

**I want to apply for a**

Premises licence

**Are you an agent?**

Yes - I am an agent

**Agent Details****First name**

Greg

**Last name**

Cam

**Name of business**

Greggs

**Name and address**

9 Cosmo Place

WC1N 3AP

London

**Email address**

camtest143@gmail.com

**Telephone number**

05465765765

**Does the premises have a name?**

Yes

**What is the name of the premises?**

Test premises

**What is the address or location?**

Automatic Test location

**What is the type of premises?**

Hotel

**Describe the area it is situated in**

Mainly commercial

**Describe the layout of the premises**

10 Floors building

**Copy of the premises plans**

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**Tell us about the premises business hours**

| Day       | Start time     | End time       |
|-----------|----------------|----------------|
| Monday    | 01:00<br>14:00 | 05:30<br>19:30 |
| Tuesday   | Closed         |                |
| Wednesday | Closed         |                |
| Thursday  | Closed         |                |
| Friday    | 01:00<br>14:00 | 05:30<br>19:30 |
| Saturday  | Closed         |                |
| Sunday    | Closed         |                |

**Are there any seasonal variations for the premises opening times?**

Yes

**Tell us the variations and exactly when they occur**

In the month of November and December timing will increase

**Is the premises open to the public at times other than those listed?**

No

**Is the premises an open space?**

Yes

**How many people are expected to attend the premises at any one time?**

Less than 5000 people

**Will the premises be exclusively or primarily used to sell alcohol?**

No

**How are you applying for a premises licence?**

As an individual or group of individuals

**Individual details****First name** Archna**Last name** Tikole**How long do you want your premises licence for?** A limited period of time  
Monday 20 December 2027  
to Thursday 30 December 2027**Activity you wish to licence** g. Performances of dance

j. Supply of alcohol

**Dance**

| Day       | Start time     | End time       |
|-----------|----------------|----------------|
| Monday    | 08:10<br>14:30 | 12:30<br>18:30 |
| Tuesday   | No dance       |                |
| Wednesday | No dance       |                |
| Thursday  | No dance       |                |
| Friday    | No dance       |                |
| Saturday  | No dance       |                |
| Sunday    | 08:10          | 12:30          |

**Where will performances take place?**

Indoors

**Tell us about the specifics of the activity**

Automated test activity

**Are there any seasonal variations for the activity?**

Yes : Automated variation happens when ever user runs

**Will the activity take place at times other than those listed?**

Yes : Automated times

**Alcohol supply**

| Day       | Start time     | End time       |
|-----------|----------------|----------------|
| Monday    | Not supplied   |                |
| Tuesday   | 08:10<br>14:30 | 12:30<br>18:30 |
| Wednesday | Not supplied   |                |
| Thursday  | Not supplied   |                |
| Friday    | Not supplied   |                |
| Saturday  | 08:10<br>14:30 | 12:30<br>18:30 |
| Sunday    | Not supplied   |                |

**Where will the supplied alcohol be consumed?**

Both

**Are there any seasonal variations for the activity?**

Yes : Automated variation happens when ever user runs

**Will the activity take place at times other than those listed?**

No

**DPS details**

**Does your designated premises supervisor (DPS) currently hold a personal licence?**

No

**First name**

Archana

**Last name**

Tikole

**Email address**

camdenqa+LicensingDPS@gmail.com

**Telephone number**

7231223423

**Signed Copy of the Designated Premises Supervisor (DPS) consent form**

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**Will there be any activities associated with the premises which may give rise to concern in respect of children?**

No

**The prevention of crime and disorder**

Prevention of crime details

**Public safety**

Public safety details

**The prevention of public nuisance**

Prevention of nuisance details

**The prevention of children from harm**

Prevention of child harm

## **About this form**

**Issued by**

Camden Town Hall  
Judd Street  
London  
WC1H 9JE

**Contact phone**

020 7974 4444

**Form reference**

Ref. no. 95675

**Data protection**

No personal information you have given us will be passed on to third parties for commercial purposes. The Council's policy is that all information will be shared among officers and other agencies where the legal framework allows it, if this will help to improve the service you receive and to develop other services. If you do not wish certain information about you to be exchanged within the Council, you can request that this does not happen.