

**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 MR KAWALJIT SINGH

(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

**NISA LOCAL
UNIT 1, 69 HIGH STREET**

Post town	BRENTFORD	Postcode	TW8 0YL
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Telephone number at premises (if any)

Non-domestic rateable value of premises

Part 2 - Applicant details

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

a) an individual or individuals *	<input checked="" type="checkbox"/>	please complete section (A)
b) a person other than an individual *		
i as a limited company/limited liability partnership	<input type="checkbox"/>	please complete section (B)
ii as a partnership (other than limited liability)	<input type="checkbox"/>	please complete section (B)
iii as an unincorporated association or	<input type="checkbox"/>	please complete section (B)
iv other (for example a statutory corporation)	<input type="checkbox"/>	please complete section (B)
c) a recognised club	<input type="checkbox"/>	please complete section (B)
d) a charity	<input type="checkbox"/>	please complete section (B)
e) the proprietor of an educational establishment	<input type="checkbox"/>	please complete section (B)
f) a health service body	<input type="checkbox"/>	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 <input checked="" type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
Surname SINGH		First names KAWALJIT			
Date of birth [REDACTED]		I am 18 years old or over		Please tick YES	
Nationality [REDACTED]					
Current residential address if different from premises address		[REDACTED]			
Post town	[REDACTED]			Postcode	[REDACTED]
Daytime contact telephone number		[REDACTED]			
E-mail address (optional)		[REDACTED]			
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 <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
Surname		First names			
Date of birth		I am 18 years old or over		<input type="checkbox"/>	Please tick yes
Nationality					

Current residential 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?

DD	MM	YYYY
<input type="text"/>	<input type="text"/>	<input type="text"/>

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

DD	MM	YYYY
<input type="text"/>	<input type="text"/>	<input type="text"/>

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

OFF LICENCE AND CONVENIENCE STORE

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

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	<input type="checkbox"/>
Day	Start	Finish		Off the premises	<input checked="" type="checkbox"/>
Mon	09:00	23:00	State any seasonal variations for the supply of alcohol (please read guidance note 5)		
Tue	09:00	23:00			
Wed	09:00	23:00			
Thur	09:00	23:00	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)		
Fri	09:00	23:00			
Sat	09:00	23:00			
Sun	09:00	23:00			

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	
MR KAWALJIT SINGH	
Date of birth: [REDACTED]	
Address	
[REDACTED]	
Postcode	[REDACTED]
Personal licence number (if known)	
[REDACTED]	
Issuing licensing authority (if known)	
[REDACTED]	

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)			<u>State any seasonal variations</u> (please read guidance note 5)
Day	Start	Finish	
Mon	07:00	23:00	
Tue	07:00	23:00	
Wed	07:00	23:00	
Thur	07:00	23:00	<u>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</u> (please read guidance note 6)
Fri	07:00	23:00	
Sat	07:00	23:00	
Sun	07:00	23:00	

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)

1. Challenge 25 policy to be in place at all times
2. CCTV to be installed and 31 days recording system staff trained to download images when required
3. All staff to be trained in responsible alcohol retailing

b) The prevention of crime and disorder

1. The premises shall install and maintain a comprehensive CCTV system as per the minimum requirements of the Hounslow Police Licensing Team. All entry and exit points will be covered enabling frontal identification of every person entering in any light condition. The CCTV system shall continually record whilst the premises is open for licensable activities and during all times when customers remain on the premises. All recordings shall be stored for a minimum period of 31 days with date and time stamping. Viewing of recordings shall be made available immediately upon the request of Police or authorised officer throughout the entire 31-day period.
2. A staff member from the premises who is conversant with the operation of the CCTV system shall be on the premises at all times when the premises are open. This staff member must be able to provide a Police or authorised council officer copies of recent CCTV images or data with the absolute minimum of delay when requested.
3. Appropriate signage will be displayed, in a prominent position, informing customers they are being recorded on CCTV.
4. The premises will not sell any beer, lager, or cider that is equal to or greater than 6% ABV. For the avoidance of doubt, this does not include specialist products from craft or microbreweries or limited edition / seasonal products (e.g. Christmas gift packs), subject to Police and Local Authority discretion.
5. No sales of single cans of beer, lager and cider to be sold.
6. No sales of spirits under 5cl/50ml in quantity (miniatures).
7. There will be no consumption of alcohol permitted inside the premises.
8. An incident log shall be kept at the premises and made available on request to an authorised officer of the Hounslow Council or the Police. It must be completed within 24 hours of the incident and will record the following:
 - all crimes reported to the venue
 - all ejections of patrons
 - any complaints received concerning crime and disorder
 - any incidents of disorder
 - all seizures of drugs or offensive weapons
 - any faults in the CCTV system
 - any visit by a relevant authority or emergency service.
9. All staff employed at the premises will have UK right to work status checked, once passed that stage they shall be offered employment, UK right to work documents shall be kept at the premises of all staff and updated on a regular basis.
10. All goods, including those subject to duty payments i.e., alcohol and tobacco products will be brought from cash and carries only an invoices and they will be available upon request. All alcohol will be purchased from AWRS registered cash & carry or wholesalers

