

# Appendix 1

## 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 COM CATERING LTD T/A THAI KITCHEN  
(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 <u>21 HIGH STREET</u>			
Post town	<u>EDGWARE</u>	Postcode	<u>HA8 7EE</u>
Telephone number at premises (if any)	<u>/</u>		
Non-domestic rateable value of premises	£ <u>50,250</u>		

#### Part 2 – Applicant details

Please state whether you are applying for a premises licence as **Please tick as appropriate**

- |  |                                     |                             |
|--|-------------------------------------|-----------------------------|
| a) an individual or individuals *                    | <input type="checkbox"/>            | please complete section (A) |
| b) a person other than an individual *               |                                     |                             |
| i as a limited company/limited liability partnership | <input checked="" type="checkbox"/> | please complete section (B) |
| ii as a partnership (other than limited liability)   | <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  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 in Wales  please complete section (B)
- ga) a person who is registered under Chapter 2 of Part I of the Health and Social Care Act 2008 (within the meaning of that Part) in an independent hospital in England  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 (by ticking yes to one box below):

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 type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
<b>Surname</b>			<b>First names</b>		
<b>Date of birth</b>		I am 18 years old or over <input type="checkbox"/>		Please tick yes	
<b>Nationality</b>					
Current residential address if different from premises address					
Post town				Postcode	
<b>Daytime contact telephone number</b>					
<b>E-mail address (optional)</b>					
Where applicable (if demonstrating a right to work via the Home Office online right to work checking service), the 9-digit 'share code' provided to the applicant by that service (please see note 15 for information)					

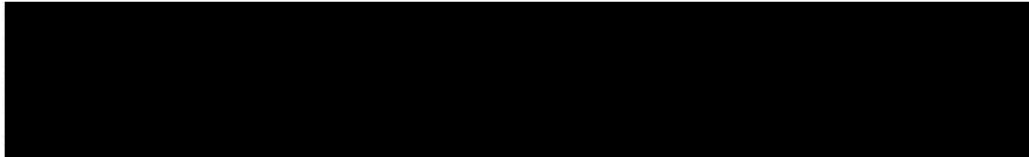
**SECOND INDIVIDUAL APPLICANT (if applicable)**

Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)
Surname			First names	
Date of birth		I am 18 years old or over <input type="checkbox"/> Please tick yes		
Nationality				
Where applicable (if demonstrating a right to work via the Home Office online right to work checking service), the 9-digit 'share code' provided to the applicant by that service: (please see note 15 for information)				
Current residential 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	COM CATERING LTD
Address	382-384 STATION ROAD, HARROW, HA1 2DD
Registered number (where applicable)	12069420
Description of applicant (for example, partnership, company, unincorporated association etc.)	LIMITED COMPANY



**Part 3 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

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

(FORMER) PUBLIC HOUSE AND RESTAURANT. SERVING THAI ~~WINE~~ GARDEN TO REAR OF PREMISES. VENUE CONCEPT IS 'THAI KITCHEN' WITH A FOCUS ON ORIENTAL FOODS, AL-FRESCO DINING AND WORLD WINES. NO RECORDED MUSIC IN REAR GARDEN AFTER 2100 HRS ON ANY DAY.

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

What licensable activities do you intend to carry on from the premises?

(please see sections 1 and 14 and Schedules 1 and 2 to the Licensing Act 2003)

Provision of regulated entertainment (please read guidance note 2)

Please tick all that apply

- 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 late night refreshment** (if ticking yes, fill in box I)



**Supply of alcohol** (if ticking yes, fill in box J)



**In all cases complete boxes K, L and M**

A

Plays Standard days and timings (please read guidance note 7)			Will the performance of a play take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors	<input type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon			<b>Please give further details here</b> (please read guidance note 4)	Both	<input type="checkbox"/>
Tue					
Wed			<b>State any seasonal variations for performing plays</b> (please read guidance note 5)		
Thur					
Fri			<b>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</b> (please read guidance note 6)		
Sat					
Sun					

N/A

**B**

<b>Films</b> Standard days and timings (please read guidance note 7)			<b>Will the exhibition of films take place indoors or outdoors or both – please tick</b> (please read guidance note 3)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<b>Please give further details here</b> (please read guidance note 4)		
Mon					
Tue			<b>State any seasonal variations for the exhibition of films</b> (please read guidance note 5)		
Wed					
Thur			<b>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</b> (please read guidance note 6)		
Fri					
Sat					
Sun					

N/A

C

<b>Indoor sporting events</b> Standard days and timings (please read guidance note 7)			<b>Please give further details</b> (please read guidance note 4)
Day	Start	Finish	
Mon			
Tue			<b>State any seasonal variations for indoor sporting events</b> (please read guidance note 5)
Wed			
Thur			<b>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</b> (please read guidance note 6)
Fri			
Sat			
Sun			

N/A



**D**

<b>Boxing or wrestling entertainments</b> Standard days and timings (please read guidance note 7)			<b>Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick</b> (please read guidance note 3)	
			Indoors	<input type="checkbox"/>
			Outdoors	<input type="checkbox"/>
			Both	<input type="checkbox"/>
Day	Start	Finish	<b>Please give further details here</b> (please read guidance note 4)	
Mon				
Tue				
Wed			<b>State any seasonal variations for boxing or wrestling entertainment</b> (please read guidance note 5)	
Thur				
			<b>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</b> (please read guidance note 6)	
Fri				
Sat				
Sun				

