



SURREY HEATH BOROUGH COUNCIL

Application for a premises licence to be granted under the
Licensing Act 2003

RECEIVED AT S.H.B.C.
27 MAY 2014
POST ROOM

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 your records.

I/~~we~~ BHAVNABEN PATEL apply for a premises licence under schedule 17 of the
[insert name of applicant]
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>HILLVIEW MEWS</u> <u>2, CHERTSEY ROAD</u>		SURREY HEATH BOROUGH COUNCIL 27 MAY 2014 BOROUGH SECRETARY - LICENSING
Post town <u>WINDLESHAM</u>	Post code <u>GU20 6ET</u>	

Telephone number of premises (if any)	<u>01276 471 551</u>
Non-domestic rateable value of premises	<u>£ 9600/-</u>

Part A2 – Applicant Details

Please state the capacity in which you are applying to convert your existing licence
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 of the Care Standards Act 2000 (c14) in respect of an independent hospital please complete section (B)
- h) the chief officer 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 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 previous address					
Post Town		Postcode			
Daytime contact telephone number					
E-mail address (optional)					

SECOND INDIVIDUAL APPLICANTS (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 previous 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	MRS BHAVNABEN. JAYESHKUMAR PATEL
Address	2a CHERTSEY ROAD (BHAYNA AND JAY LTD) WINDLESHAM SURREY GU20 6ET
Registered number (where applicable)	07911139
Description of applicant (for example, partnership, company, unincorporated association etc)	LIMITED COMPANY (BHAYNA AND JAY LTD)
Telephone number (if any)	07792336728
E-mail address (optional)	nice_jay@hotmail.co.uk

Part 3 Operating Schedule

	Month	Year	Day
When to you want the premises licence to start?	01/07/2014		TUESDAY

	Month	Year	Day
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)

HILLVIEW NEWS, LOCATED @ CHERTSEY ROAD & UPDOWN HILL JUNCTION
IN WINDLESHAM, SHOP SELUNG AT THE MOMENT, NEWS, MAGAZINE
DRINKS & GROCERY, SHOP AREA IS 35' X 15' WITH FRONT AND
BACK ENTRANCE INCLUDE PRIVATE CAR PARK,

WE GOING TO PUT ALCOHALL BEHIND THE COUNTER LIKE
SPIRT, & OTHER HIGH VOLUMES, AND BEER AND OTHER
LOW VOLUME WE DISPLAY NEAR COUNTER RIGHTSIDE WALL
MORE DETAILS OF PREMISES ATTACH MAP

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)

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)
- 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

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	
Day	Start	Finish		Outdoors	
Mon			<u>Please give further details here</u> (please read guidance note 3)	Both	
Tue					
Wed			<u>State any seasonal variations for performing plays</u> (please read guidance note 4)		
Thur					
Fri			<u>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</u> (please read guidance note 5)		
Sat					
Sun					

B

Films Standard days and timings (please read guidance note 6)			Will the exhibition of films take place indoors or outdoors or both – please tick (✓) (please read guidance note 2).	Indoors	
Day	Start	Finish		Outdoors	
Mon			<u>Please give further details here</u> (please read guidance note 3)	Both	
Tue					
Wed			<u>State any seasonal variations for the exhibition of films</u> (please read guidance note 4)		
Thur					
Fri			<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)		
Sat					
Sun					

C

Indoor sporting events Standard days and timings (please read guidance note 6)			<u>Please give further details here</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 entertainment 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	
Day	Start	Finish		Outdoors	
Mon			Both		<u>Please give further details here</u> (please read guidance note 3)
Tue					
Wed					<u>State any seasonal variations for boxing or wrestling entertainment</u> (please read guidance note 4)
Thur					
Fri					<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)
Sat					
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	
Day	Start	Finish		Outdoors	
Mon			Please give further details here (please read guidance note 3)	Both	
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 indoors or outdoors or both – please tick (✓) (please read guidance note 2).	Indoors	
Day	Start	Finish		Outdoors	
Mon			Please give further details here (please read guidance note 3)	Both	
Tue					
Wed			State any seasonal variations for playing 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 entertainment at different times to those listed in the column on the left, please list (please read guidance note 5)		
Sat					
Sun					

G

Performance 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
					Outdoors
Day	Start	Finish	Both		
Mon			<u>Please give further details here</u> (please read guidance note 3)		
Tue					
Wed			<u>State any seasonal variations for performance of dance</u> (please read guidance note 4)		
Thur					
Fri			<u>Non standard timings. Where you intend to use the premises for the performance of dance entertainment at different times to those listed in the column on the left, please list</u> (please read guidance note 5)		
Sat					
Sun					

H

Anything of similar description to that falling within (e), (f) or (g) Standard days and timings (please read guidance note 6)			Please give a description of the type of entertainment you will be providing		
Day	Start	Finish	Will this entertainment take place indoors or outdoors or both – please tick (✓) (please read guidance note 2).	Indoors	
				Outdoors	
Mon				Both	
Tue			Please give further details here (please read guidance note 3)		
Wed					
Thur			State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g) (please read guidance note 4)		
Fri					
Sat			Non standard timings. Where you intend to use the premises for the entertainment of similar description to that falling within (e), (f) or (g) at different times to those listed in the column on the left, (please read guidance note 5)		
Sun					

I

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

J

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 (✓) (please read guidance note 2).		Indoors	
					Outdoors	
					Both	
Day	Start	Finish	Please give a description of the facilities for dancing you will be providing			
Mon			Please give further details here (please read guidance note 3)			
Tue						
Wed						
Thur						
Fri						
Sat						
Sun						
			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 (please read guidance note 5)			

