

I want to apply for a

Are you an agent?

Does the premises have a name?

What is the address or location?

What is the type of premises?

Describe the area it is situated in

Describe the layout of the premises

Copy of the premises plans

Tell us about the premises business hours

No - I'm applying for myself

No

Automatic Test location

Hotel

Mainly commercial

10 Floors building

• Desert0.png

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	AutoTest Limited
Name and address Email address	SHELTER 9M FROM 1, BELVADERE COURT, ST AUGUSTINES AGAR GROVE NW1 9QZ LONDON automationtest@camden.gov.uk
	_
Telephone number	01883291293
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 supplie	Q
	Tuesday	Not supplie	d
	Wednesday	Not supplie	d
	Thursday	Not supplie	d
	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 premis	ses	
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 au	thority	
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. 112694

## **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.