

Application for a premises licence to be granted under the Licensing Act 2003

Case number 2021/00065/LAPR

Payment transaction reference 256-30088

Amount paid £315

Date submitted 16/02/2021

Are you the applicant or their Agent agent?

PREMISES DETAILS

Premises address

Basement And Ground Floor 584 King's Road, London SW6 2DX

If the premises could not be found please enter the address here, or if the premises has no address give a detailed description (including the Ordnance Survey references)

Trading name (if any)

Telephone number at the premises (if any)

Are the premises in the course of construction?

Yes

Non-domestic rateable value 47250 if the premises

Will the premises be exclusively or primarily used for the supply of alcohol for consumption on the premises?

Yes

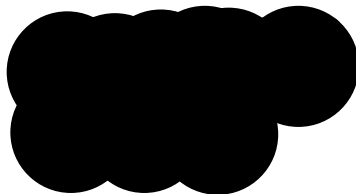
APPLICANT DETAILS

I am applying as an individual or individuals

Title Mr

Name MEGHDAD FARROKHZAD

Address



Date of birth

Nationality BRITISH

Where applicable, your 9 digit sharecode

Daytime/ business telephone number



Evening/ home telephone number

Mobile phone number

Email address



I confirm that:

I am carrying on or proposing to carry on a business which involves the use of the premises for licensable activities

Alternative details for correspondence

Contact name (if different from premises user)

Business name

Correspondence address

Daytime/ business telephone number

Evening/ home telephone number

Mobile phone number

Email address

OPERATING SCHEDULE

When do you want the premises licence to start?

31/03/2021

If you want the licence to be valid for only a limited period, when do you want it to end?

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

Please give a general description of the premises.

GROUND FLOOR AND BASEMENT PIANO BAR AND LOUNGE

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

supply of alcohol

HOURS OPEN TO THE PUBLIC

Standard days

Mondays

Start 08:00

Finish 23:00

Tuesdays

Start 08:00

Finish 23:00

Wednesdays

Start 08:00

Finish 23:00

Thursdays

Start 08:00

Finish 23:00

Fridays

Start 08:00

Finish 23:00

Saturdays

Start 08:00

Finish 23:00

Sundays

Start 08:00

Finish 23:00

Please state any seasonal variations

Non standard timings. Where you intend to use the premises at different times to those listed above, please list

SUPPLY OF ALCOHOL

Please give further details here

Will the supply of alcohol be for consumption on the premises, off the premises or both?

~~On the premises~~ Both

Standard days

Mondays

Start 10:00

Finish 22:30

Tuesdays

Start 10:00

Finish 22:30

Wednesdays

Start 10:00

Finish 22:30

Thursdays

Start 10:00

Finish 22:30

Fridays

Start 10:00

Finish 22:30

Saturdays

Start 10:00

Finish 22:30

Sundays

Start 10:00

Finish 22:30

Please state any seasonal variations

Non standard timings. Where you intend to use the premises for the supply of alcohol at different times to those listed above, please list.

Details of the individual whom you wish to specify on the licence as the designated premises supervisor

Full name Mr MEGHDAD FARROKHZAD

Date of birth



Home address of prospective designated premises supervisor



Personal licence number (if known) applied for

Issuing authority (if known) City Of Westminster

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

NONE

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

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

PLEASE SEE ATTACHED OPERATING SCHEDULE

b) The prevention of crime and disorder

PLEASE SEE ATTACHED OPERATING SCHEDULE

c) Public safety

PLEASE SEE ATTACHED OPERATING SCHEDULE

d) The prevention of public nuisance

PLEASE SEE ATTACHED OPERATING SCHEDULE

e) The protection of children from harm

PLEASE SEE ATTACHED OPERATING SCHEDULE

DECLARATIONS

I have enclosed a plan of the premises

Yes

I have enclosed the consent form completed by the individual I wish to be designated premises supervisor

Yes

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 (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 understand I must now advertise my application

Yes

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.

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.

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 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.

I have the consent of any individuals or third parties listed in this form to provide their personal details and I am authorised to submit this application on behalf of all applicants.

I have read the privacy policy and agree for my details to be used by the council to contact me about this application and any changes to this service that may affect me.

I agree to the above

Yes I agree to the above declaration

Full name

Noel Samaroo

Capacity

DULY AUTHORISED AGENT

Date

16/02/2021