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.

apply descr relev	I/We The White Brasserie Company Ltd (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								
Posta	l addı	ress of premises or, if none, ordna	ance survey	map refe	rence or descri	otion	_		
The E	Boot		aree survey	map rere	reflect of descrip	3001			
Post	town	Histon			Postcode	CB24 9LG			
Telep	hone	number at premises (if any)							
Non-c	domes	stic rateable value of premises	£20,700		7				
		oplicant details whether you are applying for a p	oremises lic	ence as	Please tick	as appropriate			
a)		ndividual or individuals *			please comple				
b)	a per	rson other than an individual *							
	 i as a limited company/limited lia partnership ii as a partnership (other than limited) 			. [√]) □	please comple				
	iii	as an unincorporated association	or		please comple	te section (B)			
	iv	other (for example a statutory co	rporation)		please comple	te section (B)			
c)	a rec	ognised club			please comple	te section (B)			
d)	a cha	arity			please complete section (B)				

SECOND INDIVIDUAL APPLICANT (if applicable)

Mr 🗌	Mrs		Miss			Ms 🗌		ner Title (for ample, Rev)		
Surname						First na	mes			
Date of birth				I am 1	8 ye	ears old or	over	☐ Plea	ase tick yes	
Nationality										
Current posta different from address	0									
Post town						2.7		Postcode		
Daytime cont	act tel	ephon	e number							
E-mail addre (optional)	SS									
give any regis body corpora	tered	numbe	er. In the	case of	a pa	artnership	or o	ther joint ver	propriate please ature (other than a	
Name The White Bra	sserie	Compa	any Ltd		ř.					
Address										
106-108 High Street Teddington TW11 8JD										
Registered nur	nber (v	vhere a	pplicable)						<i>V</i> , <i>v</i> = <i>V</i>	
07118269										
Description of applicant (for example, partnership, company, unincorporated association etc.)										
Company									x x	
Telephone nun	ber (if	any)								
E-mail address	(optio	nal)		-mail address (optional)						

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		

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Films Standard days and timings (please read			Will the exhibition of films take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors	
	guidance note 7)		guidance note sy	Outdoors	
Day	Start	Finish		Both	
Mon			Please give further details here (please read guida	ance note 4)	
Tue					
Wed			State any seasonal variations for the exhibition of read guidance note 5)	of films (please	
Thur			Q		
Fri			Non standard timings. Where you intend to use the exhibition of films at different times to those column on the left, please list (please read guidance)	listed in the	or
Sat					
Sun			0		

Boxing or wrestling entertainments Standard days and			Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors	
timing	s (please r ce note 7)	ead	picase tiek (picase read guidance note 3)	Outdoors	
Day	Start	Finish		Both	
Mon			Please give further details here (please read guida	ance note 4)	
Tue					
Wed			State any seasonal variations for boxing or wresentertainment (please read guidance note 5)	tling	
Thur					
Fri			Non standard timings. Where you intend to use boxing or wrestling entertainment at different ti in the column on the left, please list (please read a	mes to those li	sted
Sat			0		
Sun					

Recorded music Standard days and timings (please read			Will the playing of recorded music take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors	
	nce note 7)			Outdoors	
Day	Start	Finish		Both	
Mon			Please give further details here (please read guida	ance note 4)	E.
Tue					
Wed			State any seasonal variations for the playing of r (please read guidance note 5)	ecorded music	<u>c</u>
Thur					
Fri			Non standard timings. Where you intend to use playing of recorded music at different times to the column on the left, please list (please read guidance)	hose listed in t	
Sat					
Sun					
			O		

descri falling (g) Standa timing	ing of a s ption to t within (d and days at s (please to ce note 7)	hat e), (f) or nd read	Please give a description of the type of entertainment providing	ent you will be	
Day	Start	Finish	Will this entertainment take place indoors or	Indoors	
Mon			outdoors or both – please tick (please read guidance note 3)	Outdoors	
				Both	
Tue			Please give further details here (please read guida	ance note 4)	
Wed			0		
Thur			State any seasonal variations for entertainment of description to that falling within (e), (f) or (g) (p) guidance note 5)		
Fri			Q		
Sat			Non standard timings. Where you intend to use the entertainment of a similar description to that (e), (f) or (g) at different times to those listed in the left, please list (please read guidance note 6)	t falling within	
Sun			Q		

