

17 JUN 2019

## 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 My India Street Food Limited

(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 <b>3-5 Barton Road Stretford</b>			
<b>Post town</b>	<b>Manchester</b>	<b>Postcode</b>	<b>M32 9FA</b>
Telephone number at premises (if any)	<b>07980 604253</b>		
Non-domestic rateable value of premises	<del>£0.00</del>		

## 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/limited liability partnership | <input checked="" 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                                 | <input type="checkbox"/>            | please complete section (B) |
| d) a charity   | <input type="checkbox"/>            | 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
- 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)

<b>Mr</b> <input type="checkbox"/>	<b>Mrs</b> <input type="checkbox"/>	<b>Miss</b> <input type="checkbox"/>	<b>Ms</b> <input type="checkbox"/>	<b>Other Title</b> (for example, Rev)	
<b>Surname</b>			<b>First names</b>		
<b>Date of birth</b>		I am 18 years old or over <input type="checkbox"/> Please tick yes			
<b>Nationality</b>					
<b>Current residential address if different from premises address</b>					
<b>Post town</b>				<b>Postcode</b>	
<b>Daytime contact telephone number</b>					
<b>E-mail address (optional)</b>					
Where applicable (if demonstrating a right to work via the Home Office online right to work checking service), the 9-digit 'share code' provided to the applicant by that service (please see note 15 for information)					



**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)	
<b>Surname</b>			<b>First names</b>		
<b>Date of birth</b>			I am 18 years old or over <input type="checkbox"/> Please tick yes		
<b>Nationality</b>					
Where applicable (if demonstrating a right to work via the Home Office online right to work checking service), the 9-digit 'share code' provided to the applicant by that service: (please see note 15 for information)					
Current residential address if different from premises address					
<b>Post town</b>				<b>Postcode</b>	
<b>Daytime contact telephone number</b>					
<b>E-mail address (optional)</b>					

**(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.

<b>Name</b> My India Street Food Limited
<b>Address</b> 7 Rendel Close Stretford Manchester M32 0SX
<b>Registered number (where applicable)</b> 11967870
<b>Description of applicant (for example, partnership, company, unincorporated association etc.)</b> Private Limited Company



Telephone number (if any)

07980 604253

E-mail address (optional)

myindiastreetfood@gmail.com

### Part 3 Operating Schedule

When do you want the premises licence to start?

DD	MM	YYYY
0	1	07
2	0	1
9		

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)

My India Street Food Limited will be trading as Indian Street Food Cafe. The Cafe will serve mainly fast food and seating will be available for customers. The cafe will serve alcohol in plastic cups to accompany the fast food. We intend to serve more soft drinks than alcohol however will offer the option of beer and spirits. Beer will be served in half pints and shots in no more than double shots with a mixer. These will also be served in plastic cups.

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 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)





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**

























**F**

Recorded music Standard days and timings (please read guidance note 7)			Will the playing of recorded music take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors	<input checked="" type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
			Both	<input type="checkbox"/>	
	08:00	23:00			
	08:00	23:00			
	08:00	23:00			
	08:00	23:00			
	08:00	23:00			



**G**

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	<input type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>





**H**

<p><b>Anything of a similar description to that falling within (e), (f) or (g)</b>                  Standard days and timings (please read guidance note 7)</p>			<p>Please give a description of the type of entertainment you will be providing</p>		
Day	Start	Finish		Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>



**I**

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	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
Day	Start	Finish		Both	<input type="checkbox"/>



J

Supply of alcohol Standard days and timings (please read guidance note 7)			Will the supply of alcohol be for <u>consumption – please tick</u> (please read guidance note 8)	On the premises	<input type="checkbox"/>
				Off the premises	<input type="checkbox"/>
				Both	<input checked="" type="checkbox"/>
Day	Start	Finish			
	11:00	23:00			
	11:00	23:00			
	11:00	23:00			
	11:00	23:00			
	11:00	23:00			

State the name and details of the individual whom you wish to specify on the licence as designated premises supervisor (Please see declaration about the entitlement to work in the checklist at the end of the form):

Name Gurdedar Singh	
Date of birth [REDACTED]	
Address [REDACTED] [REDACTED] [REDACTED] [REDACTED]	
Postcode	[REDACTED]
Personal licence number (if known) [REDACTED]	
Issuing licensing authority (if known) [REDACTED]	









