

Licensing Section, Harrow Council, PO Box 18, Civic Centre, Harrow, HA1 2UT

(Part A) Application for an existing licence to be converted to a premises licence under the Licensing Act 2003 and (Part B) application to vary the premises licence simultaneously

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 [K. SAHILAN] apply to convert an existing licence to a premises licence under Schedule 8 to the Licensing Act 2003 for the premises described in Part A1 below

Part A1 – Premises Details

Postal address of premises or, if none, ordnance survey map reference or description SOUTH HARROW OFF LICENCE 293 NORTHOLT ROAD SOUTH HARROW	
Post town MIDDLESEX	Post code HA2 8HX

Telephone number of premises (if any)

020 8423 1930

Non-domestic rateable value of premises

£13000

Part A2 – Applicant Details

Please state the capacity in which you are applying to convert your existing licence

Please tick ✓

- | | |
|---|---|
| a) An individual or individuals | <input checked="" type="checkbox"/> please complete section (A) |
| b) a person other than an individual | |
| i. as a limited company | <input type="checkbox"/> please complete section (B) |
| ii. as a partnership | <input type="checkbox"/> please complete section (B) |
| iii. as an unincorporated association or | <input type="checkbox"/> please complete section (B) |
| iv. other (for example a statutory corporation) | <input type="checkbox"/> please complete section (B) |
| c) a recognised club | <input type="checkbox"/> please complete section (B) |
| d) a charity | <input type="checkbox"/> please complete section (B) |
| e) the proprietor of an educational establishment | <input type="checkbox"/> please complete section (B) |
| f) a health service body | <input type="checkbox"/> 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)

(A) INDIVIDUAL APPLICANTS (fill in as applicable)

Mr ☒ Mrs ☐ Miss ☐ Ms ☐ Other title (for example, Rev) ☐

Surname

SAHILAN

First names

KANAGARATNAM

I am 18 years old or over

Please tick ☒ Yes

Current postal
address
if different from
premises address

227 NORTHOLT ROAD
SOUTH HARROW
MIDDX

Post Town

MIDDLESEX

Postcode

HA2 8HN

Daytime contact telephone number

077666 50973

E-mail address
(optional)

SECOND INDIVIDUAL APPLICANT (if applicable)

Mr ☒ Mrs ☐ Miss ☐ Ms ☐ Other title (for example, Rev) ☐

Surname

SUJEEVAN

First names

KANAGARATNAM

I am 18 years old or over

Please tick ☒ Yes

Current postal
address
if different from
premises address

227 NORTHOLT ROAD
SOUTH HARROW

Post Town

MIDDLESEX

Postcode

HA2 8HN

Daytime contact telephone number

020 8423 1930

E-mail address
(optional)

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 A3 - Operating Schedule

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

General description of premises (please read guidance note 1)

OFF LICENCE SELLING Alcohol TOBACCO ICE CREAM SOFT DRINKS

Please tick Y Yes

What existing licensable activities are authorised by your existing licence(s)?

Provision of regulated entertainment

- | | |
|---|--------------------------|
| a) plays | <input type="checkbox"/> |
| b) films | <input type="checkbox"/> |
| c) indoor sporting events | <input type="checkbox"/> |
| d) boxing or wrestling entertainment | <input type="checkbox"/> |
| e) live music | <input type="checkbox"/> |
| f) recorded music | <input type="checkbox"/> |
| g) performances of dance | <input type="checkbox"/> |
| h) anything of a similar description to that falling within (e), (f) or (g) | <input type="checkbox"/> |

Provision of entertainment facilities for:

- | | |
|---|--------------------------|
| i) making music | <input type="checkbox"/> |
| j) dancing | <input type="checkbox"/> |
| k) entertainment of a similar description to that falling within (i) or (j) | <input type="checkbox"/> |

Provision of late night refreshment

☐

Sale by retail of alcohol

- | | |
|-------------------------------------|-------------------------------------|
| a) for consumption on the premises | <input type="checkbox"/> |
| b) for consumption off the premises | <input checked="" type="checkbox"/> |

Please state who you wish to be specified to be the premises supervisor under the new licence

Name MR. K. SAHILAN

Address 227 NORTHOLT ROAD, HARROW, MIDDX HA2 8HN

Personal Licence number, if known,

State any limitations on the hours during which you are permitted by your licence(s) or any additional authorities to conduct licensable activities, including the sale of alcohol.

