

PAID £190 - REC. 19/000666.

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Cheshire East
Council

28th DAY29th JULY 2013

APPENDIX - 1

RECEIVED

- 1 JUL 2013

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

EMAIL RESP. AUTH ✓
WEB TEAM ✓

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 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 FAISAL SHAFFIQUE (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

46 CREWE RD
ALSAGER

Post town ALSAGER

Post code ST7 2ET

Telephone number at premises (if any)

01270 877999

Non domestic rateable value of premises

£ 5,900

Part 2 – Applicant Details

Please state whether you are applying for a Premises Licence as:

- a) an individual or individuals*
- b) a person other than an individual*
- i. as a limited company
- ii. as a partnership
- iii. as an unincorporated association or

Please tick ✓

☒

please complete section (A)

☐

please complete section (B)

☐

please complete section (B)

☐

please complete section (B)

- iv. Other (for example a statutory corporation)
- c) a recognised club
- d) a charity
- e) The proprietor of an educational establishment
- f) A health service body
- g) A person who is registered under Part 2 of the Care Standards Act 2000 (c14) in respect of an independent hospital
- h) The chief officer of police of a police force in England and Wales
- ☐ please complete section (B)
- ☐ please complete section (B)
- ☐ please complete section (B)
- ☐ please complete section (B)
- ☐ please complete section (B)
- ☐ please complete section (B)
- ☐ please complete section (B)

Please tick ✓

*If you are applying as a person described in (a) or (b) please confirm:

- 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 ☒ Mrs ☐ Miss ☐ Ms ☐ Other title (for example, Rev) ☐

Surname First names

SHAFIQUE FAISAL

Please tick ✓

I am 18 years old or over

☒

Current postal address if different from premises address

Post Town

Postcode

Daytime contact telephone number

Email address (optional)

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) <input type="checkbox"/> |
| Surname | | First names | | |
| <input type="text"/> | | <input type="text"/> | | |

Please tick ☒I am 18 years old or over ☐Current postal address
if different from
premises address

Post Town

Postcode

Daytime contact telephone number

Email address (optional)

(B) OTHER APPLICANTS

Please provide name and registered address of applicant in full. Where appropriate please give any registered number. In 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 |
|-----|-------|------|
| 2 | 8 | 06 |
| 2 | 0 | 13 |

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

| Day | Month | Year |
|-----|-------|------|
| | | |
| | | |

If 5000 or more people are expected to attend the premises at any one time, please state the number expected to attend

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

THE BUSINESS IS A FAST FOOD TAKEAWAY
SELLING HOT FOOD, PIZZA, BURGERS, CURRIES
NO AMPLIFIED MUSIC WILL BE PLAYED.

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)

Provision of regulated entertainment

Please tick ✓

- | | | |
|----|--|--------------------------|
| a) | plays (if ticking yes, fill in box A) | <input type="checkbox"/> |
| b) | films (if ticking yes, fill in box B) | <input type="checkbox"/> |
| c) | indoor sporting events (if ticking yes, fill in box C) | <input type="checkbox"/> |
| d) | boxing or wrestling entertainment (if ticking yes, fill in box D) | <input type="checkbox"/> |
| e) | live music (if ticking yes, fill in box E) | <input type="checkbox"/> |
| f) | recorded music (if ticking yes, fill in box F) | <input type="checkbox"/> |
| g) | performance of dance (if ticking yes, fill in box G) | <input type="checkbox"/> |
| h) | anything of a similar description to that falling within (e), (f) or (g) (if ticking yes, fill in box H) | <input type="checkbox"/> |

Provision of entertainment facilities:

- | | | |
|----|--|--------------------------|
| i) | making music (if ticking yes, fill in box I) | <input type="checkbox"/> |
| j) | dancing (if ticking yes, fill in box J) | <input type="checkbox"/> |
| k) | entertainment of a similar description to that falling within (i) or (j) (if ticking yes, fill in box K) | <input type="checkbox"/> |

Provision of late night refreshment (if ticking yes, fill in box L)

