

Moonshine Inc. Limited  
44 Aldbourne Road  
London  
W12 0LN

Dear Sir/Madam,

16 April 2021

I hope this finds you well and thank you so much for your pre-application advice and guidance, much appreciated!

I have enclosed all the necessary documents, our completed application, licence details including correspondence from HMRC and my personal licence to demonstrate as Managing Director I hopefully fulfil all the criteria to trade from this address. I have also included an aerial picture of the property and the intended area where our goods will be stored. This is an existing storage area which we are going to adapt for trading purposes. I might point out that minimal stock will be kept at these premises and that this project is very much a trial to access the online market with local deliveries via agents like, Uber Eats, Deliveroo etc. There will be low impact volumes initially and we are currently looking for a small retail unit around Uxbridge/Askew Road area, should our initial "Market Test" be successful.

If there are any omissions, or you require additional information, please do not hesitate to call me [REDACTED]

I very much look forward to hearing from you.

Yours Sincerely

Afsun Qureshi

Afsun Qureshi

Moonshine Inc Limited

Hammersmith & Fulham Council  
 Licensing Team  
 Town Hall, King Street, London W6 9JU  
 Tel: 020 8753 1081  
 Email: licensing@lbhf.gov.uk  
 Web: www.lbhf.gov.uk



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

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.

We Moonshine Inc. Limited  
 (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	
<del>Attached please find a aerial photograph of the Registered office and details of the Storage area. This is a secure area with the property (see highlighted area)</del> 44 Aldbourne Road attached.	
Post town	LONDON
Postcode	W12 0LN

Telephone number at premises (if any)	[REDACTED]
Non-domestic rateable value of premises	£ T.B.C. (Currently Domestic Rates Apply)

### Part 2 - Applicant details

Please state whether you are applying for a premises licence as	Please tick as appropriate
a) an individual or individuals *	please complete section (A)
b) a person other than an individual *	
i <input checked="" type="checkbox"/> as a limited company/limited liability partnership	please complete section (B)
ii as a partnership (other than limited liability)	please complete section (B)
iii as an unincorporated association or	please complete section (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	Mrs	Miss	Ms	Other Title (for example, Rev)	
<b>Surname</b>			<b>First names</b>		
<b>Date of birth</b>		I am 18 years old or over		Please tick yes	
<b>Nationality</b>					
Current postal 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)					

**(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.

Applicant: Moonshine Inc Limited  
 Company Number 11625966  
 44 Ard Bourne Road, London, W12 8LN

MANAGING Director. Afsun Qureshi (Address as above).



Name	Moonshine Inc Limited
Address	44 Ard Bourne Road London W12 0LN
Registered number (where applicable)	11625966
Description of applicant (for example, partnership, company, unincorporated association etc.)	LIMITED COMPANY
Telephone number (if any)	[REDACTED] / [REDACTED]
E-mail address (optional)	[REDACTED]

F.Y.I.

Moonshine is a fully Compliant Company, that ~~can~~ Pays HMRC Duties + TAXES, can move Stock from their Bonded Warehouse to any location in the U.K. The Purpose of this Licence Application is to be able to use the Registered office and more specifically the Storage Area to fulfill online orders in a 'Test Market' phase. We are Subject to regular HMRC Audits and this stock will be Subject to Audit at any given time. We must emphasize that ALL Alcohol kept on the Premises will be fully HMRC + I.B.H.F Compliant.

C

**Part 3 Operating Schedule**

When do you want the premises licence to start?

DD MM YYYY  
01 05 2021

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

DD MM YYYY  
01 05 2022

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

A Storage area to the East of the Property as detailed attached. This area is serviced by an entrance on ASKHAM ROAD, adjacent to the Property at 44 (2) Bourne ROAD.

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

<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)		On the premises					
			The purpose of this application is simply for on-line fulfillment.		Off the premises	<input checked="" type="checkbox"/>				
					Both					
Day	Start	Finish			<b>State any seasonal variations for the supply of alcohol</b> (please read guidance note 5)					
Mon	6PM	1AM	As a Young Company we are trying to access the online Market with companies such as Uber Eats, Deliveroo etc. This is a test and initially a temporary trading area.							
Tue	6PM	1AM								
Wed	6PM	1AM								
Thur	6PM	1AM					<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)			
Fri	6PM	1AM					To optimise our trading opportunities we do not initially intend to deviate from these times, however if we grow the business and relocate our point of collection, we may consider these hours, with, of course your permission.			
Sat	6PM	1AM								
Sun	6PM	1AM								

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		Arsad Qureshi	
Date of birth		[REDACTED]	
Address		[REDACTED]	
Postcode	W12 0LN		
Personal licence number (if known)	[REDACTED] Please see attached documents.		
Issuing licensing authority (if known)	[REDACTED] H.A. Greater London or Arsad's Personal licence.		



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).

We envisage minimal impact in relation to children, if any, our Risk Assessment is Zero.

L

Hours premises are open to the public Standard days and timings (please read guidance note 7)

Day	Start	Finish
Mon		/
Tue		/
Wed	N/A	
Thur		/
Fri		/
Sat		/
Sun		/

State any seasonal variations (please read guidance note 5)

The Premises will not be open to any members of the public at any time. This is a "Click & Collect" venture aimed at helping the Company survive & hopefully provide a top quality service to the Borough.

