

[Insert name and address of relevant licensing authority and its reference number (optional).]

**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 VIDYUT PATEL
(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			
2. CASTLEWAY, WILLINGTON. DERBYSHIRE			
Post town	WILLINGTON	Postcode	DE65 6BT
Telephone number at premises (if any)	01283-704444.		
Non-domestic rateable value of premises	£ 1725		

Part 2 - Applicant Details

Please state whether you are applying for a premises licence as

Please tick as appropriate

- | | | |
|---|-------------------------------------|-----------------------------|
| a) an individual or individuals * | <input type="checkbox"/> | please complete section (A) |
| b) a person other than an individual * | | |
| i. as a limited company | <input checked="" type="checkbox"/> | please complete section (B) |
| ii. as a partnership | <input type="checkbox"/> | please complete section (B) |
| iii. as an unincorporated association or | <input type="checkbox"/> | please complete section (B) |
| iv. other (for example a statutory corporation) | <input type="checkbox"/> | please complete section (B) |
| c) a recognised club | <input type="checkbox"/> | 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)

M	<input checked="" type="checkbox"/>	Mrs	<input type="checkbox"/>	Miss	<input type="checkbox"/>	Ms	<input type="checkbox"/>	Other Title (for example, Rev)
Surname		PATEL			First names		VIDYUT	
I am 18 years old or over						<input checked="" type="checkbox"/> Please tick yes		
Current postal address if different from premises address		135. MANOR ROAD LITTLEOVER						
Post town		DERBY			Postcode		DE23 6BU	
Daytime contact telephone number				07986492682				
E-mail address (optional)		vidpatels8a@gmail.com						

SECOND INDIVIDUAL APPLICANT (if applicable)

M <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
16 09 2016

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)

DETACHED PROPERTY, GROUND FLOOR PREMISES, SELF CONTAINED. PURPOSE BUILT FOR USE OF INDIAN RESTAURANT. TO SERVE ALCOHOL UNREST DINING ON PREMISES. LATE NIGHT REFRESHMENT.

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

¹¹
N/A. Max. 100.

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

A

Plays Standard days and timings (please read guidance note 6)			Will the performance of a play 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 performing plays (please read guidance note 4)		
Wed					
Thur					
Fri			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 (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	Please give further details here (please read guidance note 3)	
Mon				
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			
Tue			<u>State any seasonal variations for indoor sporting events</u> (please read guidance note 4)
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)			Will the boxing or wrestling entertainment 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					
Wed			State any seasonal variations for boxing or wrestling entertainment (please read guidance note 4)		
Thur					
Fri			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 (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				
Wed			State any seasonal variations for the performance of live music (please read guidance note 4)	
Thur				
Fri			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)	
Sat				
Sun				

F

Recorded music Standard days and timings (please read guidance note 6)			Will the playing of recorded music take place <u>indoors or outdoors or both</u> - please tick (please read guidance note 2)	Indoors	<input checked="" type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon	17.00	23.00	Please give further details here (please read guidance note 3) USE OF ALCOHOL WHILST DINING ON PREMISES.	Both	<input type="checkbox"/>
Tue	17.00	23.00			
Wed	17.00	23.00		State any seasonal variations for the playing of recorded music (please read guidance note 4)	
Thur	17.00	23.00		NONE	
Fri	17.00	23.30		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	17.00	23.30		Xmas EVE & New year's EVE	
Sun	17.00	23.00		17.00 - 00.30	

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 (please read guidance note 2)</u>	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<u>Please give further details here (please read guidance note 3)</u>		
Mon					
Tue			<u>State any seasonal variations for the performance of dance (please read guidance note 4)</u>		
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 (please read guidance note 5)</u>		
Fri					
Sat					
Sun					

H

<p>Anything of a similar description to that falling within (e), (f) or (g) Standard days and timings (please read guidance note 6)</p>			<p>Please give a description of the type of entertainment you will be providing</p>		
Day	Start	Finish	<p><u>Will this entertainment take place indoors or outdoors or both - please tick</u> (please read guidance note 2)</p>	Indoors	<input type="checkbox"/>
Mon				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Tue			<p><u>Please give further details here</u> (please read guidance note 3)</p>		
Wed					
Thur			<p><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)</p>		
Fri					
Sat			<p><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)</p>		
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 checked="" type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon	5 pm	11 pm	Please give further details here (please read guidance note 3) USE OF ALCOHOL WHILST DINING, ON PREMISES:	Both	<input type="checkbox"/>
Tue	5 pm	11 pm			
Wed	5 pm	11 pm	State any seasonal variations for the provision of late night refreshment (please read guidance note 4) NONE		
Thur	5 pm	11 pm			
Fri	5 pm	11.30 pm	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) ONLY XMAS EVE AND NEW YEAR EVE ONLY 17.00 - 00.30		
Sat	5 pm	11.30 pm			
Sun	5 pm	11 pm			

