

**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 in side 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 Makhan Singh Ranu

(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			
UPO's Fish Bar 42 High Street Woodville Derbyshire			
Post town	Woodville	Post code	DE11 7EA

Telephone number at premises (if any)	
Non-domestic rateable value of premises	£16500

Part 2 - Applicant Details

Please state whether you are applying for a premises licence as

Please tick yes

- 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)
- g a) 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 (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 Ranu			First names Makhan Singh		
I am 18 years old or over				<input checked="" type="checkbox"/>	Please tick yes
Current postal address if different from premises address		41 Half Moon Crescent Oadby			
Post Town	Leicester		Postcode	LE2 4HD	
Daytime contact telephone number					
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?

Day		Month		Year	
2	3	0	4	2	0
				1	5

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

Day		Month		Year	

Please give a general description of the premises (please read guidance note1)

Fast food take away with delivery service.

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

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)

<u>Provision of regulated entertainment</u>	Please tick yes
a) plays (if ticking yes, fill in box A)	<input type="checkbox"/>
b) films (if ticking yes, fill in box B)	<input type="checkbox"/>
c) indoor sporting events (if ticking yes, fill in box C)	<input type="checkbox"/>
d) boxing or wrestling entertainment (if ticking yes, fill in box D)	<input type="checkbox"/>
e) live music (if ticking yes, fill in box E)	<input type="checkbox"/>
f) recorded music (if ticking yes, fill in box F)	<input type="checkbox"/>
g) performances of dance (if ticking yes, fill in box G)	<input type="checkbox"/>
h) anything of a similar description to that falling within (e), (f) or (g) (if ticking yes, fill in box H)	<input type="checkbox"/>
<u>Provision of late night refreshment</u> (if ticking yes, fill in box L)	<input type="checkbox"/>
<u>Supply of alcohol</u> (if ticking yes, fill in box M)	<input checked="" type="checkbox"/>

In all cases complete boxes N, O and P

A

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

B

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

C

Indoor sporting events Standard days and timings (please read guidance note 6)			<u>Please give further details</u> (please read guidance note 3)
Day	Start	Finish	
Mon			<u>State any seasonal variations for indoor sporting events</u> (please read guidance note 4)
Tue			
Wed			
Thur			<u>Non standard timings. Where you intend to use the premises for indoor sporting events at different times to those listed in the column on the left, please list</u> (please read guidance note 5)
Fri			
Sat			
Sun			

D

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

E

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

F

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

G

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

H

Anything of a similar description to that falling within (e), (f) or (g) Standard days and timings (please read guidance note 6)			<u>Please give a description of the type of entertainment you will be providing</u>		
Day	Start	Finish	<u>Will this entertainment take place indoors or outdoors or both – please tick</u> (please read guidance note 2)	Indoors	<input type="checkbox"/>
Mon				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Tue			<u>Please give further details here</u> (please read guidance note 3)		
Wed					
Thur			<u>State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g)</u> (please read guidance note 4)		
Fri					
Sat			<u>Non standard timings. Where you intend to use the premises for the entertainment of a similar description to that falling within (e), (f) or (g) at different times to those listed in the column on the left, please list</u> (please read guidance note 5)		
Sun					

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 type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<u>Please give further details here</u> (please read guidance note 3)		
Mon					
Tue			<u>State any seasonal variations for the provision of late night refreshment</u> (please read guidance note 4)		
Wed					
Thur			<u>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</u> (please read guidance note 5)		
Fri					
Sat					
Sun					

J

Supply of alcohol Standard days and timings (please read guidance note 6)			Will the supply of alcohol be for consumption (Please tick box) (please read guidance note 7)	On the premises	<input type="checkbox"/>
				Off the premises	<input checked="" type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	State any seasonal variations for the supply of alcohol (please read guidance note 4)		
Mon	07:00	23:00			
Tue	07:00	23:00			
Wed	07:00	23:00			
Thur	07:00	23:00			
Fri	07:00	23:00			
Sat	07:00	23:00			
Sun	07:00	23:00			
			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 (please read guidance note 5)		

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

Name Makhan Singh Ranu	
Address 41 Half Moon Crescent Oadby Leicestershire	
Postcode	LE2 4HD
Personal Licence number (if known) OWPS 0295	
Issuing licensing authority (if known) Oadby & Wigston 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)

As far as the applicant is aware none of the proposed activities should give rise to concern in respect of children.

