

**London Borough of Haringey**

**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 Bills Restaurants Limited**

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		HARINGEY COUNCIL RECEIVED 15 APR 2015	
Bills 107-109 Muswell Hill			
Post town	London	Post code	N10 3HS
Telephone number at premises (if any)			
Non-domestic rateable value of premises		£TO BE ASSESSED	

**Part 2 - Applicant Details**

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

- a) an individual or individuals \*  please complete section (A)
- b) a person other than an individual \*
  - i. as a limited company  please complete section (B)
  - ii. as a partnership  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  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:

Please tick yes

- 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)	
Surname			First names		
I am 18 years old or over					<input type="checkbox"/> Please tick yes
Current postal address if different from premises address					
Post Town		Postcode			
Daytime contact telephone number					
E-mail address (optional)					

**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		
I am 18 years old or over					<input type="checkbox"/> Please tick yes
Current postal 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 Bills Restaurants Limited
Address 2nd Floor 15 Greek Street London W1D 4DP
Registered number (where applicable) 05158252
Description of applicant (for example, partnership, company, unincorporated association etc.) Limited Company
Telephone number (if any)
E-mail address (optional)

**Part 3 Operating Schedule**

When do you want the premises licence to start?

AS SOON AS POSSIBLE

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

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

**A**

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

The premises will be a restaurant. It will be part of the "Bill's" restaurant group, which have a number of sites throughout the country.

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 of the Licensing Act 2003 and Schedules 1 and 2 to the Licensing Act 2003)

**Provision of regulated entertainment**

Please tick yes

- 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

**A**

<b>Plays</b> Standard days and timings (please read guidance note 6)			<b>Will the performance of a play take place indoors or outdoors or both – please tick</b> (please read guidance note 2)	Indoors	<input checked="" type="checkbox"/>
				Outdoors	<input type="checkbox"/>
Day	Start	Finish			
Mon			<b>Please give further details here</b> (please read guidance note 3)		
Tue					
Wed			<b>State any seasonal variations for performing plays</b> (please read guidance note 4)		
Thur					
Fri			<b>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</b> (please read guidance note 5)		
Sat					
Sun					

**B**

<b>Films</b> Standard days and timings (please read guidance note 6)			<b>Will the exhibition of films take place indoors or outdoors or both – please tick</b> (please read guidance note 2)	Indoors	<input checked="" type="checkbox"/>
				Outdoors	<input type="checkbox"/>
Day	Start	Finish			
Mon			<b>Please give further details here</b> (please read guidance note 3)		
Tue					
Wed			<b>State any seasonal variations for the exhibition of films</b> (please read guidance note 4)		
Thur					
Fri			<b>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</b> (please read guidance note 5)		
Sat					
Sun					

**C**

Indoor sporting events Standard days and timings (please read guidance note 6)			Please give further details (please read guidance note 3)
Day	Start	Finish	
Mon			
Tue			
Wed			
Thur			
Fri			
Sat			
Sun			

  

Indoor sporting events Standard days and timings (please read guidance note 6)			State any seasonal variations for indoor sporting events (please read guidance note 4)
Day	Start	Finish	
Mon			
Tue			
Wed			
Thur			
Fri			
Sat			
Sun			

  

Indoor sporting events Standard days and timings (please read guidance note 6)			Non standard timings. Where you intend to use the premises for indoor sporting events at different times to those listed in the column on the left, please list (please read guidance note 5)
Day	Start	Finish	
Mon			
Tue			
Wed			
Thur			
Fri			
Sat			
Sun			

**D**

Boxing or wrestling entertainments Standard days and timings (please read guidance note 6)			Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick (please read guidance note 2)	
Day	Start	Finish	Indoors	Outdoors
Mon			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Tue			<input type="checkbox"/>	<input type="checkbox"/>
Wed			<input type="checkbox"/>	<input type="checkbox"/>
Thur			<input type="checkbox"/>	<input type="checkbox"/>
Fri			<input type="checkbox"/>	<input type="checkbox"/>
Sat			<input type="checkbox"/>	<input type="checkbox"/>
Sun			<input type="checkbox"/>	<input type="checkbox"/>

  

Boxing or wrestling entertainments Standard days and timings (please read guidance note 6)			Please give further details here (please read guidance note 3)
Day	Start	Finish	
Mon			
Tue			
Wed			
Thur			
Fri			
Sat			
Sun			

  

Boxing or wrestling entertainments Standard days and timings (please read guidance note 6)			State any seasonal variations for boxing or wrestling entertainment (please read guidance note 4)
Day	Start	Finish	
Mon			
Tue			
Wed			
Thur			
Fri			
Sat			
Sun			

  

Boxing or wrestling entertainments Standard days and timings (please read guidance note 6)			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 (please read guidance note 5)
Day	Start	Finish	
Mon			
Tue			
Wed			
Thur			
Fri			
Sat			
Sun			