c) Public safety

1. Fire exit signs displayed
2. CCTV working at all times

d) The prevention of public nuisance

1. Notice displayed asking customers to leave quietly from premises also customers will be told in person to leave quietly and not to disturb the local neighbourhood
2. Strict policy in place to tell all staff not to serve alcohol to drunks at all
3. Appropriate signage will be displayed, in prominent position informing customers they are being recorded on CCTV

e) The protection of children from harm

1. A challenge 25 policy will be in force, where any person looking under the age of 25 shall be asked to prove their age when attempting to purchase alcohol and signs to this effect will be displayed at the premises. Challenge 25 posters displayed where alcohol is sold.
2. The only acceptable ID will be those with photographic identification documents, including passport, photo-card, driving license or proof of age card bearing the PASS hologram.
3. An refusal book shall be kept at the premises and updated as and when required, and made available for inspection on request to an Licensing Officer, Police or other responsible authority.
4. A sign stating “No proof of age – No sale” shall be displayed at the point of sale.

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 (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.**

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 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 licensable activity) and I have seen a copy of his or her proof of entitlement to work, if appropriate (please see note 15)
Signature	MR M S KAPOOR
Date	06/02/2026
Capacity	DULY AUTHORISED AGENT

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)

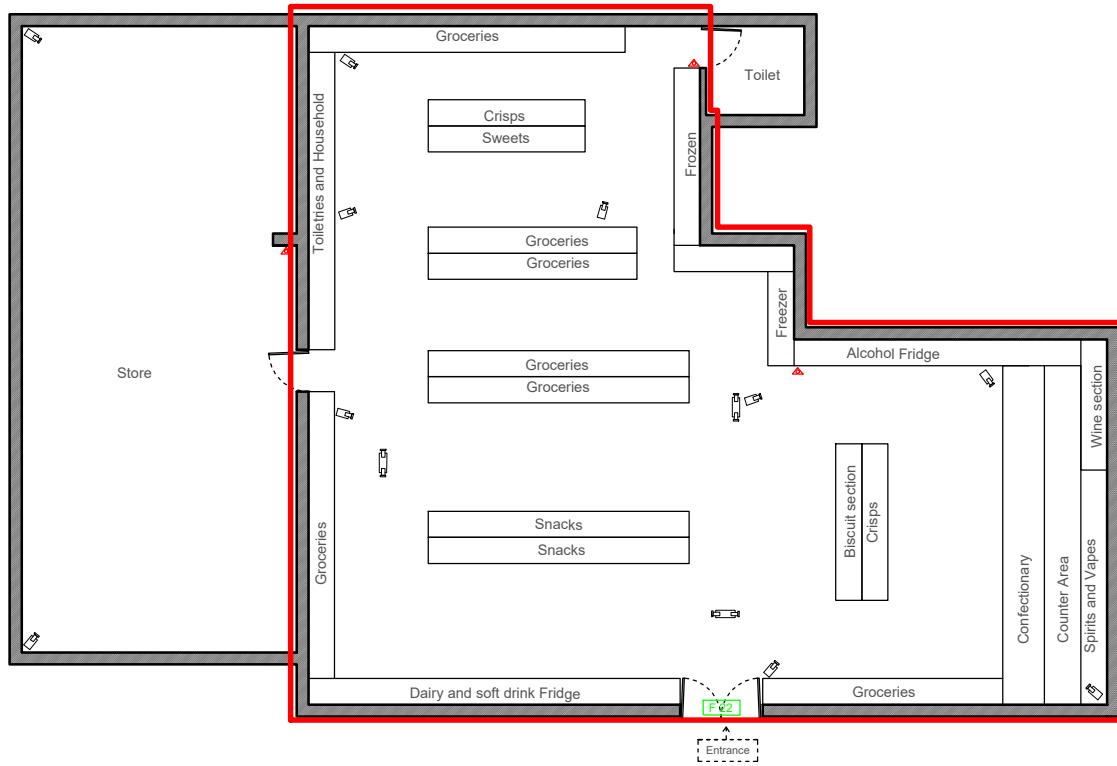
MR M S KAPOOR

Post town

Telephone number (if any)

If you would prefer us to correspond with you by e-mail, your e-mail address (optional)

PROPOSED LICENCE PLAN



Property Address:

UNIT 1,
69 HIGH STREET,
BRENTFORD,
TW8 0YL

Drawing No. AC259

Date: 06/02/26

Key	Scale : 1:150	Paper : A4
▲	Fire Extinguisher	
F 22	Fire Exit Signs	
█	CCTV Cameras	
█	Licensable Area	
CCTV Recordings 31 Days		