## My India Street Food Limited

### Operating Schedule

1. The premises shall install and maintain a CCTV system as per the minimum requirements of the Police Licensing Officer. All entry and exit points will be covered enabling frontal identification of every person entering in any light condition. The CCTV system shall continually record whilst the premises is open for licensable activities and during all times when customers remain on the premises. All recordings shall be stored for a minimum of 31 days with date and time stamping. Recordings shall be made available immediately upon the request of Police or authorised officer throughout the preceding 31 day period.
2. A staff member from the premises who is conversant with the operation of the CCTV system shall be on the premises at all times when the premises are open to the public. This staff member shall be able to show Police recent data or footage with the absolute minimum of delay when requested.
3. There shall be no self-service of alcohol on the premises.
4. All alcohol consumed at the premises shall only be by customers who are seated.
5. The supply of alcohol shall only be by waiter or waitress service or via a counter sale whereby customers will be seated immediately after making their purchase.
6. An incident log shall be kept at the premises, and made available on request to an authorised officer of the City Council or the Police, which will record the following:
  - a. all crimes reported to the venue;
  - b. all ejections of patrons;
  - c. any complaints received;
  - d. any incidents of disorder;
  - e. seizures of drugs or offensive weapons;
  - f. any faults in the CCTV system or searching equipment or scanning equipment;
  - g. any refusal of the sale of alcohol;
  - h. any visit by a relevant authority or emergency service.
7. The supply of alcohol (on-sales) shall only be to persons taking table meals there for consumption by such persons as ancillary to their meal.
8. All sales of alcohol for consumption off the premises shall be in sealed containers only, and shall not be consumed on the premises.



9. Sales of alcohol for consumption off the premises shall only be supplied with, and ancillary to a take-away meal.
10. Alcohol shall not be sold to diners who appear drunk.
11. A proof of age scheme, such as Challenge 25 shall be operated at the premises where the only acceptable forms of identification are recognised photographic identification cards, such as a driving licence or passport.
12. Before the premises open to the public, the plans as deposited will be checked by the Licensing Authority to ensure they are an accurate reflection of the premises as constructed. Where there are minor changes to the layout of the premises during the course of construction new plans shall be provided to the Licensing Authority and the Licensing Authority and shall be attached to this licence in substitution of the existing plans, at which time this condition shall be removed from the license.



## 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)**

Please see the attached document "Operating Schedule"

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

Please see the attached document "Operating Schedule"

**c) Public safety**

Please see the attached document "Operating Schedule"

**d) The prevention of public nuisance**

Please see the attached document "Operating Schedule"

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

Please see the attached document "Operating Schedule"



**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.
- [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).

**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.**

<b>Declaration</b>	<ul style="list-style-type: none"><li>• [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 the UK (please read guidance note 15).</li><li>• 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</li></ul>
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	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	12/06/2019.
Capacity	Director

~~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 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) Gurparkash Singh 7 Rendel Close Stretford			
Post town	<b>Manchester</b>	Postcode	<b>M32 0SX</b>
Telephone number (if any)	07980 604253		
If you would prefer us to correspond with you by e-mail, your e-mail address (optional) myindiastreetfood@gmail.com			



**Consent of individual to being specified as premises supervisor**

\_\_\_\_\_  
Gurdedar Singh  
*[full name of prospective premises supervisor]*

of

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*[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

Premises Licence \_\_\_\_\_

*[type of application]*

by

My India Street Food Limited \_\_\_\_\_

*[name of applicant]*

relating to a premises licence N/A no existing licence \_\_\_\_\_  
*[number of existing licence, if any]*

for

3-5 Barton Road  
Stretford  
Manchester  
M32 9FA \_\_\_\_\_

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

UNIVERSITY OF CHICAGO  
LIBRARY  
540 EAST 57TH STREET  
CHICAGO, ILL. 60637

THE UNIVERSITY OF CHICAGO LIBRARY  
540 EAST 57TH STREET  
CHICAGO, ILL. 60637

UNIVERSITY OF CHICAGO LIBRARY  
540 EAST 57TH STREET  
CHICAGO, ILL. 60637

UNIVERSITY OF CHICAGO LIBRARY  
540 EAST 57TH STREET  
CHICAGO, ILL. 60637

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

My India Street Food Limited

*[name of applicant]*

concerning the supply of alcohol at

3-5 Barton Road

Stretford

Manchester

M32 9FA

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

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 of which I set out below.

Personal licence number

[REDACTED]

*[insert personal licence number, if any]*

Personal licence issuing authority

[REDACTED]

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

Signed

[REDACTED SIGNATURE]

Name (please print)

GURDEOAR SINGH

Date

10/6/19





**DECLARATION :**

**Agreement to inclusion of Conditions on Operating Schedule**

RE : 3-5 Barton Road, Stretford, Manchester  
M32 9FA  
(insert premises name / address)

I / We My India Street Food Limited  
(insert applicant name / company name / authorised signatory)

are in agreement that any of/or all of the conditions at Section M and/or Section 18 of the premises licence application may be placed as conditions upon granting of the licence.

Signed :   
.....

Dated : 10/06/2019  
.....