N/A

**E**

<b>Live music</b> Standard days and timings (please read guidance note 7)			<b>Will the performance of live music take place indoors or outdoors or both – please tick</b> (please read guidance note 3)	
			Indoors	<input type="checkbox"/>
			Outdoors	<input type="checkbox"/>
			Both	<input type="checkbox"/>
<b>Day</b>	<b>Start</b>	<b>Finish</b>	<b>Please give further details here</b> (please read guidance note 4)	
Mon				
Tue				
Wed			<b>State any seasonal variations for the performance of live music</b> (please read guidance note 5)	
Thur				
Fri				
Sat			<b>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</b> (please read guidance note 6)	
Sun				

N/A

F

Recorded music Standard days and timings (please read guidance note 7)			Will the playing of recorded music take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors	Outdoors	Both
Day	Start	Finish	RECORDED MUSIC WILL CEASE PLAYING IN REAR OUTDOOR GARDEN AT 2100 EACH DAY.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mon	1200	1200		Please give further details here (please read guidance note 4) RECORDED MUSIC TO BE PLAYED INDOORS SOUND LIMITERS WILL BE INSTALLED. RESTAURANT/BAR AREA TO HAVE AMBIENT MUSIC. * CONTINUED BELOW *		
		00.00				
Tue	1200	1200	State any seasonal variations for the playing of recorded music (please read guidance note 5)			
		00.00				
Wed	1200	1200	Non standard timings. Where you intend to use the premises for the playing of recorded music at different times to those listed in the column on the left, please list (please read guidance note 6)			
		00.00				
Thur	1200	1200				
		00.00				
Fri	1200	0130				
Sat	1200	0130				
Sun	1200	1200				
		00.00				

\* CONTINUED ...

THE VENUE WILL BE A RELAXING LOUNGE AND RESTAURANT. ADEQUATE SEATING WILL BE PROVIDED AND PLACED THROUGHOUT THE VENUE SO THAT NO EMPTY SPACE COULD RESEMBLE A DANCEFLOOR.

RECORDED MUSIC IN GARDEN WILL CEASE AT 2100 hrs AS RECOMMENDED BY THE POLICE. THE OUTDOOR AREA WILL BE LANDSCAPED AND SET-UP FOR AL-FRESCO DINING. PLEASE SEE IMAGE IN THE COVER LETTER ATTACHED TO THIS APPLICATION.

G

Performances of dance Standard days and timings (please read guidance note 7)			<b>Will the performance of dance take place indoors or outdoors or both – please tick</b> (please read guidance note 3)	Indoors	<input type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Mon			<b>Please give further details here</b> (please read guidance note 4)		
Tue			<b>State any seasonal variations for the performance of dance</b> (please read guidance note 5)		
Wed			<b>Non standard timings. Where you intend to use the premises for the performance of dance at different times to those listed in the column on the left, please list</b> (please read guidance note 6)		
Thur					
Fri					
Sat					
Sun					

N/A

H

<b>Anything of a similar description to that falling within (e), (f) or (g)</b> Standard days and timings (please read guidance note 7)			Please give a description of the type of entertainment you will be providing RECORDED MUSIC - INDOORS AND OUTDOORS. FOR OUTDOORS THIS WILL CEASE AT 2100 ON ALL DAYS.		
Day	Start	Finish	<b>Will this entertainment take place indoors or outdoors or both - please tick</b> (please read guidance note 3)	Indoors	<input type="checkbox"/>
Mon	1200	<del>0000</del> 0000		Outdoors	<input type="checkbox"/>
				Both	<input checked="" type="checkbox"/>
Tue	1200	<del>0000</del> 0000	<b>Please give further details here</b> (please read guidance note 4) THERE WILL BE NO SALE OF ALCOHOL OUTDOORS AFTER 2300 ON ANY DAY. RECORDED MUSIC OUTDOORS TO CEASE AT 2100.		
Wed	1200	<del>0000</del> 0000	<b>State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g)</b> (please read guidance note 5)		
Thur	1200	<del>0000</del> 0000			
Fri	1200	0130	<b>Non standard timings. Where you intend to use the premises for the entertainment of a similar description to that falling within (e), (f) or (g) at different times to those listed in the column on the left, please list</b> (please read guidance note 6)		
Sat	1200	0130			
Sun	1200	<del>1200</del> 0000			

Late night refreshment Standard days and timings (please read guidance note 7)			Will the provision of late night refreshment take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors	<input type="checkbox"/>
			LATE NIGHT REFRESHMENT INCLUDING <del>ALCOHOLIC DRINKS</del> NON-ALCOHOLIC DRINKS, HOT DRINKS AND HOT AND COLD FOOD - CONTINUED	Outdoors	<input type="checkbox"/>
				Both	<input checked="" type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 4) OUTDOOR <del>MUSIC</del> RECORDED MUSIC WILL CEASE AT 2100 (PLEASE SEE BELOW)		
Mon	2300	<del>0000</del> 00:00			
Tue	2300	<del>0000</del> 00:00	State any seasonal variations for the provision of late night refreshment (please read guidance note 5)		
Wed	2300	<del>0000</del> 00:00			
Thur	2300	<del>0000</del> 00:00	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 6)		
Fri	2300	0200			
Sat	2300	0200			
Sun	2300	<del>0000</del> 00:00			

⊕ CONTINUED...

