

## 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 Gate Gourmet London 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<br>Gate Gourmet London Ltd<br>Viking House<br>Perimeter Road South<br>Gatwick Airport |             |                 |         |
| <b>Post town</b>   | West Sussex | <b>Postcode</b> | RH6 0PE |

|   |                   |
|---|-------------------|
| Telephone number at premises (if any)   | n/a               |
| Non-domestic rateable value of premises | £745,000 (Band E) |

#### 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 type="checkbox"/>            | please complete section (A) |
| b) a person other than an individual *               |                                     |                             |
| i as a limited company/limited liability partnership | <input checked="" 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  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 <input type="checkbox"/>  | Mrs <input type="checkbox"/> | Miss <input type="checkbox"/>                         | Ms <input type="checkbox"/> | Other Title (for example, Rev) |  |
| <b>Surname</b>   |                              |   | <b>First names</b>          |                                |  |
| <b>Date of birth</b>   |                              | I am 18 years old or over<br><input type="checkbox"/> |                             | 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 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) |                 |
| <b>Surname</b>  |                              |                               | <b>First names</b>          |                                |                 |
| <b>Date of birth</b><br>over  |                              | I am 18 years old or          |                             | <input type="checkbox"/>       | Please tick yes |
| <b>Nationality</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) |                              |                               |                             |                                |                 |
| Current residential address if different from premises address  |                              |                               |                             |                                |                 |
| Post town   |                              |                               |                             | Postcode                       |                 |
| <b>Daytime contact telephone number</b>   |                              |                               |                             |                                |                 |
| <b>E-mail address (optional)</b>  |                              |                               |                             |                                |                 |

**(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.

|   |
|---|
| Gate Gourmet London Limited                                   |
| Address<br>Ash House<br>Littleton Road<br>Ashford<br>TW15 1TZ |
| Registered number (where applicable)<br>03452689              |

|  |
|--|
| Description of applicant (for example, partnership, company, unincorporated association etc.)<br>Company |
| Telephone number (if any)<br>n/a   |
| E-mail address (optional)<br>n/a   |

**Part 3 Operating Schedule**

When do you want the premises licence to start?

|     |     |      |
|-----|-----|------|
| DD  | MM  | YYYY |
| A S | A P |      |

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)  
Airline Catering and food production facility.

No sales will take place from within the building itself as customers will not be permitted on site.

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)                             | <input type="checkbox"/>   |
| b) films (if ticking yes, fill in box B)                             | <input type="checkbox"/>   |
| c) indoor sporting events (if ticking yes, fill in box C)            | <input type="checkbox"/>   |
| d) boxing or wrestling entertainment (if ticking yes, fill in box D) | <input type="checkbox"/>   |
| e) live music (if ticking yes, fill in box E)                        | <input type="checkbox"/>   |
| f) recorded music (if ticking yes, fill in box F)                    | <input type="checkbox"/>   |

- 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**

**A**

| <b>Plays</b><br>Standard days and timings (please read guidance note 7) |       |        | <b><u>Will the performance of a play take place indoors or outdoors or both – please tick</u></b><br>(please read guidance note 3)  | Indoors  | <input type="checkbox"/> |
|---|-------|--------|---|--|--------------------------|
| Day   | Start | Finish |   | Outdoors   | <input type="checkbox"/> |
|   |       |        |   | Both   | <input type="checkbox"/> |
| Mon   |       |        |   | <b><u>Please give further details here</u></b> (please read guidance note 4) |                          |
|   |       |        |   |  |                          |
| Tue   |       |        | <b><u>State any seasonal variations for performing plays</u></b> (please read guidance note 5)  |  |                          |
|   |       |        |   |  |                          |
| Wed   |       |        | <b><u>Non standard timings. Where you intend to use the premises for the performance of plays at different times to those listed in the column on the left, please list</u></b> (please read guidance note 6) |  |                          |
|   |       |        |   |  |                          |
| Thur  |       |        |   |  |                          |
|   |       |        |   |  |                          |
| Fri   |       |        |   |  |                          |
|   |       |        |   |  |                          |
| Sat   |       |        |   |  |                          |
|   |       |        |   |  |                          |
| Sun   |       |        |   |  |                          |
|   |       |        |   |  |                          |

