



DISTRICT COUNCIL
NORTH OXFORDSHIRE

Actually received 31/10/13 (see receipt)
Consultation ends 28/11/2013
Bodicote House • Bodicote • Banbury • Oxfordshire • OX15 4AA



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PRM0654



**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 ADWAN AHMED..... apply for a premises licence under section 17
of
(Insert name(s) of applicant)
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 <u>BANBURY FRIED CHICKEN</u> <u>24 MIDDLETON ROAD,</u> <u>BANBURY OXON</u> <u>OX16 4QT</u>	
Post town <u>BANBURY</u>	Post code <u>OX16 4QT</u>

Telephone number at premises (if any) 01295 703040

Non-domestic rateable value of premises £6000 ~~80~~

VOA - £5000
Bouvet B

Part 2 - Applicant details

Please state whether you are applying for a premises licence as

- | | Please tick <input checked="" type="checkbox"/> yes | |
|---|---|-----------------------------|
| a) an individual or individuals* | <input checked="" type="checkbox"/> | please complete section (A) |
| b) a person other than an individual* | | |
| i. as a limited company | <input type="checkbox"/> | please complete section (B) |
| ii. as a partnership | <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 | <input type="checkbox"/> | please complete section (B) |
| f) a health service body | <input type="checkbox"/> | 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 | <input type="checkbox"/> | 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 that part) in an independent hospital in England | <input type="checkbox"/> | |
| h) the chief officer of police of a police force in England and Wales | <input type="checkbox"/> | 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

a function discharged by virtue of Her Majesty's prerogative

(A) INDIVIDUAL APPLICANTS (fill in as applicable)

Mr Mrs Miss Ms Other title (for example, Rev)

Surname

AHMED

First Names

ADNAN

I am 18 years old or over

Please tick yes

Current postal address if different from premises address

27 MIDDLETON ROAD, BANBURY OXON

Post Town

BANBURY

Postcode

OX16 4GJ

Daytime contact telephone number

E-mail address (optional)

SECOND INDIVIDUAL APPLICANT (if applicable)

Mr Mrs Miss Ms Other title (for example, Rev)

Surname

First Names

I am 18 years old or over

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?

Day	Month	Year
0	1	1 2 0 1 3

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

Day	Month	Year

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

--

Please give a general description of the premises (please read guidance note 1)

GROUND FLOOR SEC-CONTAINED DETAIL UNIT,
TAKEAWAY SERVING HOT FOOD

What licensable activities do you intend to carry on from the premises?

(Please see sections 1 and 14 of the Licensing Act 2003 and Schedule 1 and 2 to the Licensing Act 2003)

Please tick ✓ yes

Provision of regulated entertainment:

a) plays (if ticking yes, fill in box A)

b) films (if ticking yes, fill in box B)

Pages 7-14 are removed as N/A.

- 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

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 checked="" type="checkbox"/>		
Day	Start	Finish		Outdoors	<input type="checkbox"/>		
Mon	11:00 22:30	00-00	Please give further details here (please read guidance note 3).	Both	<input type="checkbox"/>		
	B.W						
Tue	22:30	00-00					
	B.W						
Wed	22:30	00:00		State any seasonal variations for the provision of late night refreshment (please read guidance note 4)	Both	<input type="checkbox"/>	
	B.W						
Thur	22:30	00:00					
	B.W						
Fri	22:30	02:00			Non standard timings. Where you intend to use the premises for the provision of late night refreshment at different times from those listed in the column on the left, please list (please read guidance note 5)	Both	<input type="checkbox"/>
	B.W						
Sat	22:30	02:30					
	B.W						
Sun	22:30	01:00					
	B.W						

J

Supply of alcohol Standard days and timings (please read guidance note 6)			Will the sale of alcohol be for consumption - please tick ✓ (please read guidance note 7)	On the premises	
				Off the premises	
				Both	
Day	Start	Finish	State and seasonal variations for the supply of alcohol (please read guidance note 4).		
Mon					
Tue					
Wed					
Thur					
Fri					
Sat			Non standard timings. Where you intend to use the premises for the supply of alcohol at different times from those listed in the column on the left, please list (please read guidance note 5)		
Sun					

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)

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 8)

L

Hours premises are open to the public Standard days and timings (please read guidance note 6)			State any seasonal variations (please read guidance note 4)	
Day	Start	Finish		
Mon	11:00	00:30		
Tue	12:00	00:30		
Wed	12:00	00:30		
Thur	12:00	00:30		Non standard timings. Where you intend to use 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)
Fri	12:00	02:30		
Sat	12:00	03:00		
Sun	12:00	01:30		

M

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)**

Health and Safety training will be provided to staff members

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

CCTV

c) **Public safety**

~~enter~~ *CCTV will be made operational
Adequate access is provided for emergency vehicles*

d) **The prevention of public nuisance**

~~As far as is practical that persons on or
leaving the premises and using adjacent car parks and highways
will be required to conduct themselves in an orderly manner
and do not anyway cause annoyance to residents etc.~~

e) The protection of children from harm

STAFF TO BE VIGILANT AT ALL TIMES
WHERE CHILDREN ARE WATCHED BY CAMERA
CCTV TO BE OPERATING.

CHECKLIST:

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 the responsible authorities and other 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

Date 29th OCTOBER 2013

Capacity PROPRIETOR

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)	

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, if you wish people to be able to purchase alcohol to consume away from the premises please tick off. 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, 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, both applicants or their respective agents must sign the application form.
13. This is the address which we shall use to correspond with you about this application.

OCTOBER 2012

Alexandria Farrell

From: Kiosk CDC001 [Bodicote_linkpay@cherwell-dc.gov.uk]
Sent: 31 October 2013 15:36
To: Licensing
Subject: Kiosk CDC001 Fund 11 "Premises Licence"

(Automatically generated email from SCAN COIN Kiosk)

Details of transaction on Kiosk CDC001 dated 31/10/2013 15:36:03:

Fund: 11 "Premises Licence"
Ref: 37224/10903/GLI008
Name: AHMED
House: 24
Address 1:
Postcode: OX164QJ
Paid (cash): £190.00
Premises Address 1: BANBURY FRIED CHICKEN
Premises Address 2: 24 MIDDLETON ROAD
Premises Postcode: OX16 4QJ

