

APPENDIX C

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 Karan Ravi Sasi

(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			
74 Albert Road Widnes WA8 6JT			
Post town	Widnes	Postcode	WA8 6JT

Telephone number at premises (if any)	
Non-domestic rateable value of premises	£ 12,500

Part 2 - Applicant details

Please state whether you are applying for a premises licence as appropriate Please tick as

a)	an individual or individuals *	<input checked="" type="checkbox"/>	please complete section (A)
b)	a person other than an individual *	<input type="checkbox"/>	
	i as a limited company/limited liability partnership	<input type="checkbox"/>	please complete section (B)
	ii as a partnership (other than limited liability)	<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		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 (by ticking yes to one box below):

- I am carrying on or proposing to carry on a business which involves the use of the premises for licensable activities; or YES
- 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	Miss	Ms	Other Title (for example, Rev)	
Surname			Ravi Sasi		
First names			Karan		
Date of birth	30/07/80	I am 18 years old or over	<input checked="" type="checkbox"/>	Please tick yes	
Nationality					
Current residential address if different from premises address	123 Main Street London E1 1AA				
Post town	London	Postcode	E1 1AA		
Daytime contact telephone number	020 7123 4567				
E-mail address (optional)	rsasi@outlook.com				
Where applicable (if demonstrating a right to work via the Home Office online right to work checking service), the 'share code' provided to the applicant by that service (please see note 15 for information)					

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Second individual applicant (if applicable) N/A

Mr	Mrs	Miss	Ms	Other Title (for example, Rev)	
Surname			First names		
Date of birth or over		I am 18 years old		Please tick yes	
Nationality					
Current residential address if different from premises address					
Post town				Postcode	
Daytime contact telephone number					
E-mail address (optional)					
Where applicable (if demonstrating a right to work via the Home Office online right to work checking service), the 'share code' provided to the applicant by that service: (please see note 15 for information)					

(B) Other applicants N/A

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
1	5	052024

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)

The premises is situated on a main road within the town centre. It has a single entry door from Albert Road which will provide entry and egress for customers. The space available for customers will be approximately 18m long by 5.2m wide. A fixed counter will separate the public area from the kitchen and staff area as shown on the plan. Customers toilets and fixed booth seating will be installed within the premises

The intended is use is that of an informal restaurant with a modest takeaway facility

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 and Schedules 1 and 2 to the Licensing Act 2003)

Provision of regulated entertainment (please read guidance note 2)	Please tick all 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)	

<u>Provision of late night refreshment</u> (if ticking yes, fill in box I)	YES
<u>Supply of alcohol</u> (if ticking yes, fill in box J)	YES

In all cases complete boxes K, L and M

A N/A

Plays Standard days and timings (please read guidance note 7)			Will the performance of a play take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors	
Day	Start	Finish		Outdoors	
Mon			Please give further details here (please read guidance note 4)	Both	
Tue					
Wed			State any seasonal variations for performing plays (please read guidance note 5)		
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 6)		
Sat					
Sun					

B N/A

Films Standard days and timings (please read guidance note 7)			Will the exhibition of films take place <u>indoors or outdoors or both</u> – please <u>tick</u> (please read guidance note 3)	Indoors	
Day	Start	Finish		Outdoors	
Mon			Please give further details here (please read guidance note 4)	Both	
Tue					
Wed			State any seasonal variations for the exhibition of films (please read guidance note 5)		
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 6)		
Sat					
Sun					

C N/A

Indoor sporting events Standard days and timings (please read guidance note 7)			Please give further details (please read guidance note 4)
Day	Start	Finish	
Mon			
Tue			State any seasonal variations for indoor sporting events (please read guidance note 5)
Wed			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 (please read guidance note 6)
Thur			
Fri			
Sat			
Sun			

D N/A

Boxing or wrestling entertainments Standard days and timings (please read guidance note 7)			<u>Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick</u> (please read guidance note 3)	Indoors	
Day	Start	Finish		Outdoors	
Mon				<u>Please give further details here</u> (please read guidance note 4)	Both
Tue					
Wed			<u>State any seasonal variations for boxing or wrestling entertainment</u> (please read guidance note 5)		
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 6)		
Sat					
Sun					

E N/A

Live music Standard days and timings (please read guidance note 7)			Will the performance of live music take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors	
Day	Start	Finish		Outdoors	
Mon				Both	
			Please give further details here (please read guidance note 4)		
Tue			State any seasonal variations for the performance of live music (please read guidance note 5)		
Wed					
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 6)		
Sat					
Sun					

