

**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/W Asim Sen
e

(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 5 Church Street, Romsey			
Post town	Southampton	Post code	SO51 8BP
Telephone number at premises (if any)	07710507975		
Non-ordnance survey map reference, or value of premises	f		

Part 2 - Applicant Details

Please state whether you are applying for a premises licence as
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)

<input checked="" type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	Other Title (for example, Rev)	
Surname Sen			First names Asim		
I am 18 years old or over <input checked="" type="checkbox"/> Please tick yes					
Current postal address if different from premises address		5 Church Street, Romsey			
Post Town	Southampton		Postcode	SO51 8BP	
Daytime contact telephone number			07710507975		
E-mail address (optional)					

SECOND INDIVIDUAL APPLICANT (if applicable)

<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	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

Day
Month
Year

When do you want the premises licence to start?

9th November 2005

Day
Month
Year

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

Please give a general description of the premises (please read guidance note 1)
Take Away situated on the ground floor in a predominantly commercial area.

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

L

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"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 3)		
Mon	23.00	24.00			
Tue	23.00	24.00	State any seasonal variations for the provision of late night refreshment (please read guidance note 4) To include any Bank and Public Holidays.		
Wed	23.00	24.00			
Thur	23.00	24.00			
Fri	23.00	24.00	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 (please read guidance note 5)		
Sat	23.00	24.00			
Sun	23.00	24.00			

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> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Day</th> <th style="width: 15%;">Start</th> <th style="width: 15%;">Finish</th> </tr> </thead> <tbody> <tr> <td>Mon</td> <td>12.00</td> <td>24.00</td> </tr> <tr> <td>Tue</td> <td>12.00</td> <td>24.00</td> </tr> <tr> <td>Wed</td> <td>12.00</td> <td>24.00</td> </tr> <tr> <td>Thur</td> <td>12.00</td> <td>24.00</td> </tr> <tr> <td>Fri</td> <td>12.00</td> <td>24.00</td> </tr> <tr> <td>Sat</td> <td>12.00</td> <td>24.00</td> </tr> <tr> <td>Sun</td> <td>12.00</td> <td>24.00</td> </tr> </tbody> </table>	Day	Start	Finish	Mon	12.00	24.00	Tue	12.00	24.00	Wed	12.00	24.00	Thur	12.00	24.00	Fri	12.00	24.00	Sat	12.00	24.00	Sun	12.00	24.00	<p>State any seasonal variations (please read guidance note 4)</p> <div style="border: 1px solid black; height: 100px; margin-top: 10px;"></div> <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>
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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)

Business Management and staff are informed of the Licensing Act 2003 objective and statutory requirement to comply with all relevant provisions of the Act. No new steps have been identified by risk assessment in relation to the four licensing objectives. The applicant has considered the terms of the local licensing policy in preparing this application.

b) The prevention of crime and disorder

No new steps have been identified by risk assessment in relation to this objective. The staff are fully aware of the conduct expected of customers etc

c) Public safety

The premises comply with Health and Safety and Fire Precaution Regulations. Following risk assessment, preventative and controlled measures are in place to ensure the safety of staff and customers.

d) The prevention of public nuisance

No new steps have been identified by risk assessment in relation to this objective.

e) The protection of children from harm

No new steps have been identified by risk assessment in relation to this objective.

Please tick yes

I have made or enclosed payment of the fee

I have enclosed the plan of the premises

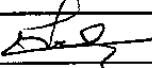
I have sent copies of this application and the plan to responsible authorities and others where applicable

- 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	
Date	11. 11. 05.
Capacity	

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)			
Mr N Hannides, Hannides and Co 43-45 Shirley High Street, Shirley			
Post town	Southampton	Post code	SO15 3UN
Telephone number (if any)	02380786770		
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.