



London Borough of Hounslow

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

(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 | | | |
| the Luxe Bureau Unit 3.13 The Barley Mow Centre 10 Barley Mow Passage Chiswick | | | |
| Post town | London | Postcode | W4 4PH |

| | |
|---|----------------------------------|
| Telephone number at premises (if any) | |
| Non-domestic rateable value of premises | £ Last rateable value of £12,750 |

Part 2 - Applicant details

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

| | | | |
|----|-------------------------------------|--|-------------------------------|
| a) | an individual or individuals * | | please complete section (A) |
| b) | a person other than an individual * | | |
| | i | 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) |
| | 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 in Wales | | please complete section (B) |
| ga) | | a person who is registered under Chapter 2 of Part 1 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 | Mrs | Miss | Ms | Other Title (for example, Rev) | |
| Surname | | | First names | | |
| Date of birth | | I am 18 years old or over | | Please tick yes | |
| Nationality | | | | | |
| Current residential address if different from premises address | | | | | |
| Post town | | | | Postcode | |
| Daytime contact telephone number | | | | | |

| | |
|--|--|
| E-mail address (optional) | |
| Where applicable (if demonstrating a right to work via the Home Office online right to work checking service), the '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) | |
| Surname | | | First names | | |
| Date of birth or over | | I am 18 years old | | Please tick yes | |
| Nationality | | | | | |
| Current residential address if different from premises address | | | | | |
| Post town | | | | Postcode | |
| Daytime contact telephone number | | | | | |
| E-mail address (optional) | | | | | |
| Where applicable (if demonstrating a right to work via the Home Office online right to work checking service), the '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.

| | |
|------|-----------------|
| Name | the Luxe Bureau |
|------|-----------------|

| | |
|---|---|
| Address the Luxe Bureau Unit 3.13 The Barley Mow Centre 10 Barley Mow Passage Chiswick | |
| Registered number (where applicable) 15702870 | |
| Description of applicant (for example, partnership, company, unincorporated association etc.) Limited Company. Online gifting retailer | |
| Telephone number (if any) | |
| E-mail address (optional) | <div style="background-color: black; width: 150px; height: 1.2em;"></div> |

Part 3 Operating Schedule

When do you want the premises licence to start?

| DD | MM | YYYY |
|----|----|--------|
| 2 | 2 | 082025 |

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)

The space we will be operating from is a rented studio in the Barley Mow Centre in Chiswick.

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) | |

| | |
|---|---|
| <u>Provision of late night refreshment</u> (if ticking yes, fill in box I) | |
| <u>Supply of alcohol</u> (if ticking yes, fill in box J) | ✓ |

In all cases complete boxes K, L and M

J

| | | | | | |
|---|-------|--------|--|------------------|---|
| 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) We are an online gifting business, so will only be supplying and delivering gifts (some of which will be alcohol) - on one apart from employees will be in our unit/office | On the premises | |
| | | | | Off the premises | ✓ |
| | | | | Both | |
| Day | Start | Finish | State any seasonal variations for the supply of alcohol (please read guidance note 5) | | |
| Mon | 00:00 | 23:59 | | | |
| Tue | 00:00 | 23:59 | | | |
| Wed | 00:00 | 23:59 | | | |
| Thur | 00:00 | 23:59 | | | |
| Fri | 00:00 | 23:59 | | | |
| Sat | 00:00 | 23:59 | | | |
| Sun | 00:00 | 23:59 | 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 (please read guidance note 6) | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

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 Sabrina Wisely | |
| Date of birth [REDACTED] | |
| Address [REDACTED] | |
| Postcode | [REDACTED] |
| Personal licence number (if known) H06710 | |
| Issuing licensing authority (if known) Hounslow 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).

None

L

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

| Day | Start | Finish |
|------|-------|--------|
| Mon | - | - |
| Tue | - | - |
| Wed | - | - |
| Thur | - | - |
| Fri | - | - |
| Sat | - | - |
| Sun | - | - |

State any seasonal variations (please read guidance note 5)

We will be selling alcohol online as part of our curated gift offering. Our office will not be open to the public.

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 intend to be very careful and mindful of who comes into contact with our alcoholic stock - just myself or my co-founder and any employee that we induct into an operational role, once the company is big enough. We both understand the dangers of alcohol and will make sure we are being sensible and mindful in our operations at all times. Our delivery partners are instructed to be vigilant when they are delivering our gifts. Given the price point of our items, it is also highly unlikely that children will be purchasing our goods (prices are from approximately £200 to £600). Finally, we will put a notice for each alcoholic item on our website to say this is a restricted item for over 18s only.

b) The prevention of crime and disorder

Only two named, trained staff will have access to the locked office (myself and my Co-Founder). Should the company grow, we will carefully brief and train any operational employees on what is expected of them and how to promote the four licensing objectives

c) Public safety

Bottles are handled one at a time in a designated packing zone and will be pre-packaged in gift boxes —minimizing breakages and manual-handling risks.

d) The prevention of public nuisance

No customer footfall: all orders are collected by courier and handed directly to them by a founder or employee of the company

e) The protection of children from harm

Our delivery partners are instructed to be vigilant when they are delivering our gifts. They will ask for ID before delivering, if they feel the recipient looks underage

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). | |

Consent form is at the end of this form, before the notes section


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)

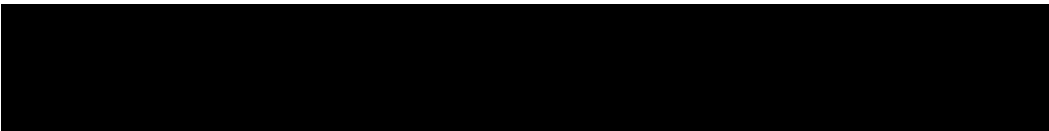


Signature of applicant or applicant's solicitor or other duly authorised agent (see guidance note 12). **If signing on behalf of the applicant, please state in what capacity.**

| | |
|--------------------|---|
| Declaration | <ul style="list-style-type: none"> [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 |
|--------------------|---|

| | |
|--|---|
| | <p>the UK (please read guidance note 15).</p> <ul style="list-style-type: none"> 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) |
| Signature <small>Type text here</small> |  |
| Date | 30th June 2025 |
| Capacity | Co-Founder of the Luxe Bureau |

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 (where not previously given) and postal address for correspondence associated with this application (please read guidance note 14) | | | |
|  | | | |
| Post town | London | Postcode |  |
| Telephone number (if any) | | | |
| If you would prefer us to correspond with you by e-mail, your e-mail address (optional) | | | |
|  | | | |

Notes for Guidance

Highlighted here below is our unit, 3.13



Notes:

All dimensions to be checked on site prior to construction. Any discrepancies to be reported immediately.



4 Devonshire Street | London | W1W 5DT | T 020 3873 2883

Project Information

BARLEY MOW CENTRE - PHASE 4
LONDON
W4 4PH

Drawing Information

Drawing Name
Third Floor Plan

| | |
|-----------------|--------------|
| Drawing Number | 428-PL-GA-05 |
| Scale | 1:200 |
| Drawn by | rb |
| Date | August 23 |
| Revision Date | - |
| Revision Number | - |
| Revision Notes | - |
| Paper Size | A1 |