PERMITTED HOURS

Describe the conditions subject to which your existing licence(s) has/have been granted (please read guidance note 2):

a) General – all four licensing objectives (b,c,d,e)

b) The prevention of crime and disorder

c) Public safety

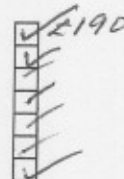
N/A

d) The prevention of public nuisance

e) The protection of children from harm

Please tick Y Yes

- I have made or enclosed payment of the fee
- I have enclosed my existing licence(s) or a certified copy of each licence
- I have enclosed a plan of the premises
- I have sent copies of this application to the chief officer of police (please read guidance note 3)
- I have enclosed the consent form completed by the proposed premises supervisor, if relevant
- I have enclosed the consent of the justices' licence holder to my application, if relevant
- 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 A4 – Signatures (please read guidance note 4)

Signature of applicant or applicant's solicitor or other duly authorised agent (please read guidance note 5). If signing on behalf of the applicant please state in what capacity.

Signature

..... 21009/

Date

..... 05/05/05

Capacity

..... OWNER

For joint applications signature of 2nd applicant or 2nd applicant's solicitor or other authorised agent (please read guidance note 6). If signing on behalf of the applicant please state in what capacity.

Signature

.....

Date

.....

Capacity

.....

Contact name (where not previously given) and address for correspondence associated with this application (please read guidance note 7)

Post town

Post code

Telephone number

E-mail address (optional)

IF YOU WISH TO APPLY SIMULTANEOUSLY FOR A VARIATION OF THE PREMISES LICENCE IF IT IS CONVERTED FROM YOUR EXISTING LICENCE(S) UNDER SECTION 34 OR 37 OF THE LICENSING ACT 2003, NOW COMPLETE PART B OF THIS FORM.

IF YOU DO NOT WISH TO APPLY SIMULTANEOUSLY FOR A VARIATION OF THE PREMISES LICENCE IF IT IS CONVERTED FROM YOUR EXISTING LICENCE(S), YOU SHOULD LEAVE PART B BLANK.

PART B - Application to vary a premises licence under the Licensing Act 2003

I/We being the proposed premises licence holder of an
[Insert name of applicant]
existing licence to be converted under the terms of Schedule 8 to the Licensing Act
2003 apply to vary it under section 34/section 37 of the Licensing Act 2003 (delete as
applicable) for the premises described in Part A above.

Part B1 - Variation

Do you want the proposed variation to have effect from the second appointed day?

Please tick ☒ Y

If not when do you want the variation to take effect from

Day		Month		Year	

If your proposed variation would mean that 5,000 or more people are expected to attend the premises at any
one time, please state the number expected to attend

--

Please describe briefly the nature of the proposed variation. (Please read guidance note 8)

2nd

I would like to Extend THE HOURS TO 2 HR

MON	- 09 AM	- 01.00 AM
TUE	- 09 AM	- 01.00 AM
WE	- 09 AM	- 01.00 AM
TH	- 09 AM	- 01.00 AM
FR	- 09 AM	- 01.00 AM
SAT	- 09 AM	- 01.00 AM
SUN	- 09 AM	- 01.00 AM

Part B2 - Operating Schedule

Please complete those parts of the operating schedule which would be subject to change if this application to vary were successful.

What licensable activities do you now intend to conduct on the premises and/or at what varied times do you intend to conduct them?

(please see section 1 of the Licensing Act 2003 and Schedule 1 to the Licensing Act 2003)

Please tick Y Yes

Provision of regulated entertainment

- 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)

☐

Sale by retail of alcohol (if ticking yes, fill in box M)

Please complete Part B3 on this form.

☒

A

Plays Standard days and timings (please read guidance note 8)			Will the performance of a play take place indoors or outdoors or both – please tick [Y] (please read guidance note 9)	Indoors	
Day	Start	Finish		Outdoors	
Mon			Please give further details here (please read guidance note 10)	Both	
Tue					
Wed					
Thur			State any seasonal variations for performing plays (please read guidance note 11)		
Fri					
Sat					
Sun			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 (please read guidance note 12)		

B

Films			Will the exhibition of films take place indoors or outdoors or both – please tick [Y](please read guidance note 9)	Indoors	
Standard days and timings (please read guidance note 8)				Outdoors	
Day	Start	Finish		Both	
Mon			<u>Please give further details here</u> (please read guidance note 10)		
Tue					
Wed			<u>State any seasonal variations for the exhibition of films</u> (please read guidance note 11)		
Thur					
Fri			<u>Non standard timings. Where you intend to use the premises for the exhibition of films at different times to those listed in the column on the left, please list</u> (please read guidance note 12)		
Sat					
Sun					

C

Indoor sporting events			Please give further details (please read guidance note 10)
Standard days and timings (please read guidance note 8)			
Day	Start	Finish	
Mon			
Tue			<u>State any seasonal variations for indoor sporting events</u> (please read guidance note 11)
Wed			
Thur			<u>Non standard timings. Where you intend to use the premises for indoor sporting events at different times to those listed in the column on the left, please list</u> (please read guidance note 12)
Fri			
Sat			
Sun			

