

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 CHANGEZ RAZAQ, SHAFIQ RAZAQ
(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			
LOCAL EXPRESS, 202 — 206 UNION STREET, SOUTHWARK.			
Post town	LONDON	Post code	SE1 0LH

Telephone number at premises (if any)	N/A
Non-domestic rateable value of premises	£30,000

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)
- 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 <input checked="" type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
Surname RAZAQ			First names CHANGEZ		
I am 18 years old or over				<input checked="" type="checkbox"/> Please tick yes	
Current postal address if different from premises address		33 DOBREE AVE, WILLESDEN			
Post Town	LONDON		Postcode	NW10 2AD	
Daytime contact telephone number			07904911220		
E-mail address (optional)		changez@mail.com			

SECOND INDIVIDUAL APPLICANT (if applicable)

Mr <input checked="" type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
Surname RAZAQ			First names SHAFIQ		
I am 18 years old or over				<input checked="" type="checkbox"/> Please tick yes	

Current postal address if different from premises address	30 HUDDLESTONE ROAD, WILLESDEN GREEN.		
Post Town	LONDON	Postcode	NW2 5DN
Daytime contact telephone number	07944481750		
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 N/A
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 licence to start?

Day	Month	Year
28	04	2009

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 note1)

APPROX 850 SQ/FT FOOD RETAIL SHOP. PREMISES WITH SMALL STORAGE, CCTV ROOM, SHOP FRONT SHUTTERS, 'REDCARE' AND CCTV SYSTEM.

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

2/1

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 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:

- 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 Standard days and timings (please read guidance note 6)			Will the performance of a play 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			<u>Please give further details here</u> (please read guidance note 3)	Both	<input type="checkbox"/>
Tue				N/A.	
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					

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M

Supply of alcohol Standard days and timings (please read guidance note 6)			Will the supply of alcohol be for consumption (Please tick box) (please read guidance note 7)	On the premises	<input type="checkbox"/>
				Off the premises	<input checked="" type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	State any seasonal variations for the supply of alcohol (please read guidance note 4)		
Mon	00:00	00:00			
Tue	00:00	00:00			
Wed	00:00	00:00			
Thur	00:00	00:00			
Fri	00:00	00:00			
Sat	00:00	00:00			
Sun	00:00	00:00			
			Non standard timings. Where you intend to use the premises for the supply of alcohol at different times to those listed in the column on the left, please list (please read guidance note 5)		
			24 HR. APPLICATION FOR SALE OF ALCOHOL.		

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

Name	CHANGEZ RAZAQ.
Address	33 DOBREE AVE, WILLESDEN,
Postcode	NW10 2AD.
Personal Licence number (if known)	150197.
Issuing licensing authority (if known)	BRENT. COUNCIL.

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 8)

N/A

O

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	
Mon	00:00	00:00	24 HRS OPENING
Tue	00:00	00:00	
Wed	00:00	00:00	
Thur	00:00	00:00	
Fri	00:00	00:00	
Sat	00:00	00:00	
Sun	00:00	00:00	

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)

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

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

RISK ASSESSMENTS – ADEQUATE STAFF TRAINING + COURSES.
CCTV IN PLACE – ADOBT CHALLENGE 21.
ALCOHOL KEPT AWAY FROM FRONT DOOR.

b) The prevention of crime and disorder

CCTV IN PLACE, SECURE SHOP FRONT/SHUTTERS + ALARM SYSTEM. INCIDENT LOG TO BE MAINTAINED AT ALL TIMES AND MADE AVAILABLE TO THE POLICE AND LONDON BOROUGH OF SOUTHWARK ON REQUEST. ADEQUATE STAFF LEVELS WITH APPROPRIATE TRAINING TO PREVENT CRIME – NOTICES + CHECKS/PROCEDURES IN PLACE.
CHALLENGE 21 IN PLACE.

c) Public safety

- INCIDENTS LOGGED AND REPORTED IF REQUIRED.
- REGULAR RISK ASSESSMENTS.
- ADEQUATE/APPROVED FIRE PRECAUTION SYSTEMS IN PLACE.
- CHALLENGE 21 IN PLACE.

d) The prevention of public nuisance

- LIASON WITH METROPOLITAN POLICE AND SOUTHWARK COUNCIL IF REQUIRED.
- INCIDENT LOG MAINTAINED
- CUSTOMER COMPLAINTS AND PUBLIC NUISANCE DELT WITH IMMEDIATELY.
- SHOP AND AREA OUTSIDE TO BE KEPT CLEAR/CLEAN-

e) The protection of children from harm

STRICT I.D. CHECKS/INCIDENTS LOGGED – ADEQUATE SIGNAGE. (IMPLEMENT CHALLENGE 21.) FEED BACK TO LOCAL BEAT OFFICER (POLICE).
STAFF JOB DISCRPTIONS TO INCLUDE STANDARDS FOR ALL FOUR LICENSING OBJECTIVES.


Please tick yes

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

Signature	
Date	26-03-09
Capacity	BUSINESS OWNER / PARTNER.

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	26-03-09.
Capacity	BUSINESS OWNER / PARTNER.

Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 13)			
Post town		Post code	
Telephone number (if any)			
If you would prefer us to correspond with you by e-mail your e-mail address (optional)			