F N/A

Recorded music Standard days and timings (please read guidance note 7)			Will the playing of recorded music take <u>place indoors or outdoors or both –</u> <u>please tick</u> (please read guidance note 3)	Indoors	
Day	Start	Finis h		Outdoors	
Mon				Both	
Tue					
			Please give further details here (please read guidance note 4)		
			State any seasonal variations for the playing of recorded music (please read guidance note 5)		
			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 6)		
Fri					
Sat					
Sun					

G N/A

Performances of dance Standard days and timings (please read guidance note 7)			Will the performance of dance take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors	
Day	Start	Finish		Outdoors	
				Both	
Mon			Please give further details here (please read guidance note 4)		
Tue					
Wed					
Thur			State any seasonal variations for the performance of dance (please read guidance note 5)		
Fri					
Sat					
Sun			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 6)		

H N/A

Anything of a similar description to that falling within (e), (f) or (g) Standard days and timings (please read guidance note 7)			Please give a description of the type of entertainment you will be providing		
Day	Start	Finish	Will this entertainment take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors	
Mon				Outdoors	
				Both	
Tue			Please give further details here (please read guidance note 4)		
Wed					
Thur			State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g) (please read guidance note 5)		
Fri					
Sat			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 (please read guidance note 6)		
Sun					

Late night refreshment Standard days and timings (please read guidance note 7)			Will the provision of late night refreshment take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors	
Day	Start	Finish		Outdoors	
					Both
Mon	23.00	01.00	<u>Please give further details here</u> (please read guidance note 4)		
Tue	23.00	01.00			
Wed	23.00	01.00	<u>State any seasonal variations for the provision of late night refreshment</u> (please read guidance note 5)		
Thur	23.00	01.00			
Fri	23.00	01.00	<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 6)		
Sat	23.00	01.00			
Sun	23.00	01.00			

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 9).

None

L

Hours premises are open to the public
Standard days and timings (please read guidance note 7)

Day	Start	Finish
Mon	11.00	01.15
Tue	11.00	01.15
Wed	11.00	01.15
Thur	11.00	01.15
Fri	11.00	01.15
Sat	11.00	01.15
Sun	11.00	01.15

State any seasonal variations (please read guidance note 5)

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 6)

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 10)

See Operating Schedule attached

b) The prevention of crime and disorder

See Operating Schedule attached

c) Public safety

Primary Legislation deemed sufficient to safeguard this objective

d) The prevention of public nuisance

See Operating Schedule attached

e) The protection of children from harm

Measures laid out in the attachment

Checklist:

Please tick to indicate agreement

• I have made or enclosed payment of the fee.	X
• I have enclosed the plan of the premises.	X
• 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.	X
• I understand that I must now advertise my application.	X
• I understand that if I do not comply with the above requirements my application will be rejected. • [Applicable to all individual applicants, including those in a partnership which is not a limited liability partnership, but not companies or limited liability partnerships] I have included documents demonstrating my entitlement to work in the United Kingdom or my share code issued by the Home Office online right to work checking service (please read note 15).	X


It is an offence, under Section 158 of the Licensing Act 2003, to make a false statement in or in connection with this application. Those who make a false statement may be liable on summary conviction to a fine of any amount.

It is an offence under Section 24b of the Immigration Act 1971 for a person to work when they know, or have reasonable cause to believe, that they are disqualified from doing so by reason of their immigration status. Those who employ an adult without leave or who is subject to conditions as to employment will be liable to a civil penalty under section 15 of the Immigration, Asylum and Nationality Act 2006 and pursuant to Section 21 of the same act, will be committing an offence where they do so in the knowledge, or with reasonable cause to believe, that the employee is disqualified.

Part 4 – Signatures (please read guidance note 11)

Signature of applicant or applicant's solicitor or other duly authorised agent (see guidance note 12). **If signing on behalf of the applicant, please state in what capacity.**

Declaration	<ul style="list-style-type: none"> • [Applicable to individual applicants only, including those in a partnership which is not a limited liability partnership] I understand I am not entitled to be issued with a licence if I do not have the entitlement to live and work in the UK (or if I am subject to a condition preventing me from doing work relating to the carrying on of a licensable activity) and that my licence will become invalid if I cease to be entitled to live and work in
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	<p>the UK (please read guidance note 15).</p> <ul style="list-style-type: none"> The DPS named in this application form is entitled to work in the UK (and is not subject to conditions preventing him or her from doing work relating to a licensable activity) and I have seen a copy of his or her proof of entitlement to work, or have conducted an online right to work check using the Home Office online right to work checking service which confirmed their right to work (please see note 15)
Signature	
Date	17th April 2024
Capacity	Agent – Commissioner for Oaths (FCILEX)

