



# 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 GHASEM POURHATAM

*(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<br><u>AKISTA</u><br><u>14 CAPITAL INTERCHANGE WAY</u> |                  |          |                |
| Post town  | <u>BRENTFORD</u> | Postcode | <u>TW8 0SP</u> |

|   |                 |
|---|-----------------|
| Telephone number at premises (if any)   |                 |
| Non-domestic rateable value of premises | <u>£ 16,500</u> |

### Part 2 - Applicant details

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

|    |  |                                     |                             |
|----|--|-------------------------------------|-----------------------------|
| a) | an individual or individuals *                       | <input checked="" type="checkbox"/> | please complete section (A) |
| b) | a person other than an individual *                  | <input type="checkbox"/>            |                             |
|    | i as a limited company/limited liability partnership | <input type="checkbox"/>            | 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 <b>POURHATAM</b>                                       |     |                             | First names <b>GHASEM</b> |                                |  |
| 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                               |     |                             |                           |                                |  |

|  |  |
|--|--|
| <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 '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<br>(for example,<br>Rev) |  |
| <b>Surname</b>  |     |                   | <b>First names</b> |                                      |  |
| <b>Date of birth or over</b>  |     | I am 18 years old |                    | Please tick yes                      |  |
| <b>Nationality</b>  |     |                   |                    |                                      |  |
| Current residential 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 '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 |
|------|

|   |
|---|
| 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            |
| <del>15</del> | <del>02</del> | <del>2026</del> |
| 31            | 03            | 2026            |

GP

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 PREMISES COMPRISES AN UPMARKET CAFETERIA, COMBINING MODERN DESIGN WITH PRACTICAL COMFORT AND A CALM ATMOSPHERE. ITS CORE OFFERING IS PREMIUM, SPECIALTY-GRADE COFFEE PREPARED BY TRAINED BARISTAS USING HIGH-END EQUIPMENT. THE MENU FOCUSES ON HEALTHY, HIGH-QUALITY FOOD MADE FROM FRESH INGREDIENTS. THE HIGH-END FURNITURE PROVIDES SEATING FOR 34 COVERS.

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

|     |
|-----|
| N/A |
|-----|

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) |   |

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

**In all cases complete boxes K, L and M**

F

| Recorded music<br>Standard days and<br>timings (please read<br>guidance note 7) |       |            | <u>Will the playing of recorded music take<br/>place indoors or outdoors or both –<br/>please tick</u> (please read guidance note 3)  | Indoors  | <input checked="" type="checkbox"/> |
|---|-------|------------|---|----------|-------------------------------------|
|   |       |            |   | Outdoors | <input type="checkbox"/>            |
|   |       |            |   | Both     | <input type="checkbox"/>            |
| Day   | Start | Finis<br>h |   |          |                                     |
| Mon   | 08:00 | 23:00      | <u>Please give further details here</u> (please read guidance note 4) <b>LOW-LEVEL RECORDED BACKGROUND MUSIC INDOORS TO ENHANCE THE CUSTOMER EXPERIENCE, AT A CONTROLLED VOLUME SUITABLE FOR A CAFE ENVIRONMENT. NO DJs, AMPLIFIED EVENTS OR NIGHTCLUB-STYLE ENTERTAINMENT.</b> |          |                                     |
| Tue   | 08:00 | 23:00      |   |          |                                     |
| Wed   | 08:00 | 23:00      | <u>State any seasonal variations for the playing of recorded music</u> (please read guidance note 5)<br><b>NONE</b>   |          |                                     |
| Thur  | 08:00 | 23:00      |   |          |                                     |
| Fri   | 08:00 | 23:00      | <u>Non standard timings. Where you intend to use the premises for the playing of recorded music at different times to those listed in the column on the left, please list</u> (please read guidance note 6)<br><b>NONE</b>  |          |                                     |
| Sat   | 08:00 | 23:00      |   |          |                                     |
| Sun   | 08:00 | 23:00      |   |          |                                     |

J

|   |       |        |   |                  |                                     |
|---|-------|--------|---|------------------|-------------------------------------|
| <b>Supply of alcohol</b><br>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  | <input checked="" type="checkbox"/> |
|   |       |        |   | Off the premises | <input type="checkbox"/>            |
|   |       |        |   | Both             | <input type="checkbox"/>            |
| Day   | Start | Finish | <b>State any seasonal variations for the supply of alcohol</b><br>(please read guidance note 5)<br><br>NONE   |                  |                                     |
| Mon   | 11:00 | 23:00  |   |                  |                                     |
| Tue   | 11:00 | 23:00  |   |                  |                                     |
| Wed   | 11:00 | 23:00  |   |                  |                                     |
| Thur  | 11:00 | 23:00  |   |                  |                                     |
| Fri   | 11:00 | 23:00  |   |                  |                                     |
| Sat   | 11:00 | 23:00  |   |                  |                                     |
| Sun   | 11:00 | 23:00  |   |                  |                                     |
|   |       |        | <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)<br><br>NONE |                  |                                     |