**B**

|   |       |        |  |  |          |                          |
|---|-------|--------|--|--|----------|--------------------------|
| <b>Films</b><br>Standard days and timings (please read guidance note 7) |       |        | <b>Will the exhibition of films take place indoors or outdoors or both – please tick</b><br>(please read guidance note 3)  |  | Indoors  | <input type="checkbox"/> |
|   |       |        |  |  | Outdoors | <input type="checkbox"/> |
|   |       |        |  |  | Both     | <input type="checkbox"/> |
| Day   | Start | Finish | <b><u>Please give further details here</u></b> (please read guidance note 4)   |  |          |                          |
| Mon   |       |        |  |  |          |                          |
|   |       |        |  |  |          |                          |
| Tue   |       |        |  |  |          |                          |
|   |       |        |  |  |          |                          |
| Wed   |       |        |  |  |          |                          |
|   |       |        |  |  |          |                          |
| Thur  |       |        |  |  |          |                          |
|   |       |        |  |  |          |                          |
|   |       |        |  |  |          |                          |
|   |       |        | <b><u>State any seasonal variations for the exhibition of films</u></b><br>(please read guidance note 5)   |  |          |                          |
|   |       |        | <b><u>Non standard timings. Where you intend to use the premises for the exhibition of films at different times to those listed in the column on the left, please list</u></b> (please read guidance note 6) |  |          |                          |
| Fri   |       |        |  |  |          |                          |
|   |       |        |  |  |          |                          |
| Sat   |       |        |  |  |          |                          |
|   |       |        |  |  |          |                          |
| Sun   |       |        |  |  |          |                          |
|   |       |        |  |  |          |                          |
|   |       |        |  |  |          |                          |

**C**

| <b>Indoor sporting events</b><br>Standard days and timings (please read guidance note 7) |       |        | <b>Please give further details</b> (please read guidance note 4)                                 |
|--|-------|--------|--|
| Day  | Start | Finish |  |
| Mon  |       |        | <b>State any seasonal variations for indoor sporting events</b><br>(please read guidance note 5) |
|  |       |        |  |
| Tue  |       |        |  |
|  |       |        |  |
| Wed  |       |        |  |
|  |       |        |  |
| Thur   |       |        |  |
|  |       |        |  |
| Fri  |       |        |  |
|  |       |        |  |
| Sat  |       |        |  |
|  |       |        |  |
| Sun  |       |        |  |
|  |       |        |  |

D

| Boxing or wrestling entertainments<br>Standard days and timings (please read guidance note 7) |  |  | <b>Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick</b> (please read guidance note 3)  | Indoors   | <input type="checkbox"/> |          |                          |
|---|--|--|---|---|--------------------------|----------|--------------------------|
| Day   |  |  |   | Start   | Finish                   | Outdoors | <input type="checkbox"/> |
|   |  |  |   |   |                          | Both     | <input type="checkbox"/> |
| Mon   |  |  |   | <b>Please give further details here</b> (please read guidance note 4) |                          |          |                          |
|   |  |  |   |   |                          |          |                          |
| Tue   |  |  |   |   |                          |          |                          |
|   |  |  |   |   |                          |          |                          |
| Wed   |  |  | <b>State any seasonal variations for boxing or wrestling entertainment</b> (please read guidance note 5)  |   |                          |          |                          |
|   |  |  |   |   |                          |          |                          |
| Thur  |  |  |   |   |                          |          |                          |
|   |  |  |   |   |                          |          |                          |
| Fri   |  |  | <b>Non standard timings. Where you intend to use the premises for boxing or wrestling entertainment at different times to those listed in the column on the left, please list</b> (please read guidance note 6) |   |                          |          |                          |
|   |  |  |   |   |                          |          |                          |
| Sat   |  |  |   |   |                          |          |                          |
|   |  |  |   |   |                          |          |                          |
| Sun   |  |  |   |   |                          |          |                          |
|   |  |  |   |   |                          |          |                          |



