

**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 MR MOHAMMED RASIB
(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 | | |
| 28 BURY ROAD. | | |
| Post town | RAWTENSTALL | Post code BB4 6A7 |
| Telephone number at premises (if any) | N/A | ROSENDALE LICENSING UNIT RECEIVED |
| Non-domestic rateable value of premises | £2,500 X | 14 APR 2011 |
| Part 2 - Applicant Details | | |
| Please state whether you are applying for a premises licence as | | 175 560 |
| 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 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 RASIB | | | First names MOHAMMED | | |
| I am 18 years old or over | | | | <input checked="" type="checkbox"/> Please tick yes | |
| Current postal address if different from premises address | | | | | |
| Post Town | | | | Postcode | |
| 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? **ASAP** Day Month Year

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

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

HOT FOOD TAKEAWAY & CAFE

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

N/A

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

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|--|-------|--------|--|----------|--------------------------|
| 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 | | | | | |
| | | | State any seasonal variations for performing plays (please read guidance note 4) | | |
| Tue | | | | | |
| | | | 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) | | |
| Wed | | | | | |
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| Thur | | | | | |
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| Fri | | | | | |
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|--|-------|--------|--|----------|--------------------------|
| Films Standard days and timings (please read guidance note 6) | | | <u>Will the exhibition of films 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 | | | | | |
| | | | <u>State any seasonal variations for the exhibition of films</u> (please read guidance note 4) | | |
| Tue | | | | | |
| | | | <u>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</u> (please read guidance note 5) | | |
| Wed | | | | | |
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| Thur | | | | | |
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|--|-------|--------|--|---|
| 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) |
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| Fri | | | | |
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|--|-------|--------|--|----------|--------------------------|
| 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 | <u>Please give further details here</u> (please read guidance note 3) | | |
| Mon | | | | | |
| | | | <u>State any seasonal variations for boxing or wrestling entertainment</u> (please read guidance note 4) | | |
| Tue | | | | | |
| | | | <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) | | |
| Wed | | | | | |
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| Thur | | | | | |
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|---|-------|--------|--|----------|--------------------------|
| Live music Standard days and timings (please read guidance note 6) | | | <u>Will the performance of live music 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 | | | | | |
| | | | <u>State any seasonal variations for the performance of live music</u> (please read guidance note 4) | | |
| Tue | | | | | |
| | | | <u>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</u> (please read guidance note 5) | | |
| Wed | | | | | |
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| Thur | | | | | |
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|--|-------|--------|---|----------|--------------------------|
| <p>Recorded music Standard days and timings (please read guidance note 6)</p> | | | <p><u>Will the playing of recorded music take place indoors or outdoors or both – please tick</u> (please read guidance note 2)</p> | Indoors | <input type="checkbox"/> |
| | | | | Outdoors | <input type="checkbox"/> |
| | | | | Both | <input type="checkbox"/> |
| Day | Start | Finish | <p><u>Please give further details here</u> (please read guidance note 3)</p> | | |
| Mon | | | | | |
| Tue | | | <p><u>State any seasonal variations for the playing of recorded music</u> (please read guidance note 4)</p> | | |
| Wed | | | | | |
| Thur | | | <p><u>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</u> (please read guidance note 5)</p> | | |
| Fri | | | | | |
| Sat | | | | | |
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|---|-------|--------|--|----------|--------------------------|
| Performances of dance Standard days and timings (please read guidance note 6) | | | Will the performance of dance take place indoors or outdoors or both – please tick (please read guidance note 2) | Indoors | <input type="checkbox"/> |
| | | | | Outdoors | <input type="checkbox"/> |
| Day | Start | Finish | | Both | <input type="checkbox"/> |
| Mon | | | Please give further details here (please read guidance note 3) | | |
| | | | | | |
| Tue | | | State any seasonal variations for the performance of dance (please read guidance note 4) | | |
| | | | | | |
| Wed | | | 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) | | |
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| Thur | | | | | |
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| <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><u>Please give a description of the type of entertainment you will be providing</u></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 | | | | | |

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|--|-------|--------|---|--------------------------|
| Provision of facilities for making music Standard days and timings (please read guidance note 6) | | | <u>Please give a description of the facilities for making music you will be providing</u> | |
| | | | <u>Will the facilities for making music be indoors or outdoors or both – please tick</u> (please read guidance note 2) | |
| Day | Start | Finish | Indoors | <input type="checkbox"/> |
| | | | Outdoors | <input type="checkbox"/> |
| | | | Both | <input type="checkbox"/> |
| Mon | | | <u>Please give further details here</u> (please read guidance note 3) | |
| | | | | |
| Tue | | | <u>State any seasonal variations for the provision of facilities for making music</u> (please read guidance note 4) | |
| | | | | |
| Wed | | | <u>Non standard timings. Where you intend to use the premises for provision of facilities for making music at different times to those listed in the column on the left, please list</u> (please read guidance note 5) | |
| | | | | |
| Thur | | | | |
| | | | | |
| Fri | | | | |
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| Sat | | | | |
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J