TO BE PROVIDED INDOORS.  
 OUTDOOR LATE NIGHT REFRESHMENT TO BE LIMITED TO HOT AND COLD FOOD, HOT AND COLD NON-ALCOHOLIC BEVERAGES. ~~(MUSIC WILL CEASE AT 2100 IN THE OUTDOOR AREA)~~

THERE WILL BE ADEQUATE SIGNAGE TO REMIND CUSTOMERS TO KEEP NOISE LEVELS TO A MINIMUM. SOUND WILL ALSO BE LIMITED THROUGH THE USE OF OUR DINING DONES. PLEASE SEE ⊕ IMAGES ATTACHED IN THE COVERING LETTER.

J

<b>Supply of alcohol</b> Standard days and timings (please read guidance note 7)			<b>Will the supply of alcohol be for consumption – please tick</b> (please read guidance note 8) WILL ONLY BE SOLD FOR CONSUMPTION ON THE PREMISES	On the premises <input checked="" type="checkbox"/> Off the premises <input type="checkbox"/> Both <input type="checkbox"/>
Day	Start	Finish	<b>State any seasonal variations for the supply of alcohol</b> (please read guidance note 5)	
Mon	1200	00:00		
Tue	1200	00:00		
Wed	1200	00:00		
Thur	1200	00:00		
Fri	1200	01:30		
Sat	1200	01:30		
Sun	1200	00:00	<b>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</b> (please read guidance note 6) THE TIMINGS REQUESTED FOR THE SALE AND SUPPLY OF ALCOHOL ARE FOR THE INDOORS ONLY. THE OUTDOOR AREA WILL NOT HAVE ALCOHOL SALES AFTER 2300	

State the name and details of the individual whom you wish to specify on the licence as designated premises supervisor (Please see declaration about the entitlement to work in the checklist at the end of the form):

Name	SAEED SAKIR KAZMI
Date of birth	[REDACTED]
Address	[REDACTED]
Postcode	[REDACTED]
Telephone number (if known)	112 7727
Issuing licensing authority (if known)	BRENT COUNCIL

K

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 9).

THERE WILL BE NO ENTERTAINMENT OR SERVICES THAT MAY GIVE RISE TO CONCERN IN RESPECT OF CHILDREN.

WE WOULD ALSO BE FOLLOWING POLICE RECOMMENDATION OF NO CHILDREN IN RESTAURANT AREA AFTER 2100 UNLESS ACCOMPANIED BY AN ADULT.

L

Hours premises are open to the public Standard days and timings (please read guidance note 7)			State any seasonal variations (please read guidance note 5)
Day	Start	Finish	
Mon	1200	<del>2030</del>	
		00-30	
Tue	1200	<del>2030</del>	
		00-30	
Wed	1200	<del>2030</del>	
		00-30	
Thur	1200	<del>2030</del>	
		00-30	
Fri	1200	0200	
Sat	1200	0200	
Sun	1200	<del>2030</del>	
		00-30	

**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 6)



M

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

a) General - all four licensing objectives (b, c, d and e) (please read guidance note 10)

WE WILL ENSURE THAT THE MANAGEMENT TEAM IS STRONG AND HAVE A TEAM OF TRAINED STAFF WHO ARE ABLE TO ASSIST IN THE MANAGEMENT OF THE PREMISES. WE WILL FOLLOW CHALLENGE 25 POLICY, A NO ID/ENTRY POLICY AS RECOMMENDED BY THE POLICE. COMPREHENSIVE CCTV AND SIA DOOR STAFF TO BE EMPLOYED AT WEEKENDS. CHILDREN ALLOWED WITH RESPONSIBLE ADULT. LOGS TO BE KEPT WITH ALL INCIDENTS / REFUSAL OF SALES.

b) The prevention of crime and disorder

WE WILL PARTICIPATE IN LOCAL PUB WATCH SCHEME AND ENSURE WE REPORT ANY ANTI-SOCIAL BEHAVIOUR AS WELL AS KEEPING INCIDENT LOGS. WE WILL EMPLOY 8 SECURITY STAFF. TRAINING TO BE PROVIDED TO ALL STAFF TO ENSURE THE RESPONSIBLE SALE OF ALCOHOL. CCTV WILL BE IN PLACE INTERNALLY AND EXTERNALLY. WE WILL USE OF NON-GLASS CONTAINERS FOR ALCOHOL RELATED OFFENCES. ANTI-THEFT PROVISIONS WILL BE ONLY IN PLACE THE STYLE AND DESIGN AND LAYOUT OF THE PREMISES WILL ENSURE FOR A SAFE EATING AND DRINKING ENVIRONMENT. WE WILL IMPLEMENT IDENTITY-CHECKING MEASURES.

c) Public safety

WE WILL ENSURE PREMISES AND SURROUNDING AREAS ARE ADEQUATELY LIT AND CCTV IS COVERING ALL AREAS WHERE POSSIBLE. ALL FITTINGS AND FIXTURES TO BE HIGH QUALITY AND MAINTAINED TO A GOOD ORDER. FOOD AND DRINKS HYGIENE TO BE ADEQUATELY MAINTAINED. FIRST AID ARRANGEMENTS TO BE IN PLACE FOR WORKERS AND CUSTOMERS. THE EMPLOYMENT OF SIA SECURITY ON ANY DAY THE PREMISES IS OPEN AFTER 11.00.

