Page: Equality information
Do you want to answer our equality questions,
No, skip the equality questions
Page: Application type
What type of application is this,
A renewal
Previous licence number,
015633
Select the duration of licence you want,
6 months
Page: Application details
List the articles, commodities or services for sale,
Flowers, plants, gifts
Row : 1
Assistant title,
Miss
Assistant first name,
Alana
Assistant last name,
Cosgrove
Assistant house name,
[redacted]
Assistant house number,
[redacted]
Assistant street,
[redacted]
Assistant town,
[redacted]
Assistant postcode,
[redacted]
Upload proof of address for every assistant,

PHOTO20261104113928_2.jpg
Page: Upload supporting documents
Upload a copy of your photographic ID (eg. Passport),

IMG_1643.jpeg
Upload proof of your home address,

IMG_1644.JPG
Upload a plan/map of the proposed licensed area,

IMG_1645.JPG
Upload evidence of public liability insurance to £2 million,

Summary_of_Cover.pdf
Upload passport size photos of yourself and your assistants,

IMG_1647.JPG,
98b0e4c283454693b4ee75746026769c.jpg
Page: Opening hours

Days,

Open Close
Monday
09:00 18:00
Tuesday
09:00 18:00
Wednesday
09:00 18:00
Thursday
09:00 18:00
Friday
09:00 18:00
Saturday
09:00 17:00
Sunday
09:30 16:00
Page: Licence type
Select the type of licence you are applying for,
Shop front
Size of shop front licensed area (in metres),
1
Page: Your details
Title,
Mrs
First name,
Zena
Last name,
Woodstock
Email address,
[redacted]
Phone number,
[redacted]
Date of birth,
[redacted]
I confirm I am aged 17 or over, I agree to the above statement.
Place of birth,
[redacted]
Address,
[redacted]
Page: Declaration and consent
I understand that I must display a notice of application in the window of the premises for 21 calendar days and that failure to comply with all requirements will lead to the rejection of this application., I agree to the above statement.
I declare that the information given in this application is true and complete in every respect., 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.
Page: Business premises details
Trading name of premises,
Scentsational
House number,
49
Address 1,
Swakelyes Road
Address 2,
Ickenham. UB10 8DG
Postcode,
UB10 8DG
Business contact number,
01895621721