

[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 I, DEVENDRA KUMAR
(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 PAPA JOHNS, 19, COMMERCIAL ROAD, HEREFORD, HEREFORDSHIRE.			
Post town	HEREFORD	Postcode	HR1 2BD
Telephone number at premises (if any)	N/A		
Non-domestic rateable value of premises	£16,000		

Part 2 - Applicant Details

Please state whether you are applying for a premises licence as

Please tick as appropriate

- 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 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)

Mr <input checked="" type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
Surname KUMAR		First names DEVENDRA [REDACTED]			
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		[REDACTED]			
Daytime contact 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 N/A			First names N/A		
I am 18 years old or over				<input type="checkbox"/>	Please tick yes
Current postal address if different from premises address		N/A			
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 N/A
Address N/A
Registered number (where applicable) N/A
Description of applicant (for example, partnership, company, unincorporated association etc.) N/A
Telephone number (if any) N/A
E-mail address (optional) N/A

Part 3 Operating Schedule

When do you want the premises licence to start?

DD	MM	YYYY
3	1	08
2	0	16

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 LOCK UP, TERRACED, CORNER END PREMISES, CURRENTLY TRADE AS A FRANCHISED PIZZA FAST FOOD TAKE AWAY AND DELIVERY ESTABLISHMENT.THERE ARE NO INDOOR DINING OR RESTAURANT FACILITIES. THE SITE IS SITUATED IN THE HEAVILY RETAIL AND COMMERCIAL AREA ON THE GATEWAY TO HEREFORD'S TOWN CENTRE AND VIBRANT LATE NIGHT ECONOMY.THE APPLICANT IS AN EXPERIENCED FRANCHISE OPERATOR. HE WISHES TO EXTEND HIS CURRENT TRADING AND OPENING HOURS IN ORDER TO PROVIDE A LATE NIGHT REFRESHMENT FACILITY AND COMPETE WITH SIMILAR BUSINESSES, AS THE SITE AND LOCATION IS PRIME FOR HIS TYPE OF OPERATION.THE PROPOSED LAST FOOD ORDER TIME AND THE TIME THE PREMISES CLOSES, GIVES CONSIDERATION TO PREPARATION TIME FOR ANY LATE FOOD ORDERS AND LATE DELIVERIES.

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 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			
Mon			Please give further details here (please read guidance note 3)		
Tue			Please give further details here (please read guidance note 3)		
Wed			State any seasonal variations for performing plays (please read guidance note 4)		
Thur			State any seasonal variations for performing plays (please read guidance note 4)		
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)			<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								
Tue								
Wed						<u>State any seasonal variations for the exhibition of films</u> (please read guidance note 4)		
Thur								
Fri								
Sat						<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)		
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				
Thur				
Fri				
Sat				
			State any seasonal variations for boxing or wrestling entertainment (please read guidance note 4)	
			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)	
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 – please tick</u> (please read guidance note 2)	Indoors	<input type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon			Please give further details here (please read guidance note 3)	Both	<input type="checkbox"/>
Tue					
Wed			State any seasonal variations for the playing of recorded music (please read guidance note 4)		
Thur					
Fri			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					
Sun					

G

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					
Wed			State any seasonal variations for the performance of dance (please read guidance note 4)		
Thur					
Fri			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)		
Sat					
Sun					

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)

NOTHING BEYOND EXISTING HEALTH & SAFETY / FIRE SAFETY ETC REQUIREMENTS.

b) The prevention of crime and disorder

SEE ABOVE, AS THESE LOCK UP PREMISES ARE ALREADY TRADING, THEY ALREADY HAVE CORRECT POLICE SPECIFICATION, INTERNAL AND EXTERNAL CCTV, IMAGES OF WHICH WILL ALWAYS BE RETAINED FOR THIRTY ONE DAYS. CCTV WILL ALSO BE RECORDING AT ALL TIMES, AND THE TIMES AND DATES WILL BE VISIBLE AND ALWAYS ACCURATE. THE PREMISES IS ALSO ALREADY FULLY ALARMED. THE APPLICANT WILL ENSURE THAT TRAINING IN THE USAGE AND CHRONICLED STORAGE OF CCTV WILL BE GIVEN TO ALL STAFF MEMBERS.