J

Supply of alcohol Standard days and timings (please read guidance note 6)			Will the supply of alcohol be for consumption – please tick (please read guidance note 7)	On the premises <input checked="" type="checkbox"/>
				Off the premises <input type="checkbox"/>
				Both <input type="checkbox"/>
Day	Start	Finish	State any seasonal variations for the supply of alcohol (please read guidance note 4)	
Mon	5pm	11pm	<p style="text-align: center;">NONE</p> <p><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 (please read guidance note 5)</u></p> <p style="text-align: center;">ONLY XMAS EVE AND NEW YEARS EVE... 17 00 - 00.30</p>	
Tue	5pm	11pm		
Wed	5pm	11pm		
Thur	5pm	11pm		
Fri	5pm	11.30pm		
Sat	5pm	11.30pm		
Sun	5pm	11pm		

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

Name	VIOYUT PATEL
Address	135. MANOR ROAD. LITTLEOVER. DERBY
Postcode	DE23 6BU.
Personal licence number (if known)	PA 10550419
Issuing licensing authority (if known)	DERBY CITY 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)
Day	Start	Finish	None
Mon	17-00	23-00	
Tue	17-00	23-00	
Wed	17-00	23-00	
Thur	17-00	23-00	
Fri	17-00	23-30	
Sat	17-00	23-30	
Sun	17-00	23-00	
			<p><u>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)</u></p> <p>ONLY Xmas Eve and New Year Eve 17 00 - 00.30</p>

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)

MY OBJECTIVES ARE TO MAKE SURE THAT MY ACTIVITIES PREVENTS ALL THE MAIN HEADINGS BELOW BY BEING RESPONSIBLE OPERATOR AND ABOVE ALL TOTAL SAFETY OF MY PATRONS.

b) The prevention of crime and disorder

APPROPRIATE POLICIES IN PLACE TO DETECT ANY SUCH ACTIVITIES FROM THE OUTSET, ZERO TOLERANCE IN PLACE BY TRAINED STAFF.

c) Public safety

USE OF ALCOHOL ON PREMISES BY ADEQUATE COMMON SENSE AND CORRECT MANAGEMENT CONTROLS WILL PREVENT ALL THE NECESSARY SAFETY FOR EVERY BODY.

d) The prevention of public nuisance

THIS AUTOMATICALLY FOLLOWS THE AHEAD SAFETY FOR PUBLIC NUISANCE

e) The protection of children from harm

NOT SERVING OR ENCOURAGING INELIGIBLE AGE FOR ANY OF THE ACTIVITIES WE ARE RESPONSIBLE FOR HARM FOR CHILDREN.

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 authorized agent (see guidance note 11). If signing on behalf of the applicant, please state in what capacity.

Signature	
Date	16th Aug 2016
Capacity	DIRECTOR.

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)

VIDYUT PATEL.
135 MANOR ROAD, LITTLEOVER

Post town	DERBY	Postcode	DE23 6B4
Telephone number (if any)	07986 492682		
If you would prefer us to correspond with you by e-mail, your e-mail address (optional)			
vidpatel58@gmail.com			

Notes for Guidance

Consent of individual to being specified as premises supervisor

I VIDYUT PATEL
[full name of prospective premises supervisor]

of

135 MANOR ROAD, LITTLEOVER, DERBY, DE23 6BU.

[home address of prospective premises supervisor]

hereby confirm that I give my consent to be specified as the designated premises supervisor in relation to the application for

FULL PREMISES LICENCE
[type of application]

by

VIDYUT PATEL
[name of applicant]

relating to a premises licence ONE
[number of existing licence, if any]

for

T/A S
KINARA RESTAURANT,
THE QUALITY CURRY COMPANY LIMITED

[name and address of premises to which the application relates]

2, CASTLE WAY
WILLINGHOOD
DERBYSHIRE
DE65 6BT

and any premises licence to be granted or varied in respect of this application made by

VIDYUT PATEL

[name of applicant]

concerning the supply of alcohol at

2 CASTLEWAY

WILLINGTON, DERBYSHIRE.