d) The prevention of public nuisance

WE HAVE REDUCED OUR TRADING HOURS AS PER POLICE RECOMMENDATIONS. WE WILL USE SOUND LIMITERS AND DOORS AND WINDOWS TO BE KEPT CLOSED WHERE APPROPRIATE. CUSTOMERS REMINDED TO ARRIVE AND LEAVE THE PREMISES QUIETLY AND RESPECTFULLY. BINS WILL NOT BE MOVED AFTER 23.00 AND DELIVERIES KEPT BETWEEN STANDARD DAYTIME BUSINESS HOURS. RECORDED MUSIC TO STOP IN GARDEN AT 21.00. PREMISES TO BE SECURED AS TO PREVENT FLY-TIPPERS AND TRAVELLERS TAKING OVER THE SITE AS HAVE DONE PREVIOUSLY.

e) The protection of children from harm

WE WILL HAVE AGE VERIFICATION POLICY OF CHALLENGE 25. CHILDREN NOT TO BE IN RESTAURANT AREA FROM 21.00 UNLESS ACCOMPANIED BY AN ADULT AS PER POLICE RECOMMENDATION. WE WILL NOT HAVE ANY ADULT AIMED ACTIVITIES ON SITE. THERE WILL BE NO PERFORMERS. WE AIM TO GET MEMBERSHIP OF THE RESPONSIBLE TRADING SCHEME FOR BIRMINGHAM AND HARLOW.

**Checklist:**

Please tick to indicate agreement

- 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 designated 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.
- [Applicable to all individual applicants, including those in a partnership which is not a limited liability partnership, but not companies or limited liability partnerships] I have included documents demonstrating my entitlement to work in the United Kingdom or my share code issued by the Home Office online right to work checking service (please read note 15).

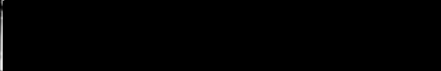
**IT IS AN OFFENCE, UNDER SECTION 158 OF THE LICENSING ACT 2003, TO MAKE A FALSE STATEMENT IN OR IN CONNECTION WITH THIS APPLICATION. THOSE WHO MAKE A FALSE STATEMENT MAY BE LIABLE ON SUMMARY CONVICTION TO A FINE OF ANY AMOUNT.**

**IT IS AN OFFENCE UNDER SECTION 24B OF THE IMMIGRATION ACT 1971 FOR A PERSON TO WORK WHEN THEY KNOW, OR HAVE REASONABLE CAUSE TO BELIEVE, THAT THEY ARE DISQUALIFIED FROM DOING SO BY REASON OF THEIR IMMIGRATION STATUS. THOSE WHO EMPLOY AN ADULT WITHOUT LEAVE OR WHO IS SUBJECT TO CONDITIONS AS TO EMPLOYMENT WILL BE LIABLE TO A CIVIL PENALTY UNDER SECTION 15 OF THE IMMIGRATION, ASYLUM AND NATIONALITY ACT 2006 AND PURSUANT TO SECTION 21 OF THE SAME ACT, WILL BE COMMITTING AN OFFENCE WHERE THEY DO SO IN THE KNOWLEDGE, OR WITH REASONABLE CAUSE TO BELIEVE, THAT THE EMPLOYEE IS DISQUALIFIED.**

**Part 4 – Signatures** (please read guidance note 11)

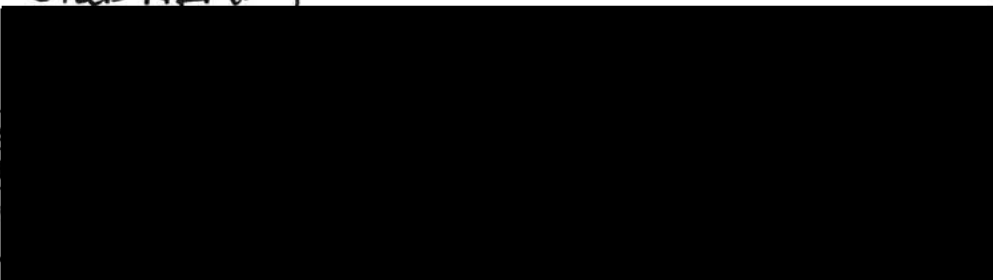
**Signature of applicant or applicant's solicitor or other duly authorised agent** (see guidance note 12). **If signing on behalf of the applicant, please state in what capacity.**

<b>Declaration</b>	<ul style="list-style-type: none"><li>• [Applicable to individual applicants only, including those in a partnership which is not a limited liability partnership] I understand I am not entitled to be issued with a licence if I do not have the entitlement to live and work in the UK (or if I am subject to a condition preventing me from doing work relating to the carrying on of a licensable activity) and that my licence will become invalid if I cease to be entitled to live and work in the UK (please read guidance note 15).</li><li>• The DPS named in this application form is entitled to work in the UK (and is not subject to conditions preventing him or her from doing work relating to a licensable activity) and I have seen a copy of his or</li></ul>
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	her proof of entitlement to work, or have conducted an online right to work check using the Home Office online right to work checking service which confirmed their right to work (please see note 15)
Signature	 ANWAR CHEKOOALVI
Date	29/10/19
Capacity	DIRECTOR

For joint applications, signature of 2<sup>nd</sup> applicant or 2<sup>nd</sup> applicant's solicitor or other authorised agent (please read guidance note 13). 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 14)	
SAEED KAZMI	
	
Post	
Te	
If y	

**Consent of individual to being specified as premises supervisor**

SAEED SAKIB KAZMI

[full name of prospective premises supervisor]

of



[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

PREMISES LICENCE

[type of application]

by

COM CATERING LTD

[name of applicant]

relating to a premises licence

[number of existing licence, if any]

for

21 HIGH STREET, EDGWARE, LONDON HA8 7EE

[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

COM CATERING LTD

[name of applicant]

concerning the supply of alcohol at

21 HIGH STREET, EDGWARE, HA8 7EE

[name and address of premises to which application relates]

I also confirm that I am entitled to work in the United Kingdom and am applying for, intend to apply for or currently hold a personal licence, details of which I set out below.