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

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|--|-------|--------|--|----------|--------------------------|
| <p>Provision of facilities for entertainment of a similar description to that falling within i or j Standard days and timings (please read guidance note 6)</p> | | | <p><u>Please give a description of the type of entertainment facility you will be providing</u></p> | | |
| Day | Start | Finish | <p><u>Will the entertainment facility be 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 the provision of facilities for entertainment of a similar description to that falling within i or j</u> (please read guidance note 4)</p> | | |
| Fri | | | | | |
| | | | | | |
| Sat | | | <p><u>Non standard timings. Where you intend to use the premises for the provision of facilities for entertainment of a similar description to that falling within i or j at different times to those listed in the column on the left, please list</u> (please read guidance note 5)</p> | | |
| Sun | | | | | |
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L

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|--|-------|--------|---|----------|-------------------------------------|
| 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 checked="" type="checkbox"/> |
| Day | Start | Finish | <u>Please give further details here</u> (please read guidance note 3) | | |
| Mon | 10-00 | 24-00 | | | |
| Tue | 10-00 | 24-00 | <u>State any seasonal variations for the provision of late night refreshment</u> (please read guidance note 4) | | |
| Wed | 10-00 | 24-00 | | | |
| Thur | 10-00 | 0-3-00 | <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 5) | | |
| Fri | 10-00 | 03-00 | | | |
| Sat | 10-00 | 03-00 | SUNDAYS BEFORE BANK HOLIDAY MONDAYS 11-00 - 0200. CHRISTMAS EVE 11-00- 0200, BOXING DAY 11-00-0200 NEW YEARS EVE 11-00-0300 | | |
| Sun | 10-00 | 24-00 | | | |

M

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|---|-------|--------|---|------------------|--------------------------|
| 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 type="checkbox"/> |
| | | | | Both | <input type="checkbox"/> |
| Day | Start | Finish | State any seasonal variations for the supply of alcohol (please read guidance note 4) | | |
| Mon | | | | | |
| Tue | | | | | |
| Wed | | | | | |
| Thur | | | | | |
| Fri | | | | | |
| Sat | | | | | |
| Sun | | | | | |
| | | | 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 | |
| Address | |
| Postcode | |
| Personal Licence number (if known) | |
| Issuing licensing authority (if known) | |

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

| <p>Hours premises are open to the public Standard days and timings (please read guidance note 6)</p> | | | <p>State any seasonal variations (please read guidance note 4)</p> |
|---|-------|---------|---|
| Day | Start | Finish | <p>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)</p> <p>NONE STANDARD TIMING AS PER SECTION 4</p> |
| Mon | 10.00 | 24.00 | |
| Tue | 10.00 | 24.00 | |
| Wed | 10.00 | 24.00 | |
| Thur | 10.00 | 0.30.00 | |
| Fri | 10.00 | 0.30.00 | |
| Sat | 10.00 | 0.30.00 | |
| Sun | 10.00 | 24.00 | |

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)

b) The prevention of crime and disorder

THE BUILDING HAS BEEN EMPTY FOR ALMOST 2 YEARS AND HAS NOT BEEN ABLE TO BE LET OUT DESPITE MARKETING OF THE PREMISES. THE BUILDING HAS SUFFERED VANDALISM. BY BRINGING THE BUILDING BACK INTO USE AS A HOT FOOD TAKEAWAY / CAFE WILL DETRACT VANDALISM.

c) Public safety

STAFF / OWNER OF THE PROPERTY WILL ENSURE THE PUBLIC WITHIN THE PREMISES, LOCAL VICINITY ARE BEHAVED, AND WILL ENDEAVOUR TO WORK WITH LOCAL POLICE TO ENSURE PUBLIC SAFETY IS KEPT.

d) The prevention of public nuisance

LITTER BINS WILL BE PROVIDED AND EMPTIED ON A DAILY BASIS. IN ADDITION ON CLOSING TIMES ALL LITTER IN SURROUNDING AREA WILL BE SWEEPED UP.

e) The protection of children from harm

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>M. Davis</i> |
| Date | 11/4/01 |
| Capacity | OWNER OWNER |

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) | | | |
| 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) | | | |