D

Boxing or wrestling entertainment Standard days and timings (please read guidance note 8)			Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick [Y](please read guidance note 9)	Indoors	
Day	Start	Finish		Outdoors	
Mon			<u>Please give further details here</u> (please read guidance note 10)	Both	
Tue					
Wed			<u>State any seasonal variations for boxing or wrestling entertainment</u> (please read guidance note 11)		
Thur					
Fri			<u>Non standard timings. Where you intend to use the premises for boxing or wrestling entertainment at different times to those listed in the column on the left, please list</u> (please read guidance note 12)		
Sat					
Sun					

E

Live music Standard days and timings (please read guidance note 8)			Will the performance of live music take place indoors or outdoors or both – please tick [Y](please read guidance note 9)	Indoors	
Day	Start	Finish		Outdoors	
Mon			<u>Please give further details here</u> (please read guidance note 10)	Both	
Tue					
Wed			<u>State any seasonal variations for the performance of live music</u> (please read guidance note 11)		
Thur					
Fri			<u>Non standard timings. Where you intend to use the premises for the performance of live music at different times to those listed in the column on the left, please list</u> (please read guidance note 12)		
Sat					
Sun					

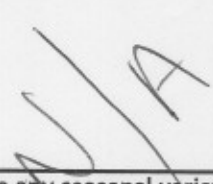
F

Recorded music Standard days and timings (please read guidance note 8)			Will the playing of recorded music take place indoors or outdoors or both – please tick [Y] (please read guidance note 9)	Indoors	
Day	Start	Finish		Outdoors	
Mon			Please give further details here (please read guidance note 10)	Both	
Tue					
Wed					
Thur			State any seasonal variations for playing recorded music (please read guidance note 11)		
Fri					
Sat					
Sun			Non standard timings. Where you intend to use the premises for the playing of recorded music entertainment at different times to those listed in the column on the left, please list (please read guidance note 12)		

G

Performances of dance Standard days and timings (please read guidance note 8)			Will the performance of dance take place indoors or outdoors or both – please tick [Y] (please read guidance note 9)	Indoors	
Day	Start	Finish		Outdoors	
Mon			Please give further details here (please read guidance note 10)	Both	
Tue					
Wed					
Thur			State any seasonal variations for the performance of dance (please read guidance note 11)		
Fri					
Sat					
Sun			Non standard timings. Where you intend to use the premises for the performance of dance entertainment at different times to those listed in the column on the left, please list (please read guidance note 12)		

H

Anything of a similar description to that falling within (e), (f) or (g) Standard days and timings (please read guidance note 8)			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 [Y] (please read guidance note 9)	Indoors
				Outdoors
				Both
Mon				
Tue				
Wed				
Thur			State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g) (please read guidance note 11)	
Fri				
Sat			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 to those listed in the column on the left, please list (please read guidance note 12)	
Sun				

Provision of facilities for making music Standard days and timings (please read guidance note 8)			Please give a description of the facilities for making music you will be providing				
			Will the facilities for making music be indoors or outdoors or both – please tick [Y] (please read guidance note 9)	<table border="1"> <tr> <td>Indoors</td> <td></td> </tr> <tr> <td>Outdoors</td> <td></td> </tr> <tr> <td>Both</td> <td></td> </tr> </table>	Indoors		Outdoors
Indoors							
Outdoors							
Both							
Day	Start	Finish	Please give further details here (please read guidance note 10)				
Mon							
Tue							
Wed							
Thur							
Fri							
Sat							
Sun			State any seasonal variations for the provision of facilities for making music (please read guidance note 11)				
			Non standard timings. Where you intend to use the premises for provision of facilities for making music entertainment at different times to those listed in the column on the left, please list (please read guidance note 12)				

Provision of facilities for dancing Standard days and timings (please read guidance note 8)			Will the facilities for dancing be indoors or outdoors or both – please tick [Y] (see guidance note 9)				
			<table border="1"> <tr> <td>Indoors</td> <td></td> </tr> <tr> <td>Outdoors</td> <td></td> </tr> <tr> <td>Both</td> <td></td> </tr> </table>	Indoors		Outdoors	
Indoors							
Outdoors							
Both							
Day	Start	Finish	Please give further details here (please read guidance note 10)				
Mon							
Tue							
Thur							
Fri							
Sat							
Sun							
			State any seasonal variations for providing dancing facilities (please read guidance note 11)				
			Non standard timings. Where you intend to use the premises for the provision of facilities for dancing entertainment at different times to those listed in the column on the left, please list (please read guidance note 12)				