c) Public safety

**SEE ABOVE,
ALSO, INTERNAL AND EXTERNAL CCTV ETC.
PREMISES ALREADY HAS A QUALITY, COMMERCIAL, FIRE ALARM SYSTEM AND THE FIRE FIGHTING EQUIPMENT ON SITE IS COVERED BY A MAINTENANCE CONTRACT.
BOTH EMERGENCY LIGHTING AND SMOKE DETECTORS ARE ALREADY INSTALLED.**

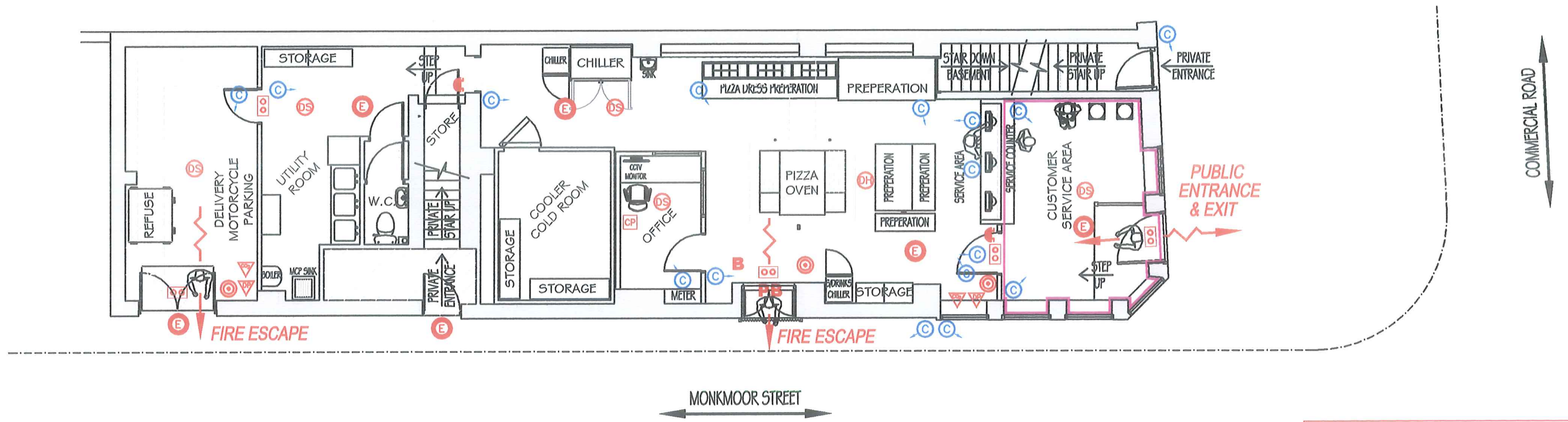
d) The prevention of public nuisance

**SEE ABOVE,
INTERNAL AND EXTERNAL CCTV IN PARTICULAR, HAS PROVEN TO BE A MAJOR DETERRENT TO ANTI - SOCIAL BEHAVIOUR IN THIS BUSY AREA OF THE TOWN. DUE TO THE SITE'S LOCATION IN THIS PREDOMINATELY RETAIL AND COMMERCIAL AREA, THERE IS LITTLE TRADE IMPACT ON ANY RESIDENTIAL DWELLINGS, HOWEVER SIGNAGE WILL BE DISPLAYED ASKING PATRONS TO LEAVE QUIETLY.
ALL FOOD CARTONS, PACKAGING AND BOXES HAVE THE OUTLET'S LOGO ON THEM SO ARE TRACEABLE TO THE PREMISES. THERE ARE INTERNAL AND EXTERNAL RUBBISH RECEPTICLES AND THERE WILL BE DAILY AND NIGHTLY CHECKS BY THE APPLICANT'S AND THEIR STAFF, TO ENSURE THAT LITTER IS NOT ALLOWED TO ACCUMULATE WITHIN THE FRONTAGE AREA OR THE REAR VICINITY OF THE PREMISES.**

Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 13)