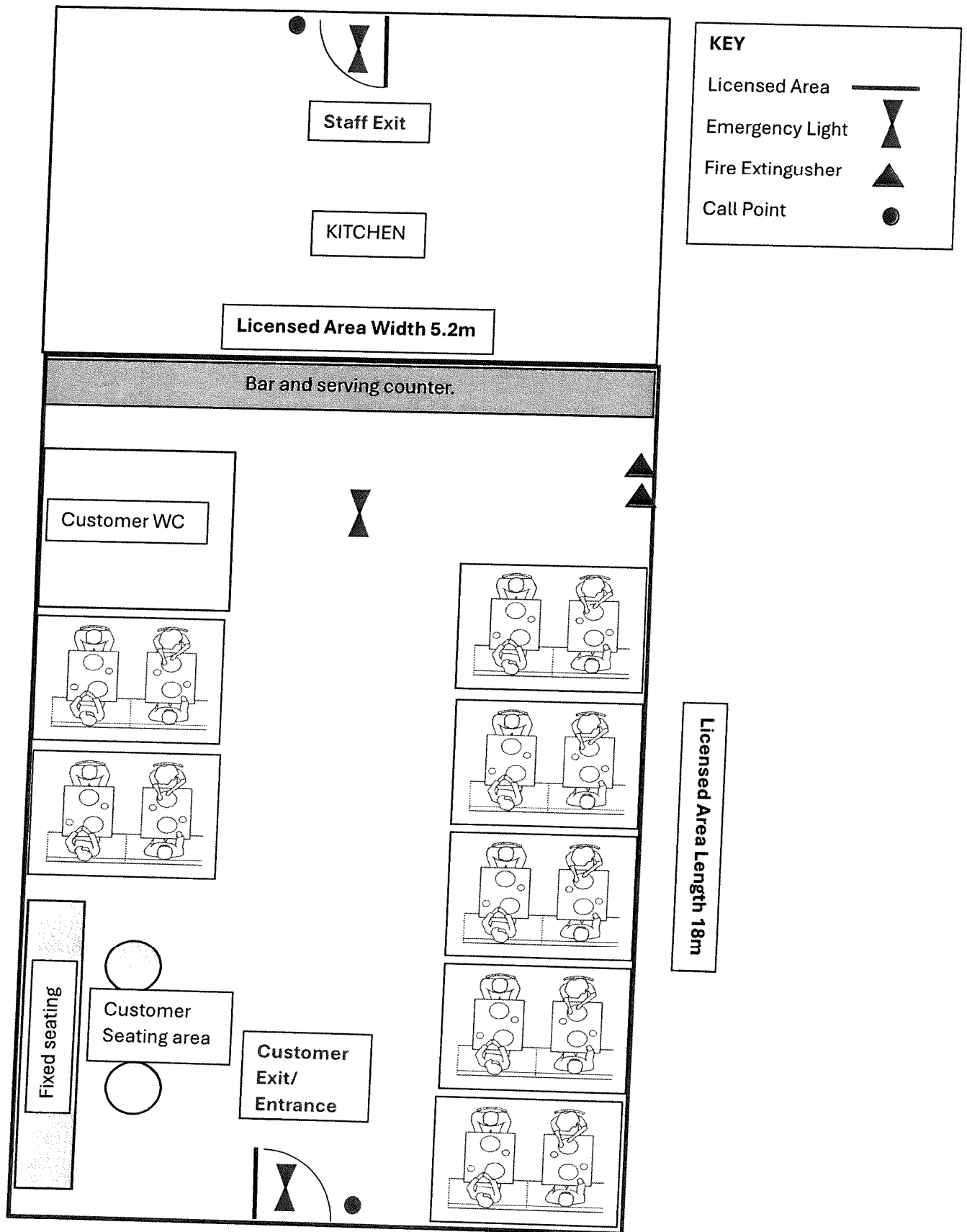
For joint applications, signature of 2nd applicant or 2nd applicant's solicitor or other authorised agent (please read guidance note 13). If signing on behalf of the applicant, please state in what capacity.

Signature	
Date	
Capacity	

Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 14)			
Post town		Postcode	
Telephone number (if any)			
If you would prefer us to correspond with you by e-mail, your e-mail address (optional)			

Notes for Guidance

74 Albert Road, Widnes WA8 6JT



Consent of DPS form

**Premises Licence
holder(s):**

Karan Ravi Sasi

Schedule 11

Consent of an individual to being specified as a premises supervisor

Full name of the prospective premises supervisor:	Type of Application (Delete as appropriate)	
Karan Ravi Sasi	New	

Home address of the prospective premises supervisor:
[REDACTED]


Full name(s) of Premises Licence holder:	Premises Licence number (if any):
Karan Ravi Sasi	

Name and address of the premises to which the application relates:
74 Albert Road, Widnes WA8 6JT

I, the prospective Designated Premises Supervisor named above, hereby confirm that I give my consent to be specified as the DPS in relation to the above premises licence and any premises licence to be granted or varied in respect of this application made by the above mentioned applicant concerning the supply of alcohol at the premises. I also confirm that I am entitled to work in the United Kingdom and am applying for, intend to apply for or currently hold a personal licence, details as set out below.

