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 IJAAZ JABOX	
(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 1 of the Licensing Act 2003	2
Part 1 – Premises details	
Postal address of premises or, if none, ordnance survey map reference or description 71 DERBY ROAD	

Post town	MELBOURNE	 Postcode	DE73 8FE

Telephone number at premises (if	
any)	
Non-domestic rateable value of	
premises	

Part 2 - Applicant details

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

Please tick as

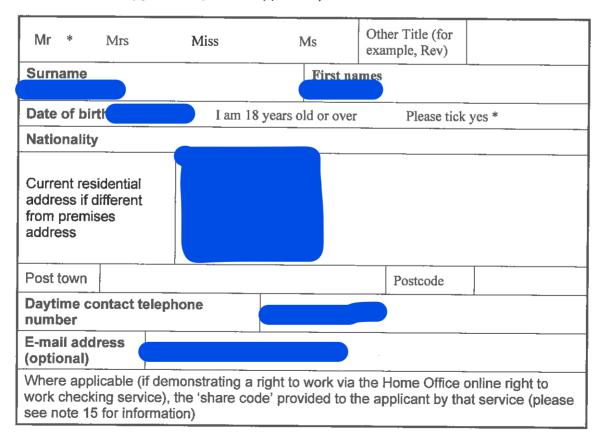
a)	an	individual or individuals *	*	please complete section (A)
b)	ap	person other than an individual *	_	
	ì	as a limited company/limited liability partnership		please complete section (B)
	ii	as a partnership (other than limited liability)		please complete section (B)
	iii	as an unincorporated association 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 (by ticking yes to one box below):

- 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)



								
Second in	ıdividua	l applica	nt (if ap	plicable	;)			
Mr	Mrs	Mis	ss	١	Ms		ther Title (for ample, Rev)	
Surname					First na			
Date of bird	th		1	am 18	years old	d or	Ple	ase tick yes
Nationality	<u></u>							
Current resi address if d from premis address	different							
Post town							Postcode	
Daytime co	ntact te	lephone				_		
E-mail add (optional)	ress							
Where appli	ing servic	ce), the 'sl	ating a r	ight to v	work via tided to the	the H	Home Office o	online right to at service: (please
appropriate	vide nam e please	ne and re	register	red nun	mber. In	the	ant in full. W	artnership or
other joint address of	venture ((other that	an a bod	ly corp	orate), p	leas	se give the na	ame and
Name								
Address					-			

Re	gistered number (where applicable)	
De etc	scription of applicant (for example, partnership, company, unincor .)	porated association
Tel	ephone number (if any)	
E-r	nail address (optional)	
Pa	t 3 Operating Schedule	
Wh	en do you want the premises licence to start? DD 2 1	MM YYYY 0 6 2 0 2 4
	ou wish the licence to be valid only for a limited period, en do you want it to end?	MM YYYY
A V FIR	HREE STOREY DETACHED BUILDIN, SET BACK FROM THE S MPROMISING GROUND FLOOR, FIRST FLOOR AND SECOND VELL LAID OUT SEATING AREA AT THE FRONT AND REAR TE ST FLOOR WILL BE DEDICATED TO FINE DINING RESTAURA RVING ALCOHOL.	FLOOR. THERE IS ERRACE. THE
	000 or more people are expected to attend the premises at one time, please state the number expected to attend.	
	at licensable activities do you intend to carry on from the premises	
(ple	ase see sections 1 and 14 and Schedules 1 and 2 to the Licensin	g Act 2003)
Pro	vision of regulated entertainment (please read guidance note 2)	Please tick all 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 7)		read	Will the performance of a play take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors	
guida	nce note	7)		Outdoors	
Day	Start	Finish		Both	
Mon			Please give further details here (please read 4)	guidance note	9
Tue					
Wed			State any seasonal variations for performin read guidance note 5)	g plays (pleas	e
Thur					
Fri			Non standard timings. Where you intend to premises for the performance of plays at diffuse listed in the column on the left, please	fferent times t	<u>:o</u>
Sat			read guidance note 6)		
Sun					

Films Standard days and timings (please read		read	Will the exhibition of films take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors
guida	nce note	7)		Outdoors
Day	Start	Finish		Both
Mon			Please give further details here (please read 4)	guidance note
Tue				
Wed			State any seasonal variations for the exhibit (please read guidance note 5)	tion of films
Thur				
Fri			Non standard timings. Where you intend to premises for the exhibition of films at different those listed in the column on the left, please	ent times to
Sat			read guidance note 6)	·
Sun				

Indoor sporting events Standard days and timings (please read guidance note 7)		and read	Please give further details (please read guidance note 4)
Day	Start	Finish	
Mon			
Tue			State any seasonal variations for indoor sporting events (please read guidance note 5)
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
Fri			read guidance note 6)
Sat	,		
Sun			

D

Boxing or wrestling entertainments Standard days and timings (please read		s and	Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors
	s (please			Outdoors
Day	Start	Finish		Both
Mon			Please give further details here (please read 4)	guidance note
Tue				
Wed	-		State any seasonal variations for boxing or wrestling entertainment (please read guidance note 5)	
Thur				
Fri			Non standard timings. Where you intend to premises for boxing or wrestling entertainm times to those listed in the column on the le	ent at different
Sat			(please read guidance note 6)	
Sun				

Live music Standard days and timings (please read		read	Will the performance of live music take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors	
guidai	nce note	7)	, in the second	Outdoors	
Day	Start	Finish		Both	
Mon			Please give further details here (please read 4)	guidance note	
Tue		~~			
Wed			State any seasonal variations for the performance of live music (please read guidance note 5)		
Thur					
Fri			Non standard timings. Where you intend to premises for the performance of live music times to those listed in the column on the le	at different	
Sat			(please read guidance note 6)		
Sun					

Recorded music Standard days and timings (please read		and	Will the playing of recorded music take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors
guida	nce note	7)		Outdoors
Day	Start	Finish		Both
Mon			Please give further details here (please read 4)	guidance note
Tue				
Wed			State any seasonal variations for the playing of recorded music (please read guidance note 5)	
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 6)	
Sat				
Sun				

Performances of dance Standard days and timings (please read		and	Will the performance of dance take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors	
	s (please			Outdoors	
Day	Start	Finish		Both	
Mon			Please give further details