K

Provision of facilities for entertainment of a similar description to that falling within I or J Standard days and timings (please read guidance note 8)			Please give a description of the type of entertainment facility you will be providing	
Day	Start	Finish	Will the entertainment facility be indoors or outdoors or both – please tick [Y] (please read guidance note 9)	Indoor
				Outdoor
				Both
Mon			Please give further details here (please read guidance note 10)	
Tue				
Wed				
Thur			State any seasonal variations for the provision of facilities for entertainment of a similar description to that falling within I or J (please read guidance note 11)	
Fri				
Sat				
Sun			Non standard timings. Where you intend to use the premises for the provision of facilities for entertainment of a similar description to that falling within I or J at different times to those listed in the column on the left, please list (please read guidance note 12)	

L

Late night refreshment Standard days and timings (please read guidance note 8)			Will the provision of late night refreshment take place indoors or outdoors or both – please tick [Y] (please read guidance note 9)		Indoors	
Day	Start	Finish			Outdoors	
					Both	
Mon			Please give further details here (please read guidance note 10)			
Tue						
Wed						
Thur			State any seasonal variations for the provision of late night refreshment (please read guidance note 11)			
Fri						
Sat						
Sun			Non standard timings. Where you intend to use the premises for the provision of late night refreshment at different times, to those listed in the column on the left, please list (please read guidance note 12)			

M

Supply of alcohol Standard days and timings (please read guidance note 8)			Will the supply of alcohol be for consumption (Please tick box Y) (please read guidance note 13)	On the premises Off the premises Both
Day	Start	Finish		
Mon	9 AM	01 AM	State any seasonal variations for the supply of alcohol (please read guidance note 11)	
Tue	9 AM	01 AM		
Wed	9 AM	01 AM		
Thur	9 AM	01 AM		
Fri	9 AM	01 AM	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 12)	
Sat	9 AM	01 AM		
Sun	9 AM	01 AM		
			MON - 9 AM - 01 AM TUE - 9 AM - 01 AM WED - 9 AM - 01 AM THU - 9 AM - 01 AM FRI - 9 AM - 01 AM SAT - 9 AM - 01 AM SUN - 9 AM - 01 AM	

IN ALL CASES PLEASE COMPLETE BOXES N, O, P and Q below

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 14)

O

Hours premises are open to the public Standard days and timings (please read guidance note 8)			State any seasonal variations (please read guidance note 11)
Day	Start	Finish	
Mon	09.00	01.00	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 12)
Tue	09.00	01.00	
Wed	09.00	01.00	
Thur	09.00	01.00	
Fri	09.00	01.00	
Sat	09.00	01.00	
Sun	09.00	01.00	

P

Please identify any of the conditions, terms or restrictions currently imposed on the converted licence which you believe could be removed as a consequence of the proposed variation you are seeking

Q Please describe any additional steps that you intend to take in order to promote the four licensing objectives if the proposed variation is granted:

a) General – all four licensing objectives (b, c, d, e) (please read guidance note 15)

b) The prevention of crime and disorder

CCTV Camera.

Panic alarm. available in the shop premises.

c) Public safety

Same as above.

AND WE HAVE FIRE EXTINGUISHER AND FIRE EXIT TO THE PUBLIC SAFETY

d) The prevention of public nuisance

CONTACT POLICE to solve the nuisance.

AND ~~WHA~~ THERE IS PUBLIC RUBISH BIN OUT SIDE THE SHOP SO THERE WILL NO RUBISH AROUND THE SHOP AREA.

e) The protection of children from harm

Request children to produce photo card
Identity document to proof their age.

I understand that if I do not comply with the above requirements my application will be rejected

Address of proposed designated premises supervisor

227 NORTHOLT ROAD
SOUTH HARROW
MIDDLESEX
HA2 8HN

Personal licence number of proposed designated premises supervisor, if any, and issuing authority of the personal licence, if applicable

Where the premises licence is jointly held signature of 2nd applicant (the proposed current premises licence holder) or applicant's solicitor or other person signing on behalf of the applicant please state in what capacity.

Signature: [Signature]
Date: 25/05/05
Capacity: OWNER

Contact name (where not previously given) and address for correspondence associated with this application (please read guidance note 19)

Post town: [Blank]
Post code: [Blank]

- Notes for Guidance
- Part A
1. Describe the premises. For example the type of premises, its general situation and layout and any other information which would be relevant to the licensing objectives. Where your application includes off-supplies of alcohol and you provide a place for consumption of these off-supplies you must include a description of where the place is and its proximity to the premises.
 2. Where the conditions to which your existing licence(s) is granted do not relate solely to any one of the four licensing objectives, please describe such conditions in the general box.
 3. The law requires you to send a mandatory copy of this application to the chief officer of police for that area at the same time as sending to the relevant licensing authority.
 4. The application form must be signed.