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)
Day	Start	Finish	
Mon	00:00	24:00	
Tue	00:00	24:00	
Wed	00:00	24:00	
Thur	00:00	24:00	
Fri	00:00	24:00	
Sat	00:00	24:00	
Sun	00:00	24:00	
			Non standard timings. Where you intend the premises to be open to the public at different times from those listed in the column on the left, please list (please read guidance note 5)

M 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)

The licensing objectives have been carefully considered taking account of the premises and their location.

The proposed premises will promote the licensing objectives in accordance with the Section 182 Guidance.

The premises will operate in accordance with all relevant legislation.

Details of any measures considered necessary to promote the licensing objectives are contained under the relevant objective below.

b) The prevention of crime and disorder

A CCTV system with recording equipment shall be maintained at the premises and operated with cameras when the premises are open for licensable activities. All recordings used in conjunction with CCTV shall:-

- Be of evidential quality.
- Indicate the time and date.
- Be retained for a minimum of 14 days unless negotiated otherwise.
- Staff will be trained to use the system.
- Recorded images shall be made available for inspection and downloading immediately upon request of an authorised officer under the Licensing Act 2003.

A Challenge 25 Scheme shall operate at the premises. Any person who appears to be under 25 years of age shall not be served alcohol unless they produce an acceptable form of identification (passport or photodriving licence or PASS accredited card). Clear, prominent and unobstructed signage informing customers of the age verification policy in operation and the age restrictions on products, will be clearly displayed at:

- all entry points to the premises,
- adjacent to the products, where displayed, and
- all points of sale.

A bound and sequentially paginated refusals book shall be kept at the premises to record all instances where admission or service is refused. Details to show:-

- The basis for the refusal.
- The person making the decision to refuse.
- The date and time of the refusal.

At least weekly, the Designated Premises Supervisor (or deputy, authorised in writing) will:

- examine the record and compare it against the normal operating pattern for the premises
- indicate any action required following that examination
- sign off/endorse the record to indicate the above points have been carried out

Such records included within the refusals book are to be retained at the premises for at least 12 months and shall be made available for inspection and copying by an authorised officer under the Licensing Act 2003.

Full training shall be provided to all staff on commencement of employment relating to age restricted products sold and any system or procedures they are expected to apply.

Refresher training shall take place at regular intervals – at least every six months.

A bound and sequentially paginated training book shall be kept to record staff training. This book to be made available for inspection and copying by an authorised officer under the Licensing Act 2003 and also such books to be retained at the premises for at least 12 months.

c) Public safety

Please see box A above.

d) The prevention of public nuisance

Please see box A above.

e) The protection of children from harm

A Challenge 25 Scheme shall operate at the premises. Any person who appears to be under 25 years of age shall not be served alcohol unless they produce an acceptable form of identification (passport or photo driving licence or PASS accredited card). Clear, prominent and unobstructed signage informing customers of the age verification policy in operation and the age restrictions on products, will be clearly displayed at:

- all entry points to the premises,
- adjacent to the products, where displayed, and
- all points of sale.

A bound and sequentially paginated refusals book shall be kept at the premises to record all instances where admission or service is refused. Details to show:-

- The basis for the refusal.
- The person making the decision to refuse.
- The date and time of the refusal.

At least weekly, the Designated Premises Supervisor (or deputy, authorised in writing) will:

- examine the record and compare it against the normal operating pattern for the premises
- indicate any action required following that examination
- sign off/endorse the record to indicate the above points have been carried out

Such records included within the refusals book are to be retained at the premises for at least 12 months and shall be made available for inspection and copying by an authorised officer under the Licensing Act 2003.

Full training shall be provided to all staff on commencement of employment relating to age restricted products sold and any system or procedures they are expected to apply.

Refresher training shall take place at regular intervals – at least every six months.

A bound and sequentially paginated training book shall be kept to record staff training. This book to be made available for inspection and copying by an authorised officer under the Licensing Act 2003 and also such books to be retained at the premises for at least 12 months.

A bound and sequentially paginated training book shall be kept to record staff training. This book to be made available for inspection and copying by an authorised officer under the Licensing Act 2003 and also such books to be retained at the premises for at least 12 months.