E

|  |       |        |   |                          |
|--|-------|--------|---|--------------------------|
| <b>Live music</b><br>Standard days and timings (please read guidance note 7) |       |        | <b>Will the performance of live music take place indoors or outdoors or both – please tick</b> (please read guidance note 3)  |                          |
|  |       |        | Indoors   | <input type="checkbox"/> |
|  |       |        | Outdoors  | <input type="checkbox"/> |
|  |       |        | Both  | <input type="checkbox"/> |
| Day  | Start | Finish | <b>Please give further details here</b> (please read guidance note 4)   |                          |
| Mon  |       |        |   |                          |
|  |       |        |   |                          |
| Tue  |       |        |   |                          |
|  |       |        |   |                          |
| Wed  |       |        |   |                          |
|  |       |        |   |                          |
| Thur   |       |        |   |                          |
|  |       |        |   |                          |
|  |       |        |   |                          |
|  |       |        | <b>State any seasonal variations for the performance of live music</b> (please read guidance note 5)  |                          |
|  |       |        | <b>Non standard timings. Where you intend to use the premises for the performance of live music at different times to those listed in the column on the left, please list</b> (please read guidance note 6) |                          |
| Fri  |       |        |   |                          |
|  |       |        |   |                          |
| Sat  |       |        |   |                          |
|  |       |        |   |                          |
| Sun  |       |        |   |                          |
|  |       |        |   |                          |
|  |       |        |   |                          |

F

| Recorded music<br>Standard days and timings (please read guidance note 7) |       |        | Will the playing of recorded music take <b>place indoors or outdoors or both – please tick</b> (please read guidance note 3)  | Indoors  | <input type="checkbox"/> |
|---|-------|--------|---|----------|--------------------------|
|   |       |        |   | Outdoors | <input type="checkbox"/> |
|   |       |        |   | Both     | <input type="checkbox"/> |
| Day   | Start | Finish |   |          |                          |
| Mon   |       |        | <b>Please give further details here</b> (please read guidance note 4)   |          |                          |
|   |       |        |   |          |                          |
| Tue   |       |        |   |          |                          |
|   |       |        |   |          |                          |
| Wed   |       |        | <b>State any seasonal variations for the playing of recorded music</b> (please read guidance note 5)  |          |                          |
|   |       |        |   |          |                          |
| Thur  |       |        |   |          |                          |
|   |       |        |   |          |                          |
| Fri   |       |        | <b>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</b> (please read guidance note 6) |          |                          |
|   |       |        |   |          |                          |
| Sat   |       |        |   |          |                          |
|   |       |        |   |          |                          |
| Sun   |       |        |   |          |                          |
|   |       |        |   |          |                          |

**G**

|   |       |        |  |          |                          |
|---|-------|--------|--|----------|--------------------------|
| <b>Performances of dance</b><br>Standard days and timings (please read guidance note 7) |       |        | <b>Will the performance of dance take place indoors or outdoors or both – please tick</b><br>(please read guidance note 3)   | Indoors  | <input type="checkbox"/> |
|   |       |        |  | Outdoors | <input type="checkbox"/> |
|   |       |        |  | Both     | <input type="checkbox"/> |
| Day   | Start | Finish | <b>Please give further details here</b> (please read guidance note 4)  |          |                          |
| Mon   |       |        |  |          |                          |
|   |       |        |  |          |                          |
| Tue   |       |        |  |          |                          |
|   |       |        | <b>State any seasonal variations for the performance of dance</b><br>(please read guidance note 5)   |          |                          |
| Wed   |       |        |  |          |                          |
|   |       |        |  |          |                          |
| Thur  |       |        |  |          |                          |
|   |       |        | <b>Non standard timings. Where you intend to use the premises for the performance of dance at different times to those listed in the column on the left, please list</b> (please read guidance note 6) |          |                          |
| Fri   |       |        |  |          |                          |
|   |       |        |  |          |                          |
| Sat   |       |        |  |          |                          |
|   |       |        |  |          |                          |
| Sun   |       |        |  |          |                          |
|   |       |        |  |          |                          |