**E**

<b>Live music</b> Standard days and timings (please read guidance note 6)			<b>Will the performance of live music take place indoors or outdoors or both – please tick</b> (please read guidance note 2)	Indoors	<input checked="" type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
<b>Day</b>	<b>Start</b>	<b>Finish</b>	<b>Please give further details here</b> (please read guidance note 3)		
Mon					
Tue					
Wed			<b>State any seasonal variations for the performance of live music</b> (please read guidance note 4)		
Thur					
Fri					
Sat					
Sun			<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 5)		

**F**

<b>Recorded music</b> Standard days and timings (please read guidance note 6)			<b>Will the playing of recorded music take place indoors or outdoors or both – please tick</b> (please read guidance note 2)	Indoors	<input checked="" type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
<b>Day</b>	<b>Start</b>	<b>Finish</b>	<b>Please give further details here</b> (please read guidance note 3)		
Mon	08.00	00.00	Amplified sound system playing pre recorded music		
Tue	08.00	00.00			
Wed	08.00	00.00	<b>State any seasonal variations for the playing of recorded music</b> (please read guidance note 4)		
Thur	08.00	00.00			
Fri	08.00	00.00			
Sat	08.00	00.00			
Sun	08.00	00.00	<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 5)		
			New Years Eve all activities are permitted throughout the night until the start of the permitted hours on New Years Day.		

**G**

<b>Performances of dance</b> Standard days and timings (please read guidance note 6)			<b>Will the performance of dance take place indoors or outdoors or both – please tick</b> (please read guidance note 2)	Indoors	<input checked="" type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
<b>Day</b>	<b>Start</b>	<b>Finish</b>	<b>Please give further details here</b> (please read guidance note 3)		
Mon					
Tue					
Wed			<b>State any seasonal variations for the performance of dance</b> (please read guidance note 4)		
Thur					
Fri					
Sat			<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 5)		
Sun					

**H**

<b>Anything of a similar description to that falling within (e), (f) or (g)</b> Standard days and timings (please read guidance note 6)			<b>Please give a description of the type of entertainment you will be providing</b>					
<b>Day</b>	<b>Start</b>	<b>Finish</b>				<b>Will this entertainment take place indoors or outdoors or both – please tick</b> (please read guidance note 2)		
Mon						indoors	<input type="checkbox"/>	
						Outdoors	<input type="checkbox"/>	
			Both	<input type="checkbox"/>				
Tue			<b>Please give further details here</b> (please read guidance note 3)					
Wed								
Thur								
			<b>State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g)</b> (please read guidance note 4)					
Fri								
Sat								
			<b>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</b> (please read guidance note 5)					
Sun								

Late night refreshment Standard days and timings (please read guidance note 6)			Will the provision of late night refreshment take place indoors or outdoors or both – please tick (please read guidance note 2)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input checked="" type="checkbox"/>
Day	Start	Finish	<b>Please give further details here</b> (please read guidance note 3)		
Mon	23.00	00.00	Provision of substantial hot food and hot drink at all times during the permitted hours.		
Tue	23.00	00.00			
Wed	23.00	00.00	<b>State any seasonal variations for the provision of late night refreshment</b> (please read guidance note 4)		
Thur	23.00	00.00	<b>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</b> (please read guidance note 5)		
Fri	23.00	00.00			
Sat	23.00	00.00			
Sun	23.00	00.00	New Years Eve all activities are permitted throughout the night until the start of the permitted hours on New Years Day.		

J

Supply of alcohol Standard days and timings (please read guidance note 6)			Will the supply of alcohol be for consumption (Please tick box) (please read guidance note 7)	On the premises	<input type="checkbox"/>
				Off the premises	<input type="checkbox"/>
				Both	<input checked="" type="checkbox"/>
Day	Start	Finish	<b>State any seasonal variations for the supply of alcohol</b> (please read guidance note 4)		
Mon	10.00	00.00			
Tue	10.00	00.00			
Wed	10.00	00.00	<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 5)		
Thur	10.00	00.00			
Fri	10.00	00.00			
Sat	10.00	00.00	New Years Eve all activities are permitted throughout the night until the start of the permitted hours on New Years Day.		
Sun	10.00	00.00			



State the name and details of the individual whom you wish to specify on the licence as premises supervisor

<b>Name</b> Louise Nellson	
<b>Address</b> Ground Floor Flat 110 Amhurst Road London	
<b>Postcode</b>	E8 2AG
<b>Personal Licence number (if known)</b> 2005/00738/LAPERG	
<b>Issuing licensing authority (if known)</b> London Borough of Hammersmith and Fulham	

**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 8)

None

**L**

<b>Hours premises are open to the public</b> Standard days and timings (please read guidance note 6)			<b>State any seasonal variations</b> (please read guidance note 4)
<b>Day</b>	<b>Start</b>	<b>Finish</b>	
Mon	08.00	00.30	
Tue	08.00	00.30	
Wed	08.00	00.30	
Thur	08.00	00.30	
Fri	08.00	00.30	
Sat	08.00	00.30	
Sun	08.00	00.30	
<p><b>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</b> (please read guidance note 6)</p> <p>New Years Eve all activities are permitted throughout the night until the start of the permitted hours on New Years Day.</p>			

M 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 9)