Personal licence number

112 7727

[insert personal licence number, if any]

Personal licence issuing authority

LONDON BOROUGH OF BRENT

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

Signed

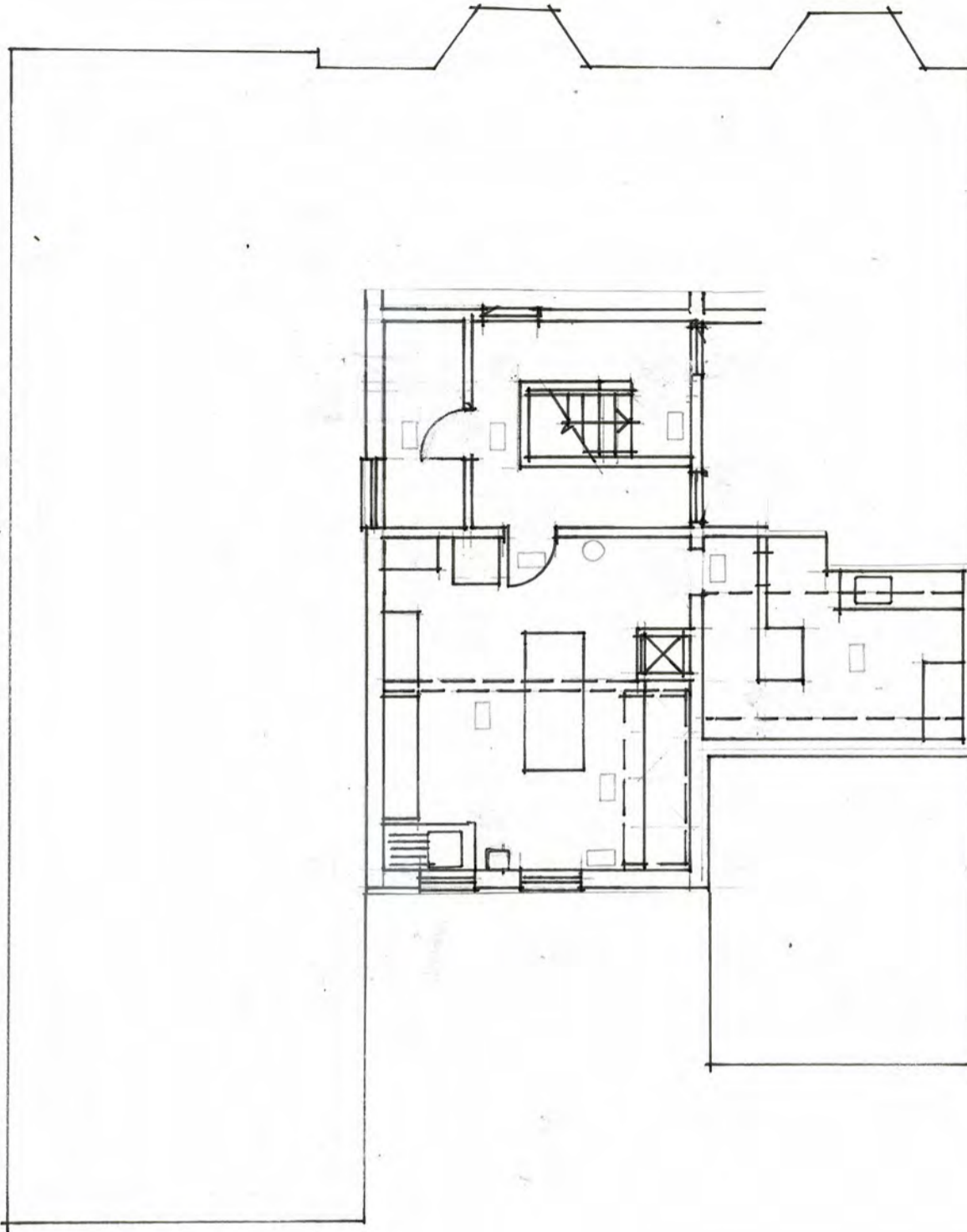


Name (please print)

SAEED SAKIB KAZMI

Date

21/10/19



Proposed Floor Plans (1:100 @ A3)

