

Application for a premises licence to be granted under the Licensing Act 2003

PLEASE READ THE FOLLOWING INSTRUCTIONS FIRST

Before completing this form please read the guidance notes at the end of the form. If you are completing this form by hand please write legibly in block capitals. In all cases ensure that your answers are inside the boxes and written in black ink. Use additional sheets if necessary.

You may wish to keep a copy of the completed form for your records.


I/We MR ABDUL ASLAMI

D.O.B: [REDACTED]

(Insert name(s) of applicant)

apply for a premises licence under section 17 of the Licensing Act 2003 for the premises described in Part 1 below (the premises) and I/we are making this application to you as the relevant licensing authority in accordance with section 12 of the Licensing Act 2003

Part 1 – Premises Details

Postal address of premises or, if none, ordnance survey map reference or description		RECEIVED 23 OCT 2015 DIGITAL POSTROOM 2	
WEMBLEY BAY FISH & CHIPS 13 WEMBLEY HILL ROAD			
Post town	WEMBLEY	Postcode	HA9 8AF

Telephone number at premises (if any)	07908796958
Non-domestic rateable value of premises	£11,000.00

Part 2 - Applicant Details

Please state whether you are applying for a premises licence as

Please tick as appropriate

- a) an individual or individuals * please complete section (A)
- b) a person other than an individual *
 - i. as a limited company please complete section (B)
 - ii. as a partnership please complete section (B)
 - iii. as an unincorporated association or please complete section (B)
 - iv. other (for example a statutory corporation) please complete section (B)
- c) a recognised club please complete section (B)
- d) a charity please complete section (B)
- e) the proprietor of an educational establishment please complete section (B)

- f) a health service body please complete section (B)
- g) a person who is registered under Part 2 of the Care Standards Act 2000 (c14) in respect of an independent hospital in Wales please complete section (B)
- ga) a person who is registered under Chapter 2 of Part 1 of the Health and Social Care Act 2008 (within the meaning of that Part) in an independent hospital in England please complete section (B)
- h) ~~the~~ chief officer of police of a police force in England and Wales please complete section (B)

* If you are applying as a person described in (a) or (b) please confirm:

Please tick yes

- I am carrying on or proposing to carry on a business which involves the use of the premises for licensable activities; or
- I am making the application pursuant to a
 - statutory function or
 - a function discharged by virtue of Her Majesty's prerogative

(A) INDIVIDUAL APPLICANTS (fill in as applicable)

Mr <input checked="" type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
Surname ASLAMI			First names ABDUL		
I am 18 years old or over				<input checked="" type="checkbox"/>	Please tick yes
Current postal address if different from premises address		[REDACTED]			
Post town	[REDACTED]	Postcode	[REDACTED]		
Daytime contact telephone number		[REDACTED]			
E-mail address (optional)					

SECOND INDIVIDUAL APPLICANT (if applicable)

Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
Surname			First names		
I am 18 years old or over					<input type="checkbox"/> Please tick yes
Current postal address if different from premises address					
Post town				Postcode	
Daytime contact telephone number					
E-mail address (optional)					

(B) OTHER APPLICANTS

Please provide name and registered address of applicant in full. Where appropriate please give any registered number. In the case of a partnership or other joint venture (other than a body corporate), please give the name and address of each party concerned.

Name
Address
Registered number (where applicable)
Description of applicant (for example, partnership, company, unincorporated association etc.)
Telephone number (if any)
E-mail address (optional)

Part 3 Operating Schedule

When do you want the premises licence to start?

DD	MM	YYYY

If you wish the licence to be valid only for a limited period, when do you want it to end?

DD	MM	YYYY

Please give a general description of the premises (please read guidance note 1)

A FISH AND CHIPS RESTAURANT WITH A FACILITY TO SERVE ALCOHOL.

If 5,000 or more people are expected to attend the premises at any one time, please state the number expected to attend.

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What licensable activities do you intend to carry on from the premises?