DE656BT

[name and address of premises to which application relates]

I also confirm that I am applying for, intend to apply for or currently hold a personal licence, details of which I set out below.

Personal licence number

PA 10550419

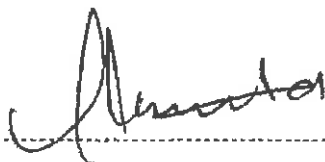
[insert personal licence number, if any]

Personal licence issuing authority

DERBY CITY COUNCIL

[insert name and address and telephone number of personal licence issuing authority, if any]

Signed

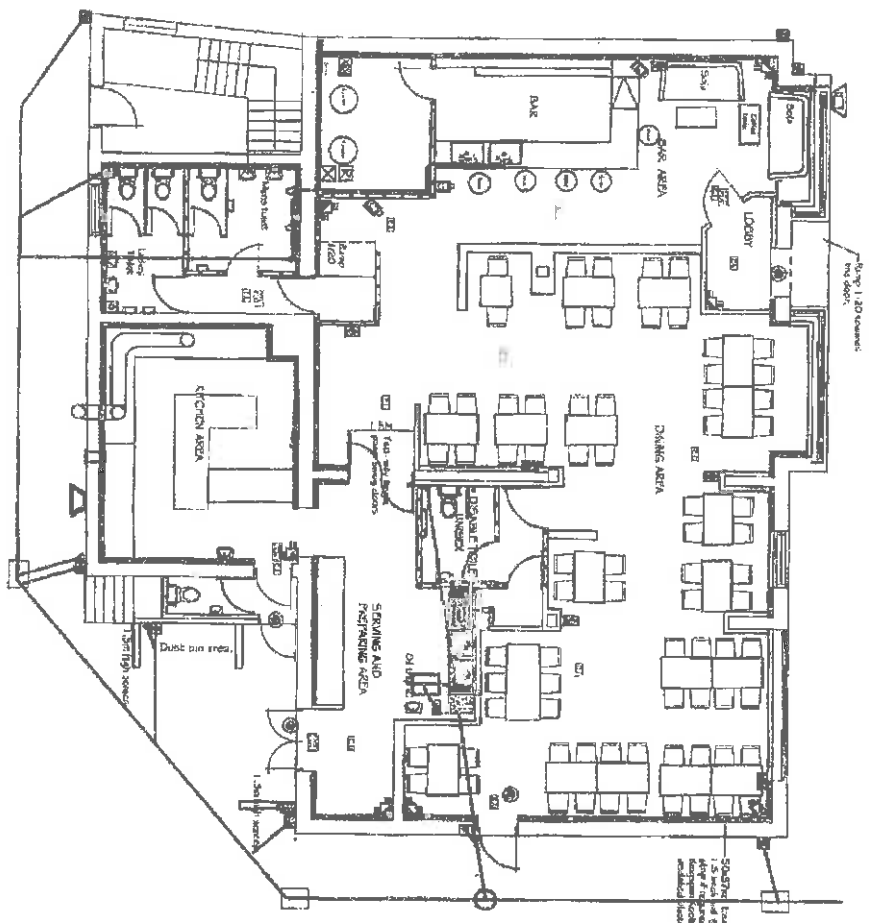


Name (please print)

VIDYUT PATEL

Date


10th Aug 2016



PLAN:- GENERAL LAYOUT PLAN AND POSITION OF CAMERA, ALARMS & SPEAKER
 PLAN 1:100

- KEY
- TV screen
 - Magnetic door contact
 - Maze control panel
 - Remote key panel
 - Exit sign
 - Exit sign with battery back up
 - Escalator hand rail
 - Camera
 - Escalator signal
 - Alarm
 - Audio speaker

201-202: Escalator landing, hand to
 1.5m x 1.5m @ 2000mm for fire
 escape. 1.5m x 1.5m for fire
 escape. 1.5m x 1.5m for fire
 escape. 1.5m x 1.5m for fire
 escape.


 20 Blagrove Avenue
 Derby DE23 2NS
 Tel: 0700 220 5920

Mr. Vid Patel
 Proposed conversion of Willington
 Co-Op store into Restaurant and
 Take-Away
 At 2 CASTLEWAY
 WILLINGTON DE65-6BT
 Aug 2016
 As Built - CCTV
 Drawing Nr: 011