Please tick yes

- 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 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 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

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	24 March 2015
Capacity	Applicant's solicitor

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	

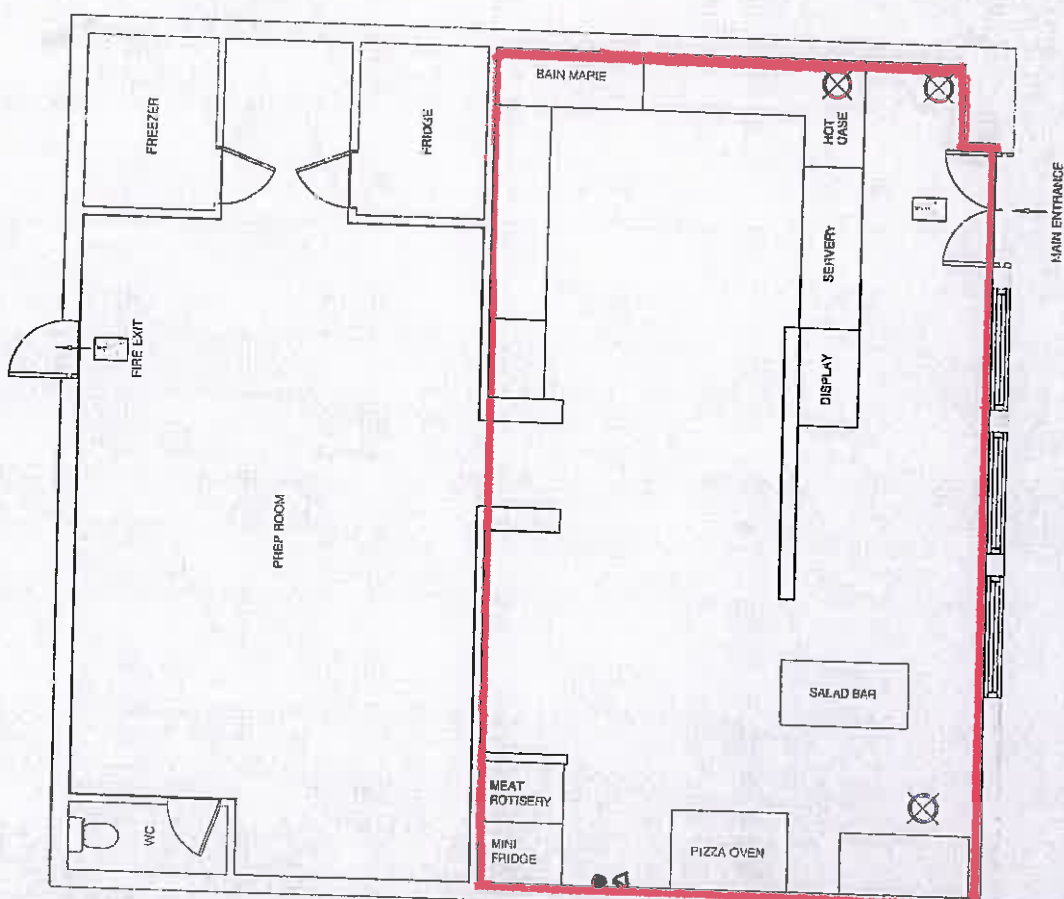
Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 13)

Licensing Department
Fraser Brown
84 Friar Lane
Nottingham

Post town Nottingham **Post code** NG1 6ED

Telephone number (if any) 0115 9888763

If you would prefer us to correspond with you by e-mail your e-mail address (optional)
wrathore@fraserbrown.com



- FIRE BLANKET
- ▲ FIRE EXTINGUISHER

lined red - area used for the supply of alcohol.

any detail shown on the plan that is not required by the licensing plans regulations is indicative only and subject to change at any time.

The location of the fire safety and other safety equipment is subject to change in accordance with requirements of Responsible Authorities.

Drawing No: 002537	Drawing Title: Licensing Plan	Drawing: Upo's Fish Bar, 42 High Street Woodville DE11 7E	Date: 17.05.2012	Sheet: 1 of 1
UK Surveyors Ltd CAD Design & Building Surveying Services			Do not scale off this plan	Scale: 1:100 @ A4
			Drawn By: DJR	
☎: Birmingham: 0121 647 4060 ☎: London: 0203 056 7537 ✉: Manchester: 0161 871 7006 ✉: enquiries@uksurveyors.net ☎: www.uksurveyors.net				

