

**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 Basharat ALI  
(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			
names of Premises Tricks n Treats 27 Deardengate Haslingden Lancashire			
Post town	Haslingden	Post code	BB4 5DN
Telephone number at premises (if any)			
Non-domestic rateable value of premises	£		

**OSSENDALE  
LICENSING UNIT  
RECEIVED**

31 MAR 2011

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**Part 2 - Applicant Details**

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

- |  |   |
|--|---|
| a) an individual or individuals *<br>b) a person other than an individual * <ul style="list-style-type: none"> <li>i. as a limited company</li> <li>ii. as a partnership</li> <li>iii. as an unincorporated association or</li> <li>iv. other (for example a statutory corporation)</li> </ul> c) a recognised club<br>d) a charity<br>e) the proprietor of an educational establishment<br>f) a health service body | <input checked="" type="checkbox"/> please complete section (A)<br><br><input type="checkbox"/> please complete section (B)<br><input type="checkbox"/> please complete section (B)<br><input type="checkbox"/> please complete section (B)<br><input type="checkbox"/> please complete section (B)<br><input type="checkbox"/> please complete section (B)<br><input type="checkbox"/> please complete section (B)<br><input type="checkbox"/> please complete section (B)<br><input type="checkbox"/> please complete section (B) |
|--|---|

175 551

- g) a person who is registered under Part 2 of the Care Standards Act 2000 (c14) in respect of an independent hospital  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 <i>ALI</i>			First names <i>Basharat</i>		
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			Postcode		
Daytime contact telephone number			[REDACTED]		
E-mail address (optional)		[REDACTED]			

**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		[REDACTED]			
Post Town			Postcode		
Daytime contact telephone number			[REDACTED]		

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)

**Provision of regulated entertainment**

**Please tick yes**

- 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)

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

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

**In all cases complete boxes N, O and P**

M

Supply of alcohol Standard days and timings (please read guidance note 6)			<b>Will the supply of alcohol be for consumption</b> <b>(Please tick box)</b> (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	<b>State any seasonal variations for the supply of alcohol</b> (please read guidance note 4)		
Mon	<del>6.00</del> 11.59	<del>02.00</del> 00.00			
Tue	11.59	00.00			
Wed	11.59	00.00			
Thur	11.59	00.00			
Fri	11.59	00.00			
Sat	11.59	00.00			
Sun	11.59	00.00			
			<b>Non standard timings. Where you intend to use the premises for</b> <b>the supply of alcohol at different times to those listed in the</b> <b>column on the left, please list</b> (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	Basharat ALI
Address	27 Deardengate Haslingden.
Postcode	
Personal Licence number (if known)	
Issuing licensing authority (if known)	Rossendale Borough Council

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)

O

Hours premises are open to the public Standard days and timings (please read guidance note 6)			<b>State any seasonal variations</b> (please read guidance note 4)
Day	Start	Finish	
Mon	06:00	00:00	<p><b>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</b> (please read guidance note 5)</p> <p>These are the timing the shop will open to the public but after midnight no sales will be made on the premises.</p>
Tue	06:00	00:00	
Wed	06:00	00:00	
Thur	06:00	00:00	
Fri	06:00	00:00	
Sat	06:00	0:00	
Sun	06:00	00:00	

**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)**

Observe licensing laws + directives.  
Sticking to licensing hours.  
Keeping watch for any criminal behaviour  
Maintaining security.  
Training staff to identify + deal with tricky situations.

**b) The prevention of crime and disorder**

Internal CCTV. Adhere to closing/licensing times. Training staff adequately.  
Not serving (selling) alcohol to customers appearing to be drunk/intoxicated.  
Discouraging noisy/troublesome people.

**c) Public safety**

Keeping areas around shop + all entrance/exit areas clear + safe. Use of CCTV internally + externally. Being vigilant regarding customer safety + risky behaviour of patrons. ~~Discourage~~

**d) The prevention of public nuisance**

Discourage congregation of groups.  
Not selling alcohol to minors, drunken groups or admitting repeatedly loud or trouble-causing individuals. Training staff adequately to deal confidently with members of the public to prevent nuisance behaviour.

**e) The protection of children from harm**

No access by children to alcohol, cigarettes or other age-restricted goods.  
Children discouraged from congregating around premises. Staff to be trained to be vigilant in requesting proof of ID/age.

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	<i>Bashraf Ji</i>
Date	<i>14/3/11</i>
Capacity	<i>owner</i>

**For joint applications signature of 2<sup>nd</sup> applicant or 2<sup>nd</sup> 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	

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