contract Value	1,100	Drawn By	Jan/08
Scale	1:100	Checked By	17th Oct 09