☒

Sale by retail 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 | |
| | | | | Outdoors | |
| Day | Start | Finish | Both | | |
| Mon | | | Please give further details here (please read guidance note 3) | | |
| | | | | | |
| Tue | | | | | |
| | | | | | |
| Wed | | | State any seasonal variations for performing plays (please read guidance note 4) | | |
| | | | | | |
| Thur | | | | | |
| | | | | | |
| 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 | | | | | |
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B

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|--|-------|--------|--|----------|--|
| Films Standard days and timings (please read guidance note 6) | | | Will the exhibition of a films take place indoors or outdoors or both – please tick (✓) (please read guidance note 2) | Indoors | |
| | | | | Outdoors | |
| Day | Start | Finish | Both | | |
| Mon | | | Please give further details here (please read guidance note 3) | | |
| | | | | | |
| Tue | | | | | |
| | | | | | |
| Wed | | | State any seasonal variations for the exhibition of films (please read guidance note 4) | | |
| | | | | | |
| Thur | | | | | |
| | | | | | |
| Fri | | | 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 (please read guidance note 5) | | |
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| Sat | | | | | |
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| Sun | | | | | |
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C

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|---|-------|--------|---|
| Indoor sporting events Standard days and timings (please read guidance note 6) | | | Please give further details (please read guidance note 3) |
| Day | Start | Finish | |
| Mon | | | |
| | | | |
| Tue | | | State any seasonal variations for indoor sporting events (please read guidance note 4) |
| | | | |
| Wed | | | |
| | | | |
| Thur | | | 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. (please read guidance note 5) |
| | | | |
| Fri | | | |
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| Sat | | | |
| | | | |
| Sun | | | |
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D

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|--|-------|--------|---|--|----------|--|
| 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 | |
| | | | | | Outdoors | |
| | | | | | Both | |
| Day | Start | Finish | | | | |
| Mon | | | Please give further details here (please read guidance note 3) | | | |
| | | | | | | |
| Tue | | | State any seasonal variations for the boxing or wrestling entertainment (please read guidance note 4) | | | |
| | | | | | | |
| Wed | | | 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) | | | |
| | | | | | | |
| Thur | | | | | | |
| | | | | | | |
| Fri | | | | | | |
| | | | | | | |
| Sat | | | | | | |
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| Sun | | | | | | |
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E

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|---|-------|--------|---|----------|--|
| 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 | |
| | | | | Outdoors | |
| Day | Start | Finish | Both | | |
| Mon | | | Please give further details here (please read guidance note 3) | | |
| 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 | | | | | |
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F

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|---|-------|--------|---|----------|--|
| 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 | |
| | | | | Outdoors | |
| Day | Start | Finish | Both | | |
| Mon | | | Please give further details here (please read guidance note 3) | | |
| 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 | | | | | |
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G

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|---|-------|--------|---|--|----------|--|
| 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 | |
| | | | | | Both | |
| Day | Start | Finish | Please give further details here (please read guidance note 3) | | | |
| Mon | | | | | | |
| 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 | | | | | | |

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|---|-------|--------|---|--|----------|--|
| Anything of a 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 | | | |
| | | | Will this entertainment 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 entertainment of a similar description to that falling within (e), (f) or (g) (please read guidance note 4) | | | |
| | | | | | | |
| Thur | | | | | | |
| Fri | | | Non standard timings. Where you intend to use the premises for the entertainment of a similar description to that falling within (e), (f) or (g) at different times to those listed in the column on the left, please list. (please read guidance note 5) | | | |
| | | | | | | |
| Sat | | | | | | |
| Sun | | | | | | |

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|--|-------|--------|--|----------|--|
| Provision of facilities for making music Standard day 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 | | | State any seasonal variations for the provision of facilities for making music (please read guidance note 4) | | |
| Fri | | | | | |
| Sat | | | | | |
| Sun | | | | | |
| | | | Non standard timings. Where you intend to use the premises for the provision of facilities for making music at different times to those listed in the column on the left, please list. (please read guidance note 5) | | |
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|--|--|--|---|--|----------|-------|
| Provision of facilities for dancing Standard days & 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 |
| Mon | | | | | | |
| Tue | | | | | | |
| Wed | | | | | | |
| Thur | | | State any seasonal variations for providing dancing facilities (please read guidance note 4) | | | |
| Fri | | | | | | |
| Sat | | | | | | |
| Sun | | | | | | |
| | | | Non standard timings. Where you intend to use the premises for the provision of facilities for dancing at different times to those listed in the column on the left, please list. (please read guidance note 5) | | | |
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|--|-------|--------|--|----------|--|
| 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 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 | | | | | |
| Thur | | | State any seasonal variations for the provisions of facilities for entertainment of a similar description to that falling within (i) or (j) (please read guidance note 4) | | |
| Fri | | | | | |
| Sat | | | | | |
| Sun | | | | | |
| | | | 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) | | |
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L