(Please see sections 1 and 14 of the Licensing Act 2003 and Schedules 1 and 2 to the Licensing Act 2003)

Provision of regulated entertainment

Please tick any that apply

- a) plays (if ticking yes, fill in box A)
- b) films (if ticking yes, fill in box B)
- c) indoor sporting events (if ticking yes, fill in box C)
- d) boxing or wrestling entertainment (if ticking yes, fill in box D)
- e) live music (if ticking yes, fill in box E)
- f) recorded music (if ticking yes, fill in box F)
- g) performances of dance (if ticking yes, fill in box G)
- h) anything of a similar description to that falling within (e), (f) or (g) (if ticking yes, fill in box H)

Provision of late night refreshment (if ticking yes, fill in box I)

Supply of alcohol (if ticking yes, fill in box J)

In all cases complete boxes K, L and M

I

Late night refreshment Standard days and timings (please read guidance note 6)			Will the provision of late night refreshment take place indoors or outdoors or both – please tick (please read guidance note 2)	Indoors	<input checked="" type="checkbox"/>						
				Outdoors	<input type="checkbox"/>						
				Both	<input type="checkbox"/>						
Day	Start	Finish	Please give further details here (please read guidance note 3)								
Mon	23:00	00:00									
	HRS	HRS									
Tue	23:00	00:00									
	HRS	HRS									
Wed	23:00	00:00				State any seasonal variations for the provision of late night refreshment (please read guidance note 4)					
	HRS	HRS									
Thur	23:00	00:00									
	HRS	HRS									
Fri	23:00	00:00							Non standard timings. Where you intend to use the premises for the provision of late night refreshment at different times, to those listed in the column on the left, please list (please read guidance note 5)		
	HRS	HRS									
Sat	23:00	00:00									
	HRS	HRS									
Sun	23:00	00:00									
	HRS	HRS									

J

Supply of alcohol Standard days and timings (please read guidance note 6)			Will the supply of alcohol be for consumption – <u>please tick</u> (please read guidance note 7)	On the premises	<input type="checkbox"/>
				Off the premises	<input type="checkbox"/>
				Both	<input checked="" type="checkbox"/>
Day	Start	Finish	State any seasonal variations for the supply of alcohol (please read guidance note 4) NONE <u>Non standard timings. Where you intend to use the premises for the supply of alcohol at different times to those listed in the column on the left, please list</u> (please read guidance note 5) NONE		
Mon	10:00 HRS	00:00 HRS			
Tue	10:00 HRS	00:00 HRS			
Wed	10:00 HRS	00:00 HRS			
Thur	10:00 HRS	00:00 HRS			
Fri	10:00 HRS	00:00 HRS			
Sat	10:00 HRS	00:00 HRS			
Sun	10:00 HRS	00:00 HRS			

State the name and details of the individual whom you wish to specify on the licence as designated premises supervisor:

Name MR ABDUL ASLAMI	
Address ██ ██	
Postcode	██████████
Personal licence number (if known) ██████████	
Issuing licensing authority (if known) SLOUGH BOROUGH COUNCIL	

K

Please highlight any adult entertainment or services, activities, other entertainment or matters ancillary to the use of the premises that may give rise to concern in respect of children (please read guidance note 8).

NONE

L

Hours premises are open to the public Standard days and timings (please read guidance note 6)			State any seasonal variations (please read guidance note 4)																																						
<table border="1"> <thead> <tr> <th>Day</th> <th>Start</th> <th>Finish</th> </tr> </thead> <tbody> <tr> <td rowspan="2">Mon</td> <td>10:00</td> <td>00:00</td> </tr> <tr> <td>HRS</td> <td>HRS</td> </tr> <tr> <td rowspan="2">Tue</td> <td>10:00</td> <td>00:00</td> </tr> <tr> <td>HRS</td> <td>HRS</td> </tr> <tr> <td rowspan="2">Wed</td> <td>10:00</td> <td>00:00</td> </tr> <tr> <td>HRS</td> <td>HRS</td> </tr> <tr> <td rowspan="2">Thur</td> <td>10:00</td> <td>00:00</td> </tr> <tr> <td>HRS</td> <td>HRS</td> </tr> <tr> <td rowspan="2">Fri</td> <td>10:00</td> <td>00:00</td> </tr> <tr> <td>HRS</td> <td>HRS</td> </tr> <tr> <td rowspan="2">Sat</td> <td>10:00</td> <td>00:00</td> </tr> <tr> <td>HRS</td> <td>HRS</td> </tr> <tr> <td rowspan="2">Sun</td> <td>10:00</td> <td>00:00</td> </tr> <tr> <td>HRS</td> <td>HRS</td> </tr> </tbody> </table>			Day	Start	Finish	Mon	10:00	00:00	HRS	HRS	Tue	10:00	00:00	HRS	HRS	Wed	10:00	00:00	HRS	HRS	Thur	10:00	00:00	HRS	HRS	Fri	10:00	00:00	HRS	HRS	Sat	10:00	00:00	HRS	HRS	Sun	10:00	00:00	HRS	HRS	NONE
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M Describe the steps you intend to take to promote the four licensing objectives:

