

**I want to apply for a** Premises licence

**Are you an agent?** No - I'm applying for myself

**Does the premises have a name?** No

**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	Closed	
Tuesday	Closed	
Wednesday	Closed	
Thursday	01:00 14:00	05:30 19:30
Friday	Closed	
Saturday	Closed	
Sunday	Closed	

**Are there any seasonal variations for the premises opening times?** No

**Is the premises open to the public at times** No

other than those listed?

Is the premises an open space? No

Is the premises currently under construction? 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? Yes

How are you applying for a premises licence? As an unincorporated company

#### Business details

Name of business Greggs

Name and address  
2 Belvedere Court  
2 St Augustine's Road  
NW1 9QZ  
London

Email address camtest143@gmail.com

Telephone number 05465765765

How long do you want your premises licence for? Permanently

When do you want your licence to start? A specific date

How long do you want your premises licence for? Friday 10 December 2027

Activity you wish to licence j. Supply of alcohol

**Alcohol supply**

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

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

Off the premises

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

No

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

Yes : Automated times

**DPS details**

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

Yes

**Was their personal licence issued by Camden?**

No

**Personal licence number**

1234

**Issuing local authority**

Test Issue authority

**First name**

Archana

**Last name** Tikole

**Signed Copy of the Designated Premises Supervisor (DPS) consent form** • Desert0.png

**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. 102438

## 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.