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|--|-------|-------------------|---|--|----------|-------|
| 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 | ✓ |
| | | | | | Outdoors | |
| | | | | | Both | |
| | | | | | Day | Start |
| Mon | 23:00 | 12:00 MIDNIGHT | | | | |
| Tue | 23:00 | 12:00 MIDNIGHT | | | | |
| Wed | 23:00 | 12:00 MIDNIGHT | | | | |
| Thur | 23:00 | 12:00 MIDNIGHT | State any seasonal variations for the provision of late night refreshment (please read guidance note 4) | | | |
| Fri | 23:00 | 02:00 | | | | |
| Sat | 23:00 | 02:00 | | | | |
| Sun | 23:00 | 02:00 | | | | |
| | | | 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) | | | |
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M

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|--|-------|--------|---|--|
| Sale of alcohol Standard days and timings (please read guidance note 6) | | | Will the sale of alcohol be for consumption on or off the premises or both – please tick (✓) (please read guidance note 7) | On the premises <input type="checkbox"/> |
| | | | | Off the premises <input type="checkbox"/> |
| | | | | Both <input type="checkbox"/> |
| Day | Start | Finish | State any seasonal variations for the sale of alcohol (please read guidance note 4) | |
| Mon | | | | |
| | | | | |
| Tue | | | | |
| | | | | |
| Wed | | | | |
| | | | | |
| Thur | | | | |
| | | | | |
| Fri | | | | |
| | | | Non standard timings. Where you intend to use the premises for the sale of alcohol at different times to those listed in the column on the left, please list. (please read guidance note 5) | |
| Sat | | | | |
| | | | | |
| Sun | | | | |
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|---|
| 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) |

N

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

| 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 | 03.30 15.30pm | 12.00am | Non standard timings. Where you intend to open 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) |
| Tue | 15.30pm | 12.00am | |
| Wed | 15.30pm | 12.00am | |
| Thur | 15.30pm | 12.00am | |
| Fri | 15.30pm | 02.00am | |
| Sat | 15.30pm | 02.00am | |
| Sun | 15.30pm | 02.00am | |

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)

PREVENTING CRIME and DISORDER.
PUBLIC SAFETY.
PREVENTING PUBLIC NUISANCE
PROTECTING CHILDREN FROM HARM.

b) The prevention of crime and disorder

We have installed a state of the ART CCTV SYSTEM which can be viewed anywhere in the world over the internet. Recordings are kept for 30 DAYS.
Our main GLASS WINDOWS ARE TOUGHENED GLASS.
Our Premises are alarmed with a Security System.

c) Public safety

Our CUSTOMERS WILL STANDING/waiting in the customer area which is marked out in the PLAN.
Our STAFF IS TRAINED to deal with FIRE emergencies and will inform the customers to exit building via FIRE exit.

d) The prevention of public nuisance

We will not be playing any music on TV.
The only noise that will be coming from our premises will be from the extraction FANS which are located at the back of the premises. These FANS are fitted with and encased within silencing houses/boxes.
We will display signs asking our customers to leave quietly/ORDERLY

e) The protection of children from harm

We will request children under age of 12 to be accompanied by an adult. We do not sell Alcohol.
We will make sure children place their orders correctly and understand how much they are paying.

Please tick ✓

- I have made or enclosed payment of the fee
- I have enclosed a 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 proposed 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 27/06/2013

Capacity OWNER/OCCUPIER

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 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) | |
| | |

PLAN OF THE HOTSPOT "L6 CREWE RD" ALSAGER.