21 High Street, Edgware HA8 7EE

FE  
EL  
EB  
FE CO2  
CC TV

FIRE EXIT  
EMERGENCY LIGHT  
FIRE BLANKET  
FIRE EXTINGUISHER CO2  
CCTV

SD  
FE FOAM  
FE WATER  
FE POWDER

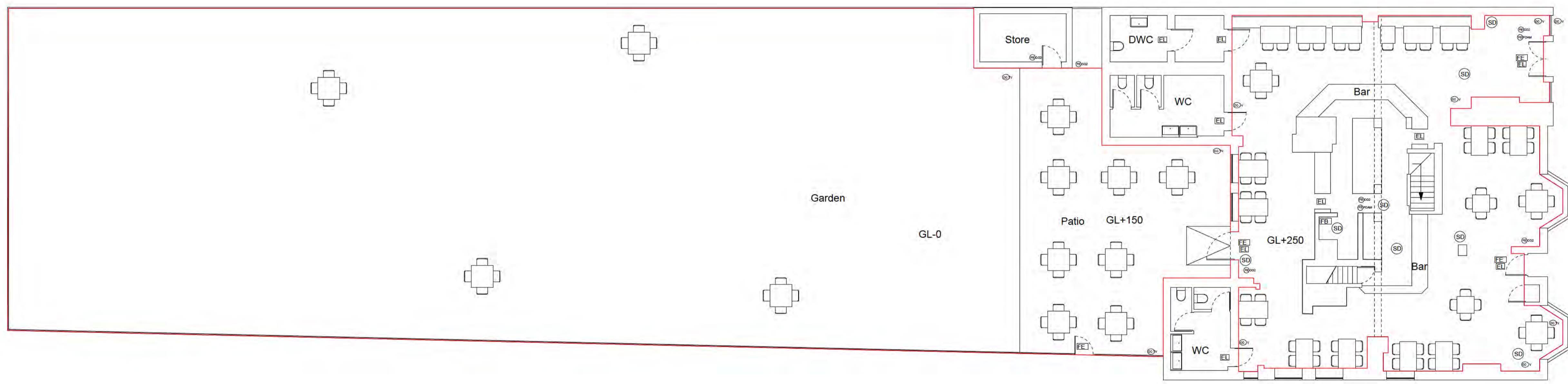
smoke detector & alarm  
FIRE EXTINGUISHER FOAM  
FIRE EXTINGUISHER WATER  
FIRE EXTINGUISHER POWDER

HD  
SL

rate-of-rise heat detector & alarm  
sound limiter

21 High Street, Edgware HA8 7EE	1:100 @ A3	Project No. 112/HA8
Floor Plans	Drawn	Premises Licence
Revision No. 001	14/09/2019	PremPlan.co.uk 07974 035 035





Edgware Road

Proposed Floor Plans (1:100 @ A1)

21 High Street, Edgware HA8 7EE

FE	FIRE EXIT
EL	EMERGENCY LIGHT
FB	FIRE BLANKET
FE CO2	FIRE EXTINGUISHER CO2
CC TV	CCTV

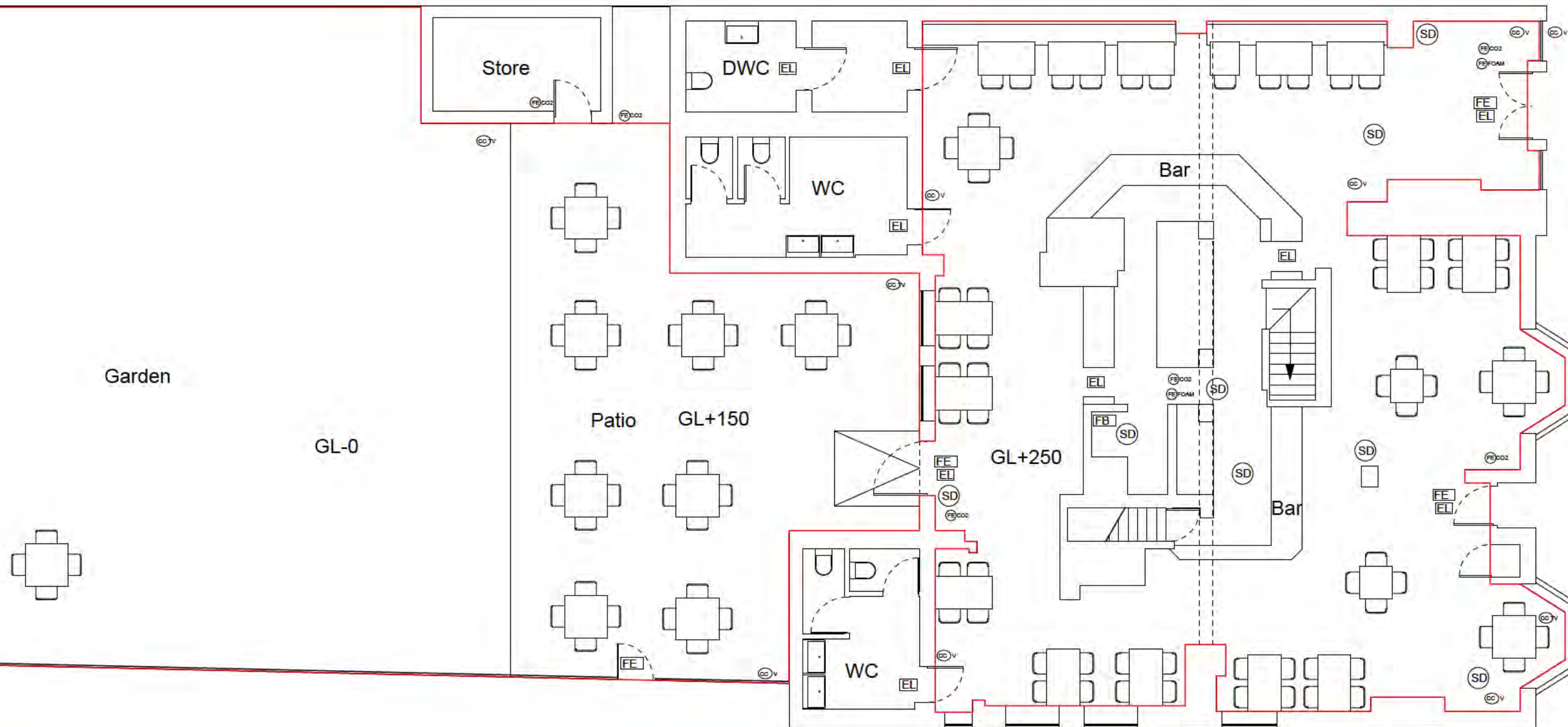
SD	smoke detector & alarm
FE FOAM	FIRE EXTINGUISHER FOAM
FE WATER	FIRE EXTINGUISHER WATER
FE POWDER	FIRE EXTINGUISHER POWDER

