

Licensing Authority: *Westminster City Council*

Ref: 19/00705/LIPN

Application for a Premises Licence under the Licensing Act 2003

I / We **Tizzola Properties Ltd** 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

**48 Albemarle Street
London**

Post code

W1S 4JP

Telephone number of premises (if any)

Non-domestic rateable value of premises

£ 130000.00

If the premises is under construction please check here

If the premises hasn't been assigned a rateable value yet, please check here

Part 2 - Applicant Details

Please state whether you are applying for a premises licence as

*Please make
selection with an "x"*

- | | | |
|-----------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-----------------------------|
| a) An individual or individuals* | <input type="checkbox"/> | please complete section (A) |
| b) a person other than an individual* | | |
| i. as a limited company | <input checked="" type="checkbox"/> | please complete section (B) |
| ii. as a partnership | <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 | <input type="checkbox"/> | please complete section (B) |
| h) the chief officer of police of a police force in
England and Wales | <input type="checkbox"/> | please complete section (B) |

* If you are applying as a person described in (a) or (b) please confirm:

*Please make
selection with an "x"*

- | | |
|-----------------------------------------------------------------------------------------------------------------------------|-------------------------------------|
| ■ I am carrying on or proposing to carry on a business which involves the use of the premises for licensable activities; or | <input checked="" type="checkbox"/> |
| ■ I am making the application pursuant to a: | |
| - statutory function or | <input type="checkbox"/> |
| - a function discharged by virtue of Her Majesty's prerogative | <input type="checkbox"/> |

SECOND INDIVIDUAL APPLICANT (IF APPLICABLE)

Title

Surname

First names

Date of Birth
(you must be 18
years old or over)

Nationality

Current postal
address
if different from
premises address

Postcode

Post Town

Daytime contact telephone number

Email address
(optional)**(B) OTHER APPLICANTS**

Please provide name and registered address of applicant in full. Where appropriate please give any registered number. In case of a partnership or other joint nature (other than a body corporate), please give the name and address of each party concerned.

Name

Tizzola Properties Ltd

Address

**Wickams Cay 11
Road Town
Tortola VG1110 British Virgin Islands**

**Uk: C/o Trophaeum
27 Albemarle St
London W1s 4HZ**

Registered number (where applicable)

1701907Description of applicant (for example,
partnership, company, unincorporated
association etc.)

**private limited company registered in the British
Virgin Islands**

Telephone number (if any)

E-mail address (optional)

athomas@tandtap.com

Part 3 - Operating Schedule

When do you want the premises licence to start?

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

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

General description of premises (please read guidance note 1)

Application for a 'shadow licence' of Gazelle, 48 Albemarle Street, on exactly the same terms as licence no. 17/07479/LIPN (attached)

Please use plans attached to licence number 17/07479/LIPN for the purposes of this application

What licensable activities do you intend to carry on from the premises?
(Please see sections 1 and 14 of the Licensing Act 2003 and Schedule 1 and 2 to the Licensing Act 2003)

Please check all relevant boxes

Provision of regulated entertainment (please read guidance note 2)

- | | |
|----------------------------------------------------------------------------------------------------------------|-------------------------------------|
| a) plays (if ticking yes, fill in box A) | <input type="checkbox"/> |
| b) films (if ticking yes, fill in box B) | <input checked="" 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) | <input type="checkbox"/> |
| h) anything of a similar description to that falling within (e), (f) or (g)
(if ticking yes, fill in box H) | <input type="checkbox"/> |

Provision of late night refreshment (if ticking yes, fill in box L)

Supply of alcohol (if ticking yes, fill in box M)

In all cases complete boxes N, O and P

A

Plays Standard days and timings (please read guidance note 7)			<u>Will the performance of a play take place indoors or outdoors or both - please make selection with an "x"</u> (please read guidance note 3).	Indoors	
Day	Start	Finish		Outdoors	
Mon			<u>Please give further details here</u> (please read guidance note 4)	Both	
Tue					
Wed			<u>State any seasonal variations for performing plays</u> (please read guidance note 5)		
Thur					
Fri			<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> (please read guidance note 6)		
Sat					
Sun					

B

Films Standard days and timings (please read guidance note 7)			<u>Will the exhibition of films take place indoors or outdoors or both - please make selection with an "x"</u> (please read guidance note 3).	Indoors	✓
Day	Start	Finish		Outdoors	
Mon	10:00	23:30	<u>Please give further details here</u> (please read guidance note 4) as per licence no. 17/07479/LIPN	Both	
Tue	10:00	23:30			
Wed	10:00	23:30	<u>State any seasonal variations for the exhibition of films</u> (please read guidance note 5)		
Thur	10:00	00:00			
Fri	10:00	00:00	<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> (please read guidance note 6) Sundays before Bank holidays until 00:00. From the end of permitted hours on New Year's Eve to the start of permitted hours on New Year's Day. An additional hour from the end of permitted hours on the morning following Valentine's Day, Christmas Eve and Boxing Day.		
Sat	10:00	00:00			
Sun	12:00	23:00			

