

**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 Mylvaganam Asokan

*(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**

<b>Postal address of premises or, if none, ordnance survey map reference or description</b>			
Hill Foods			
43 High Street			
Harrow on the Hill			
<b>Post town</b>	Harrow	<b>Post code</b>	HA1 3HT

<b>Telephone number at premises (if any)</b>	
<b>Non-domestic rateable value of premises</b>	£17250

**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 Asokan			First names Mylvaganam		
I am 18 years old or over				<input checked="" type="checkbox"/>	Please tick yes
[Redacted Address]					
Daytime contact telephone number					
E-mail address (optional)					

**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		
I am 18 years old or over				<input type="checkbox"/>	Please tick yes

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 licence to start?

Day	Month	Year
1- 9- 0- 1- 2-	0	1- 2-

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)  
A Grocery shop that is to be known as Hill Foods. The applicant wishes to supply alcohol off the premises for the following days and timings:  
Monday - Saturdays 07:00 – 23:00 hours and Sundays and Bank Holidays 09:00 - 22:00 hours.

The applicant is willing to provide measures to support 4 licensing objectives (see Part P of the operating schedule). These measures are offered subject to the grant of a premises licence.

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 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)

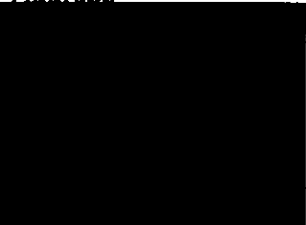
**Supply of alcohol** (if ticking yes, fill in box M)

In all cases complete boxes N, O and P

**M**

<b>Supply of alcohol</b> Standard days and timings (please read guidance note 6)			<b>Will the supply of alcohol be for consumption (Please tick box)</b> (please read guidance note 7)	On the premises	<input type="checkbox"/>
				Off the premises	<input checked="" type="checkbox"/>
				Both	<input type="checkbox"/>
<b>Day</b>	<b>Start</b>	<b>Finish</b>	<b>State any seasonal variations for the supply of alcohol</b> (please read guidance note 4)		
Mon	07:00	23:00			
Tue	07:00	23:00			
Wed	07:00	23:00			
Thur	07:00	23:00			
Fri	07:00	23:00			
Sat	07:00	23:00			
Sun	09:00	22:00			
			<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 5)		

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

<b>Name</b> Mylvaganam Asokan
<b>Address</b> 
<b>Personal Licence number (if known)</b> To be applied for
<b>Issuing licensing authority (if known)</b> Harrow 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)

Not applicable

**O**

<b>Hours premises are open to the public</b> Standard days and timings (please read guidance note 6)			<b>State any seasonal variations</b> (please read guidance note 4)
Day	Start	Finish	
Mon	07:00	23:00	<b>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</b> (please read guidance note 5)
Tue	07:00	23:00	
Wed	07:00	23:00	
Thur	07:00	23:00	
Fri	07:00	23:00	
Sat	07:00	23:00	
Sun	09:00	22:00	

**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)**

\*CCTV for prevention and detection of crime  
\*Statutory fire fighting equipment  
\*Suitable receptacles to dispose of commercial & customer rubbish/litter  
\*Staff training in age restricted sales policy  
(All conditions offered in this operating schedule will be installed/maintained subject to a premises licence being granted.)

**b) The prevention of crime and disorder**

CCTV system will be installed and in operation at the premises.  
CCTV signage will be displayed.  
The till will be secured to the counter.

**c) Public safety**

Fire fighting equipment (fire extinguishers will be installed and maintained at the premises.  
Fire Exit/s will be signed and kept clear of all obstructions.

**d) The prevention of public nuisance**

Signage will be prominently displayed requesting customers to respect local residents (i) not to litter in the vicinity, (ii) to leave the premises in a quiet and orderly fashion.  
The applicant is to keep the immediate area outside the premises clear from litter.

**e) The protection of children from harm**

All staff are to be trained in an Age Verification policy to prevent under age sales of alcohol.  
A refusal register will be maintained.


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	21 <sup>st</sup> December 2011
Capacity	Licensing Agent - Authorised

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 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)

Accu price services ltd  
Imperial Place  
Unit 4  
Maxwell Road

Post town	Borehamwood	Post code	WD6 1JN
			(personal)



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

**Mylvaganam Asokan**

I .....  
*[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 application for a premises licence

.....  
*[type of application]*

by

**Mylvaganam Asokan**

.....  
*[name of applicant]*

relating to a premises licence **None**  
.....  
*[number of existing licence, if any]*

for

**Hill Foods  
43 High Street  
Harrow on the Hill  
HA1 3HT**

.....  
*[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

Mylvaganam Asokaran

*[name of applicant]*

concerning the supply of alcohol at

Hill Foods

43 High Street

Harrow on the Hill

HA1 3HT

*[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

To be applied for

*[insert personal licence number, if any]*

Personal licence issuing authority

Harrow Council, Civic Centre, Station Road, Harrow, Middlesex, HA1 2UT, 0208 863 5611.

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

Signed



Name (please print)

Mylvaganam Asokan

Date

16 December 2011