HD	rate-of-rise heat detector & alarm
SL	sound limiter

21 High Street, Edgware HA8 7EE	1:100 @ A1
Floor Plans	Drawn BRC
Revision No. 001	14/09/2019

Project No. 112HA6	Premises Licence
PremPlan.co.uk	07974 035 035





Proposed Floor Plans (1:100 @ A3)

21 High Street, Edgware HA8 7EE

FE	FIRE EXIT
EL	EMERGENCY LIGHT
FB	FIRE BLANKET
FE CO2	FIRE EXTINGUISHER CO2
CCV	CCTV

SD	smoke detector & alarm
FE FOAM	FIRE EXTINGUISHER FOAM
FE WATER	FIRE EXTINGUISHER WATER
FE POWDER	FIRE EXTINGUISHER POWDER

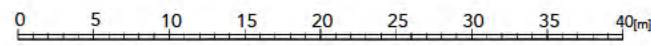
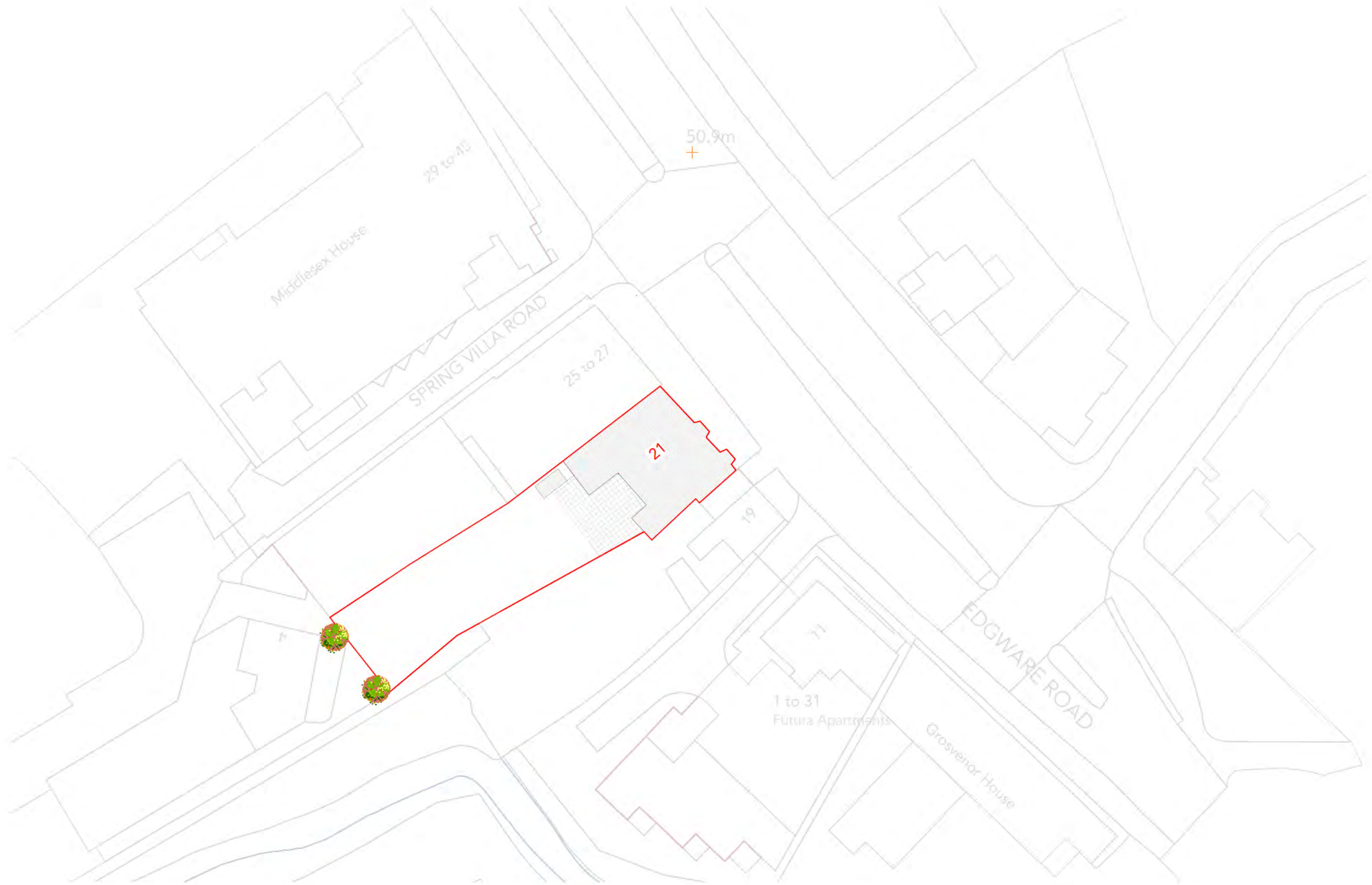
HD	rate-of-rise heat detector & alarm
SL	sound limiter

