

Page: Application type

What type of application is this

A renewal

Enter current pavement licence number

LBH/PAV/2022/MAU027819

Page: Confirmation of business information

Is your business information the same as your personal information

No

Page: Premises details

Trading name of premises

COSTA COFFEE

Premises address

35 Swakeleys Road, Ickenham, UB10 8DB

Business contact number

01895637342

Business email

[REDACTED]

Page: Application details

Proposed size of pavement area to be licensed (in metres)

23.18

Description of all furniture to be placed on the pavement

Chairs, benches, or other forms of seating

Enter number of chairs

8

Provide a brief description of how the furniture will be used

So our customers can consume food and drink purchased from the premises.

Provide details of the arrangements for providing outdoor seating where smoking is not permitted in order to comply with the national smoke free seating condition

Two smoking tables are provided for smokers, set 2 metres apart from the non-smoking

tables.

Do you currently have a premises licence authorising the sale of alcohol or an application that is still to be determined

No

Do you have CCTV at your premises

Yes

Does the CCTV cover the pavement licence area

Yes

Have you or any of your staff undertaken ACT (Action Counter Terrorism) Awareness eLearning (a free online counter terrorism training course) or equivalent internal training course

No

Agreement

I hereby agree that my staff and I will undertake ACT Awareness eLearning within 3 months of the granting of a pavement licence.

Have you undertaken a simple risk assessment for a terrorist attack

No

Agreement

I hereby agree to undertake a simple risk assessment within 3 months of the granting of a pavement licence.

Do you have a basic response plan in the event of a terrorist attack

No

Agreement

I hereby agree to prepare a basic response plan within 3 months of the granting of a pavement licence.

Page: Opening hours

Days

Open

Close

Monday

Tuesday 17

7

Wednesday 17

7

Thursday 17

7

Friday 17

7

Saturday 17

8

Sunday 17

9

16

Page: Upload supporting documents

Upload supporting documents or evidence

317_Ins.pdf

Page: Contact details

First name



[REDACTED]

Last name

[REDACTED]

Email address

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Page: Equality information

Do you want to answer our equality questions

No, skip the equality questions

Page: Declaration and consent

I understand that I must display a notice of application in the window of the premises for 14 calendar days and that failure to comply with all requirements will lead to the rejection of this application.

I agree to the above statement.

Hillingdon Council will use the information you provide, including contact details, documents, or photos, only to process your submission and provide relevant updates or confirmations.

I confirm that the information I have provided is true and accurate to the best of my knowledge. I understand that my data will be stored securely, used only for this purpose, and handled in line with data protection laws. I may request access to or deletion of my data at any time.