Supply of alcohol Standard days and timings (please read guidance note 7)			Will the supply of alcohol be for consumption — please tick (please read guidance note 8)	On the premises	
			0	Off the premises	
Day	Start	Finish		Both	[]
Mon	09:00	00:00	State any seasonal variations for the supply of a guidance note 5) From the start time on New Year's Eve until		
Tue	09:00	00:00	New Year's Day		
Wed	09:00	00:00			
Thur	09:00	00:00	Non standard timings. Where you intend to use supply of alcohol at different times to those liste the left, please list (please read guidance note 6)		
Fri	09:00	01:00	G		
Sat	09:00	01:00			
Sun	09:00	23:00			
2017			0	b a la l	

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 Jane Beels				
Date of birth	15/12/70 o			*
Address 70 Shurland A East Barnet	Avenue			
Postcode	EN4 8DD			
Personal licence number (if known) LN/200713010				
Issuing licens Barnet Counc	sing authority (if known) cil			

 ${\bf M}$ 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)	
Table service will operate in all areas of the premises marked as "Dining area" on the	
approved plan.	
Alcohol supplied between 09.00 and 10.00 on any day will only be supplied as ancillary t	o a
table meal.	
ė.	
b) The prevention of crime and disorder	
CCTV will be provided in accordance with the requirements of the Police. Close liaison	will
be maintained at all times with the Police in relation to matters concerning crime and	
disorder and advice will be taken from the Police as and when appropriate.	
g g	
c) Public safety	
Health and safety risk assessments will be undertaken and all staff shall be trained there	ein
U	
d) The prevention of public nuisance	
All appropriate steps will be taken to ensure that local residents and local businesses are	not
disturbed by any licensable activity at the premises.	
Waiting staff will continually exercise supervision throughout the premises.	
Notices shall be prominently displayed to remind patrons that they are leaving premises	,
with residential neighbours.	
With residential heighbours.	
Tr.	

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.

Declaration	• [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).
	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 licesable activity) and I have seen a copy of his or her proof of entitlement to work, if appropriate (please see note 15)
Signature	
Date	27 July 2017
Capacity	Solicitors for the applicant

For joint applications, signature of 2nd applicant or 2nd 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	e (where not previ on (please read gu	ously given) and position	stal address fo	or corresponde	nce associated with
Craig Baylis	on (produce road ga				
BLP Adelaide Ho	use				
London Brid					
London Brid	ge				
Post town	London			Postcode	EC4R 9HA
Post town		0203 400 2326		Postcode	EC4R 9HA