H

|  |       |        |  |          |                          |
|--|-------|--------|--|----------|--------------------------|
| <b>Anything of a similar description to that falling within (e), (f) or (g)</b><br>Standard days and timings (please read guidance note 7) |       |        | Please give a description of the type of entertainment you will be providing   |          |                          |
| Day  | Start | Finish | <b><u>Will this entertainment take place indoors or outdoors or both – please tick</u></b> (please read guidance note 3)   | Indoors  | <input type="checkbox"/> |
| Mon  |       |        |  | Outdoors | <input type="checkbox"/> |
|  |       |        |  | Both     | <input type="checkbox"/> |
| Tue  |       |        | <b><u>Please give further details here</u></b> (please read guidance note 4)   |          |                          |
|  |       |        |  |          |                          |
| Wed  |       |        | <b><u>State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g)</u></b> (please read guidance note 5)  |          |                          |
|  |       |        |  |          |                          |
| Thur   |       |        | <b><u>Non standard timings. Where you intend to use the premises for the entertainment of a similar description to that falling within (e), (f) or (g) at different times to those listed in the column on the left, please list</u></b> (please read guidance note 6) |          |                          |
| Fri  |       |        |  |          |                          |
| Sat  |       |        |  |          |                          |
| Sun  |       |        |  |          |                          |

I

|  |       |        |   |          |                          |
|--|-------|--------|---|----------|--------------------------|
| <b>Late night refreshment</b><br>Standard days and timings (please read guidance note 7) |       |        | <b>Will the provision of late night refreshment take place indoors or outdoors or both – please tick</b> (please read guidance note 3)  | Indoors  | <input type="checkbox"/> |
|  |       |        |   | Outdoors | <input type="checkbox"/> |
|  |       |        |   | Both     | <input type="checkbox"/> |
| Day  | Start | Finish | <b><u>Please give further details here</u></b> (please read guidance note 4)  |          |                          |
| Mon  |       |        |   |          |                          |
|  |       |        |   |          |                          |
| Tue  |       |        |   |          |                          |
|  |       |        | <b><u>State any seasonal variations for the provision of late night refreshment</u></b> (please read guidance note 5)   |          |                          |
| Wed  |       |        |   |          |                          |
|  |       |        |   |          |                          |
| Thur   |       |        |   |          |                          |
|  |       |        | <b><u>Non standard timings. Where you intend to use the premises for the provision of late night refreshment at different times, to those listed in the column on the left, please list</u></b> (please read guidance note 6) |          |                          |
| Fri  |       |        |   |          |                          |
|  |       |        |   |          |                          |
| Sat  |       |        |   |          |                          |
|  |       |        |   |          |                          |
| Sun  |       |        |   |          |                          |
|  |       |        |   |          |                          |

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 type="checkbox"/>            |
|   |       |        |   | Off the premises | <input checked="" 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>Sales of alcohol will be restricted to online orders only 24 hours a day.<br><br><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) |                  |                                     |
| 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  |   |                  |                                     |
|   |       |        |   |                  |                                     |

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 Matthew Shore   |   |
|  |   |
| Postcode   |   |
| Personal licence number (if known)                         |   |
| <del>Not yet issued</del> PA108016                         |   |
| Issuing licensing authority (if known)                     | Royal Borough of Windsor and Maidenhead Council |
| <del>Royal Borough of Windsor and Maidenhead Council</del> |   |

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

| <p><b>Hours premises are open to the public</b><br/>Standard days and timings (please read guidance note 7)</p> |       |        | <p><b><u>State any seasonal variations</u></b> (please read guidance note 5)</p> <p>No access to the premises is available to the public.</p>   |
|---|-------|--------|---|
| Day   | Start | Finish | <p><b><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></b> (please read guidance note 6)</p> |
| Mon   |       |        |   |
|   |       |        |   |
| Tue   |       |        |   |
|   |       |        |   |
| Wed   |       |        |   |
|   |       |        |   |
| Thur  |       |        |   |
|   |       |        |   |
| Fri   |       |        |   |
|   |       |        |   |
| Sat   |       |        |   |
|   |       |        |   |
| Sun   |       |        |   |
|   |       |        |   |

**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)

Please see attached.

