no payment attached
rang applicant.—

NEWCASTLE · UNDER · LYME
BOROUGH COUNCIL

BOROUGH OF NEWCASTLE U LYME
DIRECTORATE - RESOURCES
- 8 APR 2015
PASSED TO | CONFER WITH | DIRC TO

Premises Licence Application

Licensing Act 2003
Schedule 2 Regulations 10

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~~ MOHAN SINGH
(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

Premises Name	LAMB STORES		
Address (if none Ordnance Survey Map Reference)	2 HEATHCOTE STREET.		
		Post Code	ST 1 4 AA
Telephone: Day	0116 2204044		
Evening	—	Mobile	07817360359
Fax	—		
E-Mail	MOHAN RAKAR@HOTMAIL.CO.UK.		
Non-domestic rateable value of premises	£		

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Premises Licence Application

Licensing Act 2003
Schedule 2 Regulations 10

APPLICATION FOR A PREMISES LICENCE TO BE GRANTED UNDER THE LICENSING ACT 2003

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I/We

(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, ordinance survey map reference or description	
	Post town
	Post Code
Telephone number	
Nature of business	Mobile
Hours	
Licensable activities	
Plan attached	Yes / No

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PART 2 – APPLICANT DETAILS

Are you applying for a premises licence as:			
a)	an individual or individuals *	☑	please complete section (2A)
b)	a person other than an individual *		
	i. as a limited company	☐	please complete section (2B)
	ii. as a partnership	☐	please complete section (2B)
	iii. as an unincorporated association or	☐	please complete section (2B)
	iv. other (for example a statutory corporation)	☐	please complete section (2B)
c)	a recognised club	☐	please complete section (2B)
d)	a charity	☐	please complete section (2B)
e)	The proprietor of an educational establishment	☐	please complete section (2B)
f)	A health service body	☐	please complete section (2B)
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 (2B)
ga)	A person who is registered under Chapter 2 of Part 1 of the Health and Social Care Act 2008 in respect of the carrying on of a regulated activity (within the meaning of that Part) in an independent hospital in England.	☐	please complete section (2B)
h)	The chief officer of police of a police force in England and Wales	☐	please complete section (2B)

*** 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 ☐

PART 2A(1) – FIRST INDIVIDUAL APPLICANT

Title	(Delete as appropriate) Mr / ~~Mrs / Miss / Ms / Other~~ (please state)
Surname	SINGH
Forenames	MOHAN

I am over 18 years old ☑

Address	19 GRAYSWOOD DRIVE								
	LEICESTER								
		Post Code	L	E	4		1	E	N
Telephone: Day	0116 2204044								
Evening	—	Mobile	07817360359						
Fax									
E-Mail	MOHAN RAKAR@HOTMAIL.CO.UK								
Correspondence Address (if different than above):	AS ABOVE.								
		Post Code							

PART 2A(2) – SECOND INDIVIDUAL APPLICANT (if applicable)

Title	(Delete as appropriate) Mr / Mrs / Miss / Ms / Other (please state)
Surname	
Forenames	

I am over 18 years old ☐

Address									
		Post Code							
Telephone: Day									
Evening		Mobile							
Fax									
E-Mail									
Correspondence Address (if different than above):									
		Post Code							

PART 2B - 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			
		Post Code	
Telephone: Day			
Evening		Mobile	
Fax			
E-Mail			
Correspondence Address (if different than above):			
		Post Code	

Part 3 – OPERATING SCHEDULE

When do you want the premises licence to start?	0	1	1	2	1	4
If you wish the licence to be valid only for a limited period, when do you want it to end?	d	d	m	m	y	y

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

Please give a general description of the premises (please read guidance note1)
SINGLE GROUND FLOOR UNIT.
DETACHED BUILDING BASED ON THE CORNER
OF LAMBSTREET AND HEATHCOTE STREET.

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PART 2 – 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	
	Post Code
Telephone: Day	
Evening	Mobile
Fax	
E Mail	
Correspondence Address (if different than above)	
	Post Code

PART 3 – OPERATING SCHEDULE

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

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

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

PART 4 – LICENSABLE ACTIVITIES

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)	☑	then...

PROVISION OF REGULATED ENTERTAINMENT

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 ENTERTAINMENT FACILITIES:

i) making music	☐	(if ticking yes, fill in box I)
j) dancing	☐	(if ticking yes, fill in box J)
k) entertainment of a similar description to that falling within (i) or (j)	☐	(if ticking yes, fill in box K)

OTHER

l) Provision of late night refreshment	☐	(if ticking yes, fill in box L)
m) Supply of alcohol	☑	(if ticking yes, fill in box M)

In all cases complete boxes N, O and P

[illegible]	☐	[illegible]

PROVISIONS OF REGULATED ENTERTAINMENT		
[illegible]	☐	[illegible]
[illegible]	☐	[illegible]
[illegible]	☐	[illegible]
[illegible]	☐	[illegible]
[illegible]	☐	[illegible]
[illegible]	☐	[illegible]
[illegible]	☐	[illegible]
[illegible]	☐	[illegible]
PROVISION OF LATE NIGHT REFRESHMENT		
[illegible]	☐	[illegible]
[illegible]	☐	[illegible]
[illegible]	☐	[illegible]
OTHER		
[illegible]	☐	[illegible]
[illegible]	☐	[illegible]

[illegible]

M) SUPPLY OF ALCOHOL			Where will this activity take place? ☑		
Standard days and timings			Read guidance notes 2-6	On the Premises ☐	Off the premises ☑	Both ☐
Day	Start	Finish	Further Details		
Mon	6.00am	10pm.			
Tue	6.00	10PM.			
Wed	6.00am	10 PM.	Seasonal Variations		
Thur	6.00am	10PM			
Fri	6.00AM	10.PM			
			Non Standard timings		
Sat	6.00AM	10.PM			
Sun	6.00AM	10.PM			