21 High Street, Edgware HA8 7EE	
Floor Plans	1:100 @ A3
Revision No.	001
	14/09/2019

Project No.	112/HA8
Premises Licence	
PremPlan.co.uk	07974 035 035



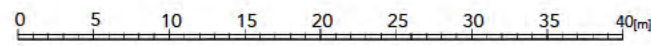
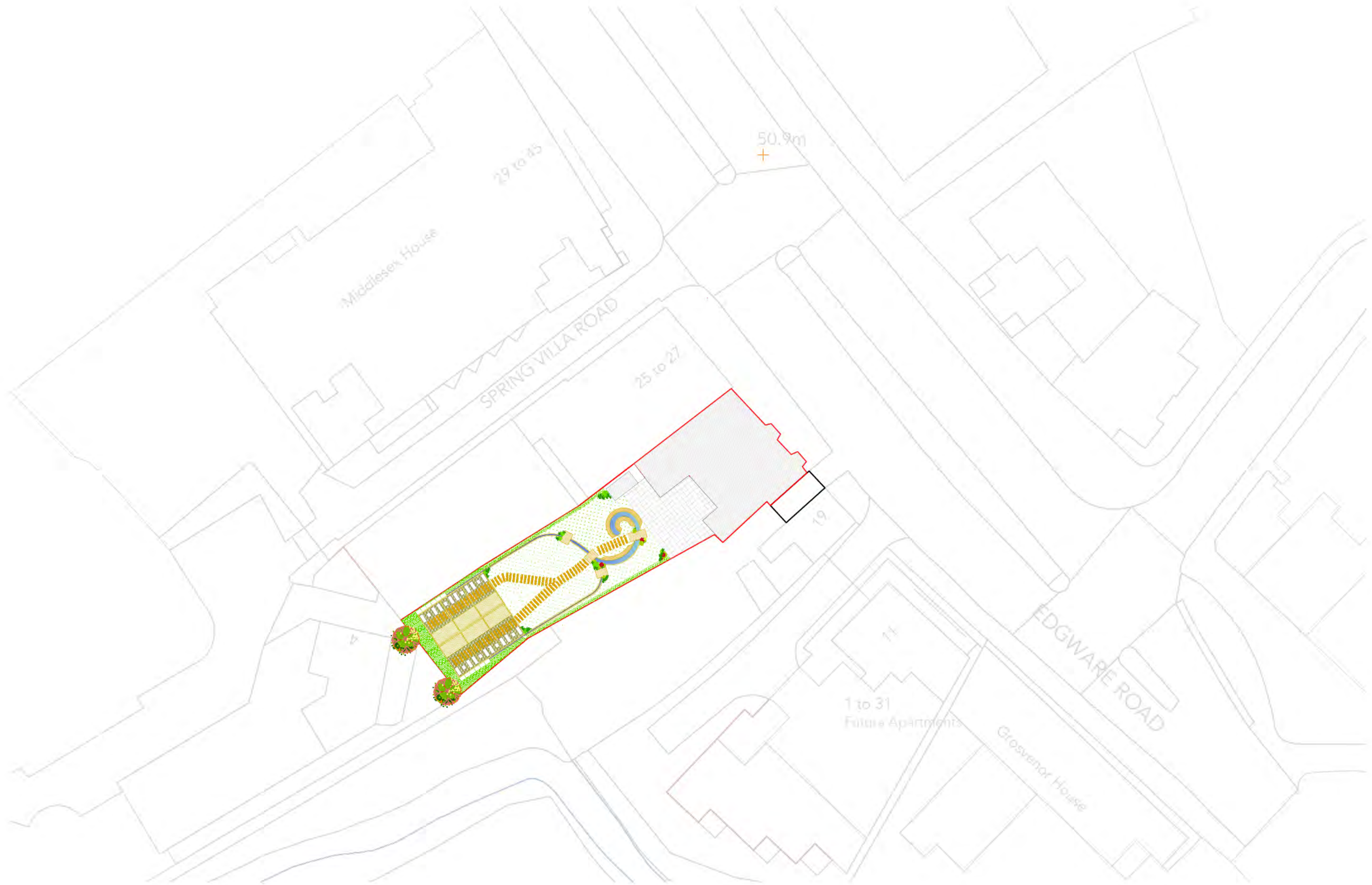




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**DRAWING TITLE**  
**OS MAP**

PROJECT	19-21 High Street HAB 7EE				WORKSTAGE:	INFORMATION	
DRAWN	AP	CHECK	RS	SCALE	1:500@A3	REV	DATE
DWG NO.	ASHS 1001		DATE	May 2019			



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**DRAWING TITLE**  
**Location Plan**

PROJECT	19-21 High Street HAB 7EE				WORKSTAGE:	INFORMATION	
DRAWN	AP	CHECK	RS	SCALE	1:500@A3	REV	DATE
DWG NO.	ASHS 1501		DATE	May 2019			