K

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)			Please give a description of the type of entertainment facility you will be providing					
			Will the entertainment facility be indoors or outdoors or both – please tick (✓) (please read guidance note 2).	Indoors				
				Outdoors				
				Both				
Day	Start	Finish	Please give further details here (please read guidance note 3)					
Mon								
Tue								
Wed						State any seasonal variations for the provision of facilities for entertainment of a similar description to that falling within I or J (please read guidance note 4)		
Thur								
Fri						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 (please read guidance note 5)		
Sat								
Sun								

L

Late night refreshment Standard days and timings (please read guidance note 6)			Will the performance of late night refreshment take place indoors or outdoors or both – please tick (✓) (please read guidance note 2).					
			Will the performance of late night refreshment take place indoors or outdoors or both – please tick (✓) (please read guidance note 2).	Indoors				
				Outdoors				
				Both				
Day	Start	Finish	Please give further details here (please read guidance note 3)					
Mon								
Tue								
Wed						State any seasonal variations for the provision of late night refreshment (please read guidance note 4)		
Thur								
Fri						Non standard timings. Where you intend to use the premises for the provision of late night entertainment at different times to those listed in the column on the left, please list (please read guidance note 5)		
Sat								
Sun								

M

Supply of alcohol Standard days and timings (please read guidance note 6)			Will the supply of alcohol be for consumption please tick (✓) (please read guidance note 7).	On the premises		
Day	Start	Finish		Off the premises	<input checked="" type="checkbox"/>	
MON	0800	2000	State any seasonal variations for the supply of alcohol (please read guidance note 4)	Both		
Tue	0800	2000				
	—	—				
Wed	0800	2000				
	—	—				
Thur	0800	2000		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)		
	—	—				
Fri	0800	2000				
	—	—				
Sat	0800	2000				
Sun	0800	2000				
	—	—				

State the name and details of the individual whom you wish to specify on the licence as premises supervisor

Name	MRS BHAVNABEN JAYESHKUMAR PATEL
Address	2a CHERTSEY ROAD WINDLESHAM SURREY
Postcode	GU20 6ET
Personal Licence number (if known)	LN 20122598
Issuing licensing authority (if known)	BOROUGH OF MERTON

N

Please highlight any adult entertainment or services, or 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)

WE APPLY FOR SELL ALCOHALL IM SHOP.. SO THERE IS NO OTHER ACTIVITY TAKE PLACE

O

Hours premises are open to the public Standard days and timings (please read guidance note 6)			State any seasonal variation (please read guidance note 4)
Day	Start	Finish	
MON	0600	2000	
Tue	0600	2000	
Wed	0600	2000	
Thur	0600	2000	
Fri	0600	2000	
Sat	0600	2000	
Sun	0600	2000	

Non standard timings. Where you intend to use the premises to be open to the public at different times to those listed in the column on the left, please list (please read guidance note 5)

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)

NO BINGE DRINK PROMOTIONS WILL TAKE PLACE
ANY PERSON WHO APPEARS TO BE DRUNK / AGGRESSIVE WILL NOT BE PERMITTED ON THE PREMISES.
NOTICES TO BE PLACED IN PROMINENT POSITION TO ASK PATRONS TO LEAVE THE PREMISES QUIETLY,
A SUITABLE EVACUATION PLAN IN CASE OF EMERGENCY
USE OF CLOSE CIRCUIT TELEVISION

b) The prevention of crime and disorder

NO BINGE DRINK PROMOTIONS WILL TAKE PLACE
ANY PERSON WHO APPEARS TO BE DRUNK / AGGRESSIVE WILL NOT BE PERMITTED ON THE PREMISES
REGISTRATION WITH CRIME PREVENTION INITIATIVES RUN BY THE POLICE
USE OF CLOSE CIRCUIT TELEVISION
QUALITY OF SURVEILLANCE OF PREMISES
NO LATE NIGHT OPENING

c) Public safety

STAFF WILL BE FULLY AWARE OF LICENSING LAWS
I WILL FULLY SUPPORT ANY DIRECTION RECEIVED FROM THE AUTHORITIES
MAINTENANCE OF FULL RISK ASSESSMENT APPROPRIATE FOR PROPOSED PREMISES OPERATION
FULLY CCTV OPERATED DURING OPENING HOURS

d) The prevention of public nuisance

MEASURE TAKEN OR PROPOSED TO BE TAKEN TO PREVENT UNREASONABLE DISTURBANCES BY CUSTOMERS AND STAFF ARRIVING OR DEPARTING FROM THE PREMISE AND DELIVERY OF GOODS AND SERVICES
MEASURE TAKEN TO IT DOES NOT STAY OUTSIDE THE BOUNDARY OF THE PREMISES SO AS TO GIVE RISE TO PROBLEMS OF LOCAL RESIDENT AND OTHER BUSINESS.
NO LATE NIGHT OPENING, AS SHOP WILL BE CLOSED EVERYDAY 2000 PM

e) The protection of children from harm

THE PURCHASE, ACQUISITION AND CONSUMPTION OF ALCOHOL
LIKELY EXPOSURE TO DRUGS, DRUGS, DRUG-TAKING OR DRUG DEALING
EXPOSURE TO GAMBLING
EXPOSURE TO INCIDENTS OF VIOLENCE AND DISORDER
EXPOSURE TO ENVIRONMENTAL POLLUTION SUCH AS THE EFFECTS OF PASSIVE SMOKING AND EXCESSIVE NOISE

SALE OF CIGARETTES UNDER 18'S

NO ALCOHOL UNDER 18'S

ID REQUIRED TO PROVE AGE

SPRIT WILL BE SOLD BEHIND COUNTER

- BEER & WINE WILL BE DISPLAYED NEAR THE COUNTER


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	20/05/2014
Capacity	MANAGING DIRECTOR

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)			