Please see attached list of proposed conditions which will promote the four licensing objectives

b) The prevention of crime and disorder

c) Public safety

d) The prevention of public nuisance

e) The protection of children from harm

Please tick yes

- I have made or enclosed payment of the fee or
- I have not made or enclosed payment of the fee because the application has been made in relation to the introduction of the late night levy
- 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

**Proposed Conditions – New Premises Licence**

**Bill's, 107-109 Muswell Hill Road, London, N10**

1. The premises shall install and maintain a comprehensive CCTV system. All recordings shall be stored for a minimum period of 31 days with date and time stamping. Recordings shall be made available immediately upon request of Police or authorised officer.
2. Substantial food shall be available at all times during the permitted hours
3. Service of alcohol shall be by waiter/waitress service only with the exception of people waiting for a table.
4. All exit doors will be regularly checked and all fire doors maintained unobstructed and effectively self closing. All fire fighting equipment will be regularly checked to ensure they function correctly.
5. All staff will be trained to ask customers to leave quietly in the evening when necessary.
6. There will be appropriate signage at the premises requesting customers to leave quietly.
7. A Challenge 21 proof of age scheme shall be operated at the premises where the only acceptable forms of identification are recognised photographic identification cards, such as a driving licence, passport or proof of age card with the PASS Hologram

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

**IT IS AN OFFENCE, LIABLE ON CONVICTION TO A FINE UP TO LEVEL 5 ON THE STANDARD SCALE, UNDER SECTION 168 OF THE LICENSING ACT 2003 TO MAKE A FALSE STATEMENT IN OR IN CONNECTION WITH THIS APPLICATION**

**Part 4 – Signatures (please read guidance note 10)**

**Signature of applicant or applicant's solicitor or other duly authorised agent (See guidance note 11). If signing on behalf of the applicant please state in what capacity.**

Signature	<i>Poppleston Allen</i>
Date	14 April 2015
Capacity	Poppleston Allen – Solicitors for and on behalf of the 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 12). 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 13)**

Poppleston Allen  
31 Southampton Row

Post town	London	Post code	WC1B 5HJ
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Telephone number (if any)	0203 078 7485
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**If you would prefer us to correspond with you by e-mail your e-mail address (optional)**  
k.jackaman@popall.co.uk

## **Proposed Conditions – New Premises Licence**

**Bill's, 107-109 Muswell Hill Road, London, N10**

1. The premises shall install and maintain a comprehensive CCTV system. All recordings shall be stored for a minimum period of 31 days with date and time stamping. Recordings shall be made available immediately upon request of Police or authorised officer.
2. Substantial food shall be available at all times during the permitted hours
3. Service of alcohol shall be by waiter/waitress service only with the exception of people waiting for a table.
4. All exit doors will be regularly checked and all fire doors maintained unobstructed and effectively self closing. All fire fighting equipment will be regularly checked to ensure they function correctly.
5. All staff will be trained to ask customers to leave quietly in the evening when necessary.
6. There will be appropriate signage at the premises requesting customers to leave quietly.
7. A Challenge 21 proof of age scheme shall be operated at the premises where the only acceptable forms of identification are recognised photographic identification cards, such as a driving licence, passport or proof of age card with the PASS Hologram



**Consent of individual to being specified as Premises Supervisor**

I Louise Nelson, of Ground Floor Flat, 110 Amhurst Road, London, E8 2AG hereby confirm that I give my consent to be specified as the Designated Premises Supervisor in relation to the application for a premises licence to be granted under the Licensing Act 2003 by Bitts Restaurants Limited relating to the premises Bitts, 107-109 Muswell Hill Road, London, N10 and any premises licence to be granted or varied in respect of this application made by Bitts Restaurants Limited concerning the supply of alcohol at Bitts, 107-109 Muswell Hill Road, London, N10 also confirm that I currently hold a Personal Licence the details of which are set out below.

Personal Licence Number:- 2005/00738/LAPERG

Personal Licence Issuing Authority:- London Borough of Hammersmith and Fulham

Signed Louise Nelson

Name (print) LOUISE NELSON

Dated 28/1/15





**Application ref:**  
**Licence:** haringey-191188 Application for a premises licence  
**Applicant email:** k.jackaman@popall.co.uk 14/04/2015 15:43  
**Submitted on:**  
**Total fee:**  
**Payment status:** Variable Paid SELMS00002036 £100.00  
**Civils ref:**  
**Amount paid:**

**Tacit consent applies**

**Process by** 22/05/2015

**Status:** Not collected

**Application**

**Recent History**

application form

**Notification to**  
 k.jackaman@popall.co.uk:  
 Sent on 14/04/2015 16:05

Supporting documents (2)

**Notification to**  
 licensing@haringey.gov.uk:  
 Sent on 14/04/2015 16:05

Premises plan (mandatory)

Consent form of premises supervisor

**Authority Reference**

**Reference:**

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If you're encountering a problem and require assistance, please contact us at [licensing-authorities@digital.cabinet-office.gov.uk](mailto:licensing-authorities@digital.cabinet-office.gov.uk)

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