- (iii) a hospital, provided that (a) the audience does not exceed 500, and (b) the organiser gets consent for the performance on the relevant premises from: (i) the local authority concerned, or (ii) the school proprietor or (iii) the health care provider for the hospital.
- Dance: no licence is required for performances between 08.00 and 23.00 on any day, provided that the audience does not exceed 500. However, a performance which amounts to adult entertainment remains licensable.
- Cross activity exemptions: no licence is required between 08.00 and 23.00 on any day, with no limit on audience size for:
 - o any entertainment taking place on the premises of the local authority where the entertainment is provided by or on behalf of the local authority:
 - o any entertainment taking place on the hospital premises of the health care provider where the entertainment is provided by or on behalf of the health care provider;
 - o any entertainment taking place on the premises of the school where the entertainment is provided by or on behalf of the school proprietor; and
 - o any entertainment (excluding films and a boxing or wrestling entertainment) taking place at a travelling circus, provided that (a) it takes place within a moveable structure that accommodates the audience, and (b) that the travelling circus has not been located on the same site for more than 28 consecutive days.
- 3. Where taking place in a building or other structure please tick as appropriate (indoors may include a tent).
- 4. For example the type of activity to be authorised, if not already stated, and give relevant further details, for example (but not exclusively) whether or not music will be amplified or unamplified.
- 5. For example (but not exclusively), where the activity will occur on additional days during the summer months.
- 6. For example (but not exclusively), where you wish the activity to go on longer on a particular day e.g. Christmas Eve.
- 7. Please give timings in 24 hour clock (e.g. 16.00) and only give details for the days of the week when you intend the premises to be used for the activity.
- 8. If you wish people to be able to consume alcohol on the premises, please tick 'on the premises'. If you wish people to be able to purchase alcohol to consume away from the premises, please tick 'off the premises'. If you wish people to be able to do both, please tick 'both'.
- 9. Please give information about anything intended to occur at the premises or ancillary to the use of the premises which may give rise to concern in respect of children, regardless of whether you intend children to have access to the premises, for example (but not exclusively) nudity or semi-nudity, films for restricted age groups or the presence of gaming machines.
- 10. Please list here steps you will take to promote all four licensing objectives together.
- 11. The application form must be signed.
- 12. An applicant's agent (for example solicitor) may sign the form on their behalf provided that they have actual authority to do so.
- 13. Where there is more than one applicant, each of the applicants or their respective agent must sign the application form.
- 14. This is the address which we shall use to correspond with you about this application.
- 15. Entitlement to work/immigration status for individual applicants and applications from partnerships which are not limited liability partnerships:

A licence may not be held by an individual or an individual in a partnership who is resident in the UK who:

does not have the right to live and work in the UK; or

- A certificate of registration or naturalisation as a British citizen, when produced in combination with an official document giving the person's permanent National Insurance number and their name issued by a Government agency or a previous employer.
- A current passport endorsed to show that the holder is allowed to stay in the UK and is currently allowed to work and is not subject to a condition preventing the holder from doing work relating to the carrying on of a licensable activity.
- A current Biometric Immigration Document (Biometric Residence Permit) issued by the Home Office to the holder which indicates that the named person can currently stay in the UK and is allowed to work relation to the carrying on of a licensable activity.
- A current Residence Card issued by the Home Office to a person who is not a national of a European Economic Area state or Switzerland but who is a family member of such a national or who has derivative rights or residence.
- A current Immigration Status Document containing a photograph issued by the Home Office to the holder with an endorsement indicating that the named person may stay in the UK, and is allowed to work and is not subject to a condition preventing the holder from doing work relating to the carrying on of a licensable activity when produced in combination with an official document giving the person's permanent National Insurance number and their name issued by a Government agency or a previous employer.
- A Certificate of Application, less than 6 months old, issued by the Home Office under regulation 17(3) or 18A (2) of the Immigration (European Economic Area) Regulations 2006, to a person who is not a national of a European Economic Area state or Switzerland but who is a family member of such a national or who has derivative rights of residence.
- Reasonable evidence that the person has an outstanding application to vary their
 permission to be in the UK with the Home Office such as the Home Office
 acknowledgement letter or proof of postage evidence, or reasonable evidence that the
 person has an appeal or administrative review pending on an immigration decision, such
 as an appeal or administrative review reference number.
- Reasonable evidence that a person who is not a national of a European Economic Area state or Switzerland but who is a family member of such a national or who has derivative rights of residence in exercising treaty rights in the UK including:-
 - evidence of the applicant's own identity such as a passport,
 - evidence of their relationship with the European Economic Area family member e.g. a marriage certificate, civil partnership certificate or birth certificate, and
 - evidence that the European Economic Area national has a right of permanent residence in the UK or is one of the following if they have been in the UK for more than 3 months:
 - (i) working e.g. employment contract, wage slips, letter from the employer,
 - (ii) self-employed e.g. contracts, invoices, or audited accounts with a bank,
 - (iii) studying e.g. letter from the school, college or university and evidence of sufficient funds; or
 - (iv) self-sufficient e.g. bank statements.