a) General – all four licensing objectives (b, c, d and e) (please read guidance note 9)

**-STRICT IMPLEMENTATION OF CHALLENGE 25 POLICY
-ALL STAFF TO BE TRAINED IN RESPONSIBLE ALCOHOL RETAILING
-CCTV TO RECORD FOR 24HRS.
-JOINING RETAILWATCH SCHEMES & KEEPING IN TOUCH WITH THE POLICE
-REFUSAL AND INCIDENT BOOKS KEPT AT PREMISES
-TRAINING MANUAL WILL BE KEPT AT PREMISES**

b) The prevention of crime and disorder

**-CCTV INSTALLED INSIDE AND OUTSIDE THE PREMISES
-CCTV TO RECORD FOR 24HRS
-JOIN RETAIL WATCH SCHEMES
-INCIDENT BOOK AVAILABLE ON PREMISES AT ALL TIMES
-ALL ALCOHOL WILL BE SERVED WITH A MEAL/TAKEAWAY ORDERS ONLY**

c) Public safety

-CCTV TO MONITOR PREMISES 24HOURS

d) The prevention of public nuisance

**-NOTICE TO CUSTOMERS REGARDING CONSIDERATION FOR NEIGHBOURS.
-TO MONITOR ANTI SOCIAL BEHAVIOUR BY USE OF CCTV
-ASKING CUSTOMERS TO LEAVE PREMISES IN A QUIET AND ORDERLY MANNER**

e) The protection of children from harm

**-STRICT IMPLEMENTATION OF CHALLENGE 25 POLICY
-CHALLENGE 25 POSTERS DISPLAYED ACROSS THE PREMISES
-REFUSALS REGISTER TO BE ON THE PREMISES AND KEPT UP TO DATE AND MADE AVAILABLE UPON THE REQUEST OF POLICE, TRADING STANDARDS AND LOCAL AUTHORITY LICENSING OFFICERS**

Checklist:


Please tick to indicate agreement

- I have made or enclosed payment of the fee.
- I have enclosed the plan of the premises.
- I have sent copies of this application and the plan to responsible authorities and others where applicable.
- I have enclosed the consent form completed by the individual I wish to be designated premises supervisor, if applicable.
- I understand that I must now advertise my application.
- I understand that if I do not comply with the above requirements my application will be rejected.

IT IS AN OFFENCE, LIABLE ON SUMMARY CONVICTION TO A FINE NOT EXCEEDING LEVEL 5 ON THE STANDARD SCALE, UNDER SECTION 158 OF THE LICENSING ACT 2003, TO MAKE A FALSE STATEMENT IN OR IN CONNECTION WITH THIS APPLICATION.

Part 4 – Signatures (please read guidance note 10)

Signature of applicant or applicant’s solicitor or other duly authorised agent (see guidance note 11).
If signing on behalf of the applicant, please state in what capacity.

Signature	
Date	22-10-2015
Capacity	AGENT

For joint applications, signature of 2nd applicant or 2nd applicant’s solicitor or other authorised agent (please read guidance note 12). **If signing on behalf of the applicant, please state in what capacity.**

Signature	
Date	
Capacity	

Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 13) MR MANPREET SINGH KAPOOR PERSONAL LICENCE COURSES LTD STUDIO 8 HAYES BUSINESS STUDIO HAYES CAMPUS COLLEGE WAY			
Post town	HAYES	Postcode	UB3 3BB
Telephone number (if any)	020 8606 0558		
If you would prefer us to correspond with you by e-mail, your e-mail address (optional) info@personallicensecourses.co.uk			