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

Please see attached.

**c) Public safety**

Please see attached.

**d) The prevention of public nuisance**

Please see attached.



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

Please see attached.

**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).

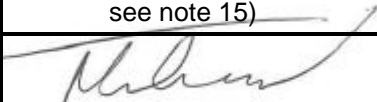
**IT IS AN OFFENCE, UNDER SECTION 158 OF THE LICENSING ACT 2003, TO MAKE A FALSE STATEMENT IN OR IN CONNECTION WITH THIS APPLICATION. THOSE WHO MAKE A FALSE STATEMENT MAY BE LIABLE ON SUMMARY CONVICTION TO A FINE OF ANY AMOUNT.**

**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               | 11.11.2021  |
| Capacity           | Managing Director   |

**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  |  |

Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 14)

Paul Uren  
TLT Solicitors  
One Redcliff Street

Post town Bristol

Postcode BS1 6TP

Telephone number (if any) +44(0)3330 060213

If you would prefer us to correspond with you by e-mail, your e-mail address (optional)  
paul.uren@TLTsolicitors.com

**Gate Gourmet London Ltd, Viking Gouse, Perimeter Road South, Gatwick  
Airport, West Sussex RH6 0PE  
Proposed Licensing Conditions**

**Hours**

**Sales of alcohol (off sales) 24 hours a day Monday to Sunday (via the company/business website only)**

**General – all four licensing objectives**

Locations of fire safety and other safety equipment subject to change in accordance with the requirements of the responsible authorities or following a risk assessment.

Any detail shown on the plan that is not required by the licensing plans regulations is indicative only and subject to change at any time.

All staff shall be suitably trained for their job function for the premises the training shall be written into a programme of ongoing review and will be made available to a responsible authority on reasonable request.

Deliveries will be made by a partner courier company with whom there will be a commercial agreement in place and deliveries will be signed for upon delivery with licensing conditions to be complied with.

**The Prevention of Crime and Disorder**

The premises will be monitored by manned security 24 hours a day.

Security will ~~me~~-be as per Department of Transport Civil Aviation Authority Standards.

Any delivery including alcohol to be made only to a residential or commercial address and the customer to be clearly present inside the building. The delivery of alcohol will not be made or completed to a person in a public place.

There will be no members of the public permitted access to the premises.

**Public Safety**

Appropriate fire safety measures will be installed and maintained as shown on the drawings accompanying this application.

Alcohol will not be stored in such a way as to block fire or other exits from the premises.

Staff will be trained in First Aid.

Adequate and appropriate first aid equipment and materials will be kept on site, regularly checked and kept in an easily accessible place for staff.

Any areas for which public have access to will be maintained free from obstruction and trip hazards.

All exit routes will be kept unobstructed, with non-slippery and even surfaces, free of trip hazards and clearly signed.

### **The Prevention of Public Nuisance**

Noise from alcohol deliveries from the premises will not cause a public nuisance.

Deliveries to customers who have placed orders via the company website will be limited to the hours of 08:00h and 00:00h on any day.

### **The Protection of Children from Harm**

The premises licence holder will have a return and refund policy for non-deliveries.

The Premises Licence Holder shall arrange staff training in relation to underage sales. This training shall include how to seek ID in accordance with the Challenge 25 proof of age scheme. All staff training shall be documented and made available to the Responsible Authorities on request.

Records of all customers shall be stored for a minimum period of 6 months and shall be forwarded to police or trading standards officers actively investigating allegations of underage purchases from the business.