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)

No Public Access.

**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 Believe that the nature of our business will have the lowest level of Disruption, if any, to the criteria below.

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

We will install CCTV which will cover Askham Road which could actually assist the local authorities in Data Sharing. We envisage Zero Impact on our Actual Premises & Surrounding Areas.

**c) Public safety**

There will be No Public access to the Premises. Our CCTV Could assist in Public Safety.

**d) The prevention of public nuisance**

With No Public Traffic other than as is, we envisage minimal Public Nuisance. We will be using bikes (As is the strategy for Deliveros, Uber Eats etc) often these are Push Bikes, Aforementioned it is in our

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

Best Interests to keep impact on our community to a minimum level, if any.  
We will be operating after school hours and envisage a minimal impact (adverse) on all four objectives. Risk Assessment: 2 Lbs.



**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 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)</li></ul>
Signature	
Date	16 April 2021
Capacity	MANAGING DIRECTOR

Revises Address

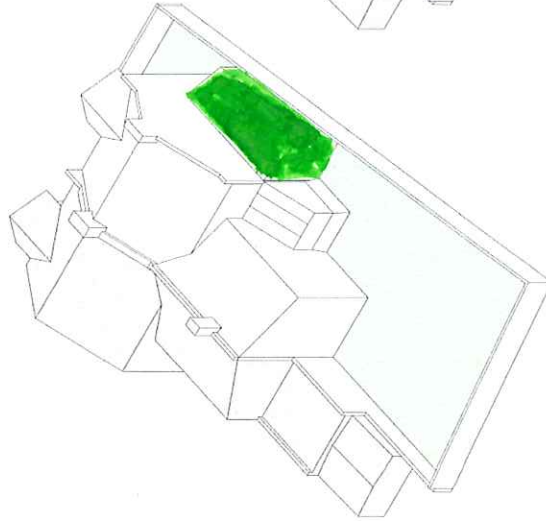


Aerial View

# 44 Albourne Road

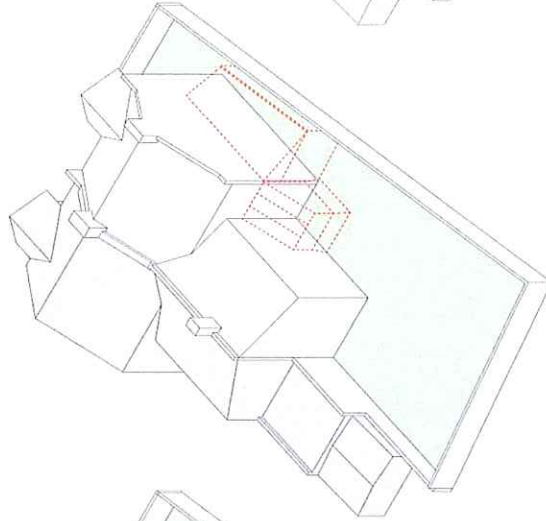


Plan of Tail Premises



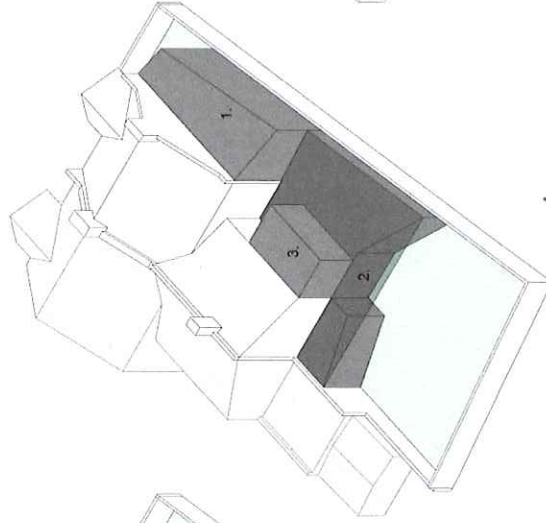
As existing

© 16/4/2021



Demolishment

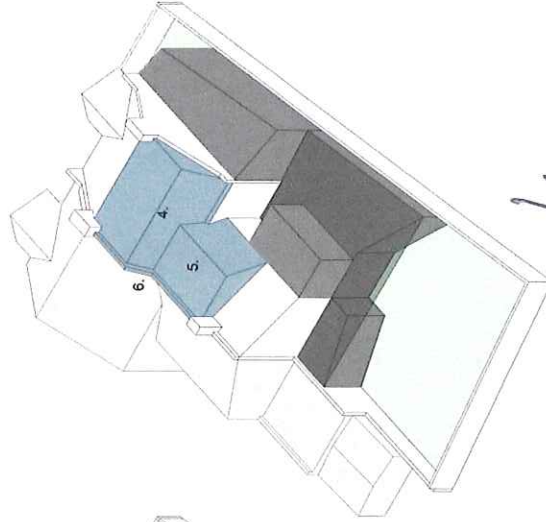
N/A



Extensions

- 1. Front two-storey side extension
- 2. Rear ground floor extension
- 3. Rear first floor extension

N/A



Mansards

- 4. Front roof mansard
- 5. Rear mansard
- 6. Raised parapet

N/A.