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                                   |  | GHASEM POURHATAM |  |
| 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<br>Standard days and timings (please read guidance note 7) |       |            | State any seasonal variations (please read guidance note 5)  |
|--|-------|------------|--|
| Day  | Start | Finis<br>h |  |
| Mon  | 06:00 | 23:00      | NONE<br><br>NOTE: CAFETERIA CURRENTLY CLOSES DAILY AT 18:00. THIS WILL BE EXTENDED UNTIL 23:00 DAILY UPON GRANT OF A PREMISES LICENCE. |
| Tue  | 06:00 | 23:00      |  |
| Wed  | 06:00 | 23:00      |  |
| Thur   | 06:00 | 23:00      |  |
| Fri  | 06:00 | 23:00      |  |
| Sat  | 06:00 | 23:00      |  |
| Sun  | 06:00 | 23:00      |  |
|  |       |            |  |

**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)**

NONE

## 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)

I WILL OPERATE THE PREMISES TO A HIGH STANDARD, WITH TRAINED STAFF, CLEAR PROCEDURES, AND A STRONG FOCUS ON SAFETY AND RESPONSIBILITY. STAFF WILL RECEIVE REGULAR TRAINING IN LICENSING LAW, AGE VERIFICATION AND INCIDENT MANAGEMENT. THE PREMISES WILL BE WELL MAINTAINED, CLEAN & SAFELY MANAGED, WITH APPROPRIATE RISK ASSESSMENTS. ALCOHOL WILL BE SERVED RESPONSIBLY.

b) The prevention of crime and disorder

STRICT AGE-VERIFICATION PROCEDURES: A "CHALLENGE 25" POLICY WILL BE IMPLEMENTED. ROBUST STAFF TRAINING IN RESPONSIBLE ALCOHOL SERVICE, CONFLICT MANAGEMENT AND RECOGNISING SIGNS OF INTOXICATION. CLEAR INCIDENT REPORTING IN AN INCIDENT LOG.

c) Public safety

CLEAN, HYGIENIC ENVIRONMENT THROUGHOUT THE PREMISES, INCL. KITCHEN, CUSTOMER AREA & TOILET. COMPREHENSIVE RISK ASSESSMENTS. STAFF TRAINED IN EMERGENCY PROCEDURES. SAFE CAFETERIA LAYOUT AND CAPACITY MANAGEMENT.

d) The prevention of public nuisance

NOISE MANAGEMENT: CONTROLLED BACKGROUND MUSIC VOLUMES & STAFF TRAINING ON MANAGING GATHERINGS AT BUSY TIMES. RESPONSIBLE WASTE HANDLING TO REDUCE DISTURBANCE TO NEIGHBOURS. CLEAR SIGNAGE REMINDING CUSTOMERS TO RESPECT NEIGHBOURS. ODOUR CONTROL VIA HIGH-QUALITY EXTRACTION SYSTEMS.

e) The protection of children from harm

~~STRICT ALCOHOL POLICY: NO ALCOHOL SOLD TO ANYONE UNDER 18 AND STAFF WILL ENFORCE CHALLENGE 25 POLICY WITHOUT EXCEPTION.~~ PTO

STRICT ALCOHOL POLICY: NO ALCOHOL SOLD TO ANYONE UNDER 18 AND STAFF WILL ENFORCE CHALLENGE 25 POLICY WITHOUT EXCEPTION.  
 SECURE STORAGE OF CLEANING CHEMICALS AND HOT EQUIPMENT.  
 AGE-APPROPRIATE ENVIRONMENT: THE PREMISES WILL MAINTAIN A FAMILY-FRIENDLY, RESPONSIBLE ATMOSPHERE WITH NO EXPOSURE TO INAPPROPRIATE CONTENT OR BEHAVIOUR.

**Checklist:**

Please tick to indicate agreement

|                          |   |   |
|--------------------------|---|---|
| <input type="checkbox"/> | I have made or enclosed payment of the fee.   |   |
| <input type="checkbox"/> | I have enclosed the plan of the premises.   | ✓ |
| <input type="checkbox"/> | I have sent copies of this application and the plan to responsible authorities and others where applicable.   | ✓ |
| <input type="checkbox"/> | I have enclosed the consent form completed by the individual I wish to be designated premises supervisor, if applicable.  | ✓ |
| <input type="checkbox"/> | I understand that I must now advertise my application.  | ✓ |
| <input type="checkbox"/> | I understand that if I do not comply with the above requirements my application will be rejected.<br>[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). | ✓ |

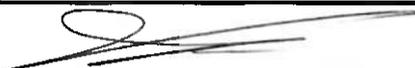
It is an offence, under Section 158 of the Licensing Act 2003, to make a false statement in or in connection with this application. Those who make a false statement may be liable on summary conviction to a fine of any amount.

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</li> </ul> |
|--------------------|---|

|           |   |
|-----------|---|
|           | <p>the UK (please read guidance note 15).</p> <ul style="list-style-type: none"> <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      | 11/02/2020  |
| Capacity  | APPLICANT   |

**For joint applications, signature of 2<sup>nd</sup> applicant or 2<sup>nd</sup> 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  |  |

|   |            |          |        |
|---|------------|----------|--------|
| <p>Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 14)</p> <p>ARISTA<br/>14 CAPITAL INTERCHANGE WAY</p> |            |          |        |
| Post town   | BRENTFORD  | Postcode | TW8OSP |
| Telephone number (if any)   | [REDACTED] |          |        |
| <p>If you would prefer us to correspond with you by e-mail, your e-mail address (optional)</p>  |            |          |        |

**Notes for Guidance**