K

Provision of facilities for entertainment of a similar description to that falling within J or K Standard days and timings (please read guidance note 7)			<u>Please give a description of the type of entertainment facility you will be providing</u>		
Day	Start	Finish	Will the entertainment facility be indoors or outdoors or both - please make selection with an "x" (please read guidance note 3).	Indoors	
				Outdoors	
Mon				Both	
Tue			<u>Please give further details here</u> (please read guidance note 4)		
Wed					
Thur			State any seasonal variations for the provision of facilities for entertainment of a similar description to that falling within J or K (please read guidance note 5)		
Fri					
Sat			Non standard timings. Where you intend to use the premises for provision of facilities for entertainment of a similar description to that falling within J or K at different times to those listed in the column on the left, please list (please read guidance note 6)		
Sun					

L

Late night refreshment Standard days and timings (please read guidance note 7)			Will the provision of late night refreshment be indoors or outdoors or both - please make selection with an "x" (please read guidance note 3).		Indoors	<input checked="" type="checkbox"/>
Day	Start	Finish			Outdoors	
Mon	23:00	23:30			Both	
Tue	23:00	23:30	<u>Please give further details here</u> (please read guidance note 4) as per licence no. 17/07479/LIPN			
Wed	23:00	23:30	State any seasonal variations for provision of late night refreshment (please read guidance note 5)			
Thur	23:00	00:00				
Fri	23:00	00:00	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 (please read guidance note 6)			
Sat	23:00	00:00	Sunday immediately before bank holidays from 23:00 to 00:00; From the end of permitted hours on New Year's Eve to the start of permitted hours on New Year's Day. An additional hour from the end of permitted hours on the morning following Valentine's Day, Christmas Eve and Boxing Day.			
Sun						

M

Supply of alcohol Standard days and timings (please read guidance note 7)			<u>Will the supply of alcohol be for consumption</u> <u>please make selection with an "x"</u> (please read guidance note 8).	On the premises	
Day	Start	Finish		Off the premises	
Mon	10:00	23:30			
Tue	10:00	23:30	<u>State any proposed seasonal variations for the supply of alcohol</u> (please read guidance note 5) From the end of permitted hours on New Year's Eve to the start of permitted hours on New Year's Day. An additional hour from the end of permitted hours on the morning following Valentine's Day, Christmas Eve and Boxing Day.	Both	✓
Wed	10:00	23:30			
Thur	10:00	00:00			
Fri	10:00	00:00			
Sat	10:00	00:00	<u>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</u> (please read guidance note 6) Sundays before Bank Holidays 12:00 - 00:00 Off sales: Monday to Saturday: 10:00 - 23:00 Sunday 12:00 - 22:30		
Sun	12:00	22:30			

State the name and details of the individual whom you wish to specify on the licence as premises supervisor. (Please see declaration about the entitlement to work in the checklist at the end of the form):

Title	Mr
Surname	N/a (Shadow Licence)
First Name(s)	-
Date of Birth	17/01/2019
Address	-
Postcode	
Personal Licence number (if known)	-
Issuing licensing authority (if known)	

Please print the 'Consent of individual to being specified as premises supervisor' form (shown on pages 19 and 20), and have the person specified above sign and confirm the details given.

N

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)

O

Hours premises are open to the public Standard days and timings (please read guidance note 7)			<u>State any seasonal variation</u> (please read guidance note 5)
Day	Start	Finish	
Mon	08:00	00:00	
Tue	08:00	00:00	
Wed	08:00	00:00	
Thur	08:00	00:30	<p><u>Non standard timings. Where you intend to use the premises to be open to the public at different times to those listed in the column on the left, please list</u> (please read guidance note 6)</p> <p>From the end of permitted hours on New Year's Eve to the start of permitted hours on New Year's Day. An additional hour from the end of permitted hours on the morning following Valentine's Day, Christmas Eve and Boxing Day. Sundays before bank holidays 12:00 - 00:00</p>
Fri	08:00	00:30	
Sat	08:00	00:30	
Sun	12:00	23:00	

P Describe the steps you intend to take to promote the four licensing objectives:

a) General - all four licensing objectives (b,c,d,e) (please read guidance note 10)

The application is for a shadow licence subject to the same conditions as licence no. 17/07479/LIPN - see attached.

b) The prevention of crime and disorder

See attached licence no. 17/07479/LIPN

c) Public safety

See attached licence no. 17/07479/LIPN

d) The prevention of public nuisance

See attached licence no. 17/07479/LIPN

e) The protection of children from harm

See attached licence no. 17/07479/LIPN

Please make selection with an "x"

I have attached a scanned copy of the consent form completed by the proposed premises supervisor

[Upload attachments](#)

I have attached the plan of the premises

[Upload attachments](#)

I understand that if I do not comply with the above requirements my application will be rejected

I / We understand it is an offence, liable on conviction to a fine up to level 5 on the standard scale, under section 158 of the Licensing Act 2003, to make a false statement in or in connection with this application.

Please attach a proof of right to work. " (Please see notes)

[Upload attachments](#)

Ticking this box indicates you have read and understood the above declaration.

Part 5 - Declaration (please read guidance note 11)

Confirmation of applicant or applicant's solicitor or other duly authorised agent. (See guidance note 12) **If confirming on behalf of the applicant please state in what capacity.**

• [Applicable to all 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).

Confirmation

Date

Name Capacity

For joint applications confirmation of 2nd applicant or 2nd applicant's solicitor or other authorised agent. (please read guidance note 13) **If confirming on behalf of the applicant please state in what capacity.**

Confirmation Date

Name Capacity

Contact name and postal address for correspondence associated with this application (please read guidance note 14)

Title

First name

Last name

Address

Postcode

Telephone number (if any)

Email address all correspondence should be sent to