Notes for Guidance

1. Describe the premises, for example the type of premises, its general situation and layout and any other information which could be relevant to the licensing objectives. Where your application includes off-supplies of alcohol and you intend to provide a place for consumption of these off-supplies, you must include a description of where the place will be and its proximity to the premises.
2. Where taking place in a building or other structure please tick as appropriate (indoors may include a tent).
3. For example the type of activity to be authorised, if not already stated, and give relevant further details, for example (but not exclusively) whether or not music will be amplified or unamplified.
4. For example (but not exclusively), where the activity will occur on additional days during the summer months.
5. For example (but not exclusively), where you wish the activity to go on longer on a particular day e.g. Christmas Eve.
6. Please give timings in 24 hour clock (e.g. 16:00) and only give details for the days of the week when you intend the premises to be used for the activity.
7. If you wish people to be able to consume alcohol on the premises, please tick 'on the premises'. If you wish people to be able to purchase alcohol to consume away from the premises, please tick 'off the premises'. If you wish people to be able to do both, please tick 'both'.
8. Please give information about anything intended to occur at the premises or ancillary to the use of the premises which may give rise to concern in respect of children, regardless of whether you intend children to have access to the premises, for example (but not exclusively) nudity or semi-nudity, films for restricted age groups or the presence of gaming machines.
9. Please list here steps you will take to promote all four licensing objectives together.
10. The application form must be signed.
11. An applicant's agent (for example solicitor) may sign the form on their behalf provided that they have actual authority to do so.
12. Where there is more than one applicant, each of the applicant or their respective agent must sign the application form.
13. This is the address which we shall use to correspond with you about this application.



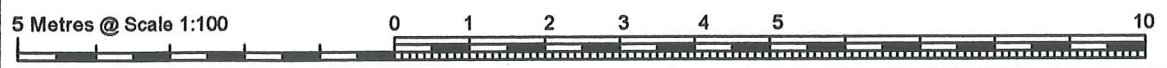
An electrically operated fire alarm system should comply with BS5839, Part 1:2002. The electrical installation should comply with approved Document P (electrical safety). It is essential that the fire detection and fire alarm systems are properly designed, installed and maintained. Where a fire alarm system is installed, an installation and commissioning certificate should be provided.

The smoke and heat alarm system is to be mains-operated and conform to BS5446, 1:2000 or BS5446, respectively: fire detection and fire alarm devices for dwellings, Part 1 specification for smoke alarms; or Part 2 specification for heat alarms

The emergency lighting installation is to comply with BS5266, Part 1, 2002 and the attention of the design/installing engineer drawn to paragraph 3.1 (construction and records) of BS5266, Part 1, 1988, which requires consultation with the Fire Authority. Firefighting equipment is to conform with BS EN3.

Fire Safety related signs and notices are to conform to BS5499, Part 1, 1990 (incorporating 'running man' symbol on fire exits) and other pictograms as required. Illuminated 'EXIT' signs are to conform to BS2560.

FIRE REGULATION SYMBOLS	
	Exit Boxes
	Exit Directional Boxes
	Escape Lighting Points
	Fire Exting. Carbon Dioxide
	Fire Exting. Dry Powder
	Auto Fire Smoke detector
	Auto Fire Heat detector
	Push bar emergency exit
	Fire Alarm Call Points
	Audible Warning Device
	Fire blanket
	Control Panel
	CCTV Camera
	Extent of Customer area



LICENCED Trade Legal Services Ltd			
<small>LTLS LTD, REGENT HOUSE, BATH AVENUE, WOLVERHAMPTON, WEST MIDLANDS, WV1 4EG Tel: 01902 810048 Fax: 01902 810047 Mobile: 07793 315896 email: ltlw_westmids@hotmail.com</small>			
Application		Location	
APPLICATION FOR A PREMISES LICENCE FOR LATE NIGHT REFRESHMENT		Papa Johns 19 Commercial Road Hereford Herefordshire HR1 2BD	
By	Sig.	Date	Rev.
J.S. Uppal		25.07.14	-
Metric Scale	1:100 @ A3	Drwg No.	PAPAJOHNSHER-01