Personal Licence Number:	163593
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Name of Personal Licence issuing authority:	Liverpool City Council
Address of issuing authority:	Cunard Building, Water Street, L3 1AH
Telephone of issuing authority:	

Signed by proposed DPS:	
Print Name:	Karan Ravi Sasi
Date:	17 th April 2024

Operating Schedule 74 Albert Road Widnes WA8 6JT

General

Alcohol will only be sold to customers taking a table meal at the premises, this may include a pre-dinner drink which will be consumed in a seating area dedicated to those awaiting table availability.

Prevention of Crime and Disorder

CCTV must be installed internally and externally at the premises and must comply with the following:

- i. Appropriate signage alerting customers to CCTV recording must be displayed in conspicuous positions on the premises.
- ii. The CCTV system must be installed, maintained and operated to the reasonable satisfaction of Merseyside Police. All public areas of the premises must be covered by the system. The system will incorporate a camera covering the main entrance doors and each camera must be capable of providing an image which is regarded as identification standard in all lighting conditions.
- iii. The system must record all hours the premises are open to the public.
- iv. Recordings must display the correct date and time.
- v. Digital recordings must be held for a minimum period of 21 days. The system must as a minimum record images of the head and shoulders of all persons entering the premises.
- vi. A staff member who is conversant with the operation of the CCTV system will be on the premises at all times the premises are open to the public. This staff member will be able to show police recent data or footage with the absolute minimum of delay when requested
- vii. The licence holder must notify the Police Licensing Unit on any occasion when the CCTV is to be inoperative for a period in excess of one working day and shall provide a certificate from a competent person stating the reason for the system being inoperative and the measures which have been taken to satisfy the conditions of this licence.
- viii. Bi-annually documented maintenance checks by a suitably qualified CCTV engineer must be made of the CCTV system to ensure that the system is in good working order and is operating in compliance with the conditions of this licence.

Another member of staff shall be nominated to act for the DPS in their absence whose identity is known by all staff when such absence occurs.

An authorisation of sales, signed and dated by the DPS, shall be kept at the premises showing all persons authorised by them to make sales of alcohol at the premises.

Operating Schedule 74 Albert Road Widnes WA8 6JT

An incident book will be maintained in which shall be recorded:-

- i. All incidents of crime and disorder
- ii. Refused sales to suspected under-age and drunken persons
- iii. A record of any person asked to leave the premises or removed from the premises
- iv. Details of occasions on which the police are called to the premises
- v. A record of persons searched on suspicion that drugs are being carried and the reason for such suspicion

The book will be available for inspection by a police officer.

Security/staff arrangements will be sufficient to discourage the sale and consumption of drugs and shall ensure such arrangements include regular documented checks of toilets.

Records of incidents involving the use, and/or detection of drugs shall be maintained and those records shall be available for inspection. Confiscated and found drugs shall be transferred to the police in accordance with procedures agreed with Merseyside Police.

Public Safety

Primary legislation is deemed sufficient to safeguard this objective.

Protection of Children from Harm

A Challenge 25 proof of age policy shall be implemented and adhered to. Any person who looks or appears to be under the age of 25 shall be asked to provide identification that they are over the age of 18. The following are the only forms of identification acceptable:

- A recognised proof of age scheme accredited under the British Retail Consortiums Proof of Age Standards Scheme (PASS).
- Photo driving licence.
- Passport.
- Official ID card issued by HM Forces or European Union bearing a photograph and date of birth of the holder.

If no suitable identification is provided the sale of alcohol to them will be refused. Suitable signage will be displayed to specify the Challenge 25 policy is in place.

Operating Schedule 74 Albert Road Widnes WA8 6JT

All staff to have received suitable training in relation to the proof of age scheme. Refresher training on underage sales to be provided to all staff every six months. Records to evidence this will be made available to an authorised officer upon request.

No children under the age of 18 are to be permitted on the premises after 23.00hrs

Prevention of Public Nuisance

The licence holder or designated premises supervisor shall make attempts to ensure members of the public leave quietly so as not to disturb neighbours.

All external windows and doors should be closed after 11pm, except in the case of an emergency.

The placing of refuse, such as bottles, into receptacles outside the premises shall take place between 0800 and 2200 to prevent disturbance to nearby premises.

The licence holder shall ensure that noise or vibration shall not emanate from outside the premises such as to cause persons in the neighbourhood to be disturbed.