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

Name	MOHAN SINAH								
Address	19 GRAYSWOOD DRIVE								
	LEICESTER								
		Post Code	L	E	4		1	E	N
Telephone: Day	01162204044								
Evening		Mobile	07817360359						
Fax									
E-Mail	MOHANRAKAR@HOTMAIL.CO.UK								

Personal Licence Number	
Issuing Licensing Authority	

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1) Supply of Alcohol

Where will this activity take place? ☑

Premises	Off premises	On and off premises
☐	☐	☐

Day	Start	Finish
Mon		
Tue		
Wed		
Thu		
Fri		
Sat		
Sun		

Further details

Further details in range

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

Name	
Address	
Postcode	
Telephone	
Fax	
E-Mail	

Personal Licence Number

Issuing Licensing Authority

N

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. THERE WILL BE NO 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.

O) HOURS PREMISES ARE OPEN TO THE PUBLIC			
Standard days and timings			
Day	Start	Finish	Seasonal Variations
Mon	6.00	22.00.	
Tue	6.00	22.00	
Wed	6.00	22.00	
Thur	6.00	22.00	Non Standard timings
Fri	600	22.00	
Sat	6.00	22.00	
Sun	600	22.00.	

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P) Describe the steps you intend to take to promote the four licensing objectives:

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

WE WILL ENSURE HEALTH AND SAFETY OF ALL PUBLIC AND STAFF AT ALL TIMES AT THE PREMISES. WE SHALL FOLLOW ALL RULES AND REGULATIONS OF THE ~~LIEN~~ LICENCING ACT TO ENSURE ALL FOUR LICENCING OBJECTIVES ARE MET TO THE HIGHEST STANDARDS AS STATED BELOW.

b) The prevention of crime and disorder

CCTV IN OPERATION. THERE WILL BE SOLID DOORS WITH QUALITY LOCKS AND WELL FITTED. THERE WILL BE DOUBLE GLAZED WINDOWS WITH SHUTTERS TO ALL VUNERABLE WINDOWS.

c) Public safety

THERE WILL BE A FITTED FIRE ALARM, AND FIRE FIGHTING EQUIPMENT WILL BE PRESENT AT ALL TIMES. WE WILL WORK WITH THE ENVIROMENTAL HEALTH AN FIRE OFFICERS TO ENSURE EVERYTHING IS UPTO DATE AND HYGIENE IN THE PREMISES WILL ALSO BE A TOP PRIORITY.

d) The prevention of public nuisance

THERE WILL BE NO LOUD MUSIC OR NOISE FROM THE PREMISES. THERE WILL ALSO BE NO OTHER ACTIVITIES INCLUDING GAMES ETC. RUBBISH WILL BE DISPOSED OF CORRECTLY IN INDUSTRIAL BINS AND NO SMELLS WILL BE PERMITTED FROM THE PREMISES. ~~THERE WILL BE NO NOISE POLUTION, LIGTH POLUTION OR OFFENSIVE~~ SMELLS.

e) The protection of children from harm

THERE WILL BE NO ALCOHOL OR CIGERETTES SOLD TO UNDER AGED CHILDREN. POSTERS WILL BE MADE TO ENSURE THIS, AND THEY WILL BE IN ~~GA~~ CLEAR VIEW TO ALL CUSTOMERS. THE CHILDREN SHOULD ALSO BE SUPERVISED AT ALL TIMES.

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PART 5 – CHECKLIST AND DECLARATION

I have: ☑

a) enclosed the fee ☑

b) enclosed the plan of the premises ☑

c) sent copies of the application and the plan to the responsible authorities ☑

d) enclosed the consent form completed by the individual I wish to be the designated premises supervisor (if applicable) ☑

e) I understand that I must now advertise my application ☑

f) I understand that if I do not comply with the above requirements my application will be rejected.

It is an offence, liable on conviction to a fine up to 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.

(please read guidance notes 10 and 12)

Signature of applicant or applicant's solicitor or other duly authorised agent.

Signature	M. [illegible]	Date	d 0	d 7	m 0	m 7	y 1	y 5
Capacity								

For joint applications signature of 2nd applicant or 2nd applicant's solicitor or other authorised agent.

Signature		Date	d	d	m	m	y	y
Capacity								

Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 13)	
Post Town	**Post Code**
Telephone number (if any)	
If you would prefer us to correspond with you by e-mail your e-mail address (optional)	

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I have

a) access to the box ☐

b) enclosed the information ☐

c) sent copies of my application and this form to the corresponding authorities ☐

d) enclosed the consent form for release of PHI to follow-up with I-485 to

be determined by USCIS ☐

e) understand that I must have valid medical insurance ☐

f) understand that I do not comply with the above requirements my application will be rejected.

I agree to follow the eligible to submit the form to the USCIS under Section 245 of the Immigration and Nationality Act in accordance with the eligibility criteria.

Please read carefully before signing.

Signature of applicant or parent/guardian if applicant is a minor, with authority to act

Signature		Date							
Capacity									

For joint applicants, alternative or multiple or as applicable, the signature of other authorized agent

Signature		Date							
Capacity									

Contact name (where not previously given) and postal address for correspondence associated with this application

Post Town Post Code

Telephone number (if any)

How would you like to correspond with us by e-mail (your e-mail address (optional))

Country of residence

PART 6 – FOR OFFICE USE ONLY

Date Submitted		
Receipt Number		
Fee Paid	£	
Cash ☐	Cheque ☐	Postal Order ☐
Have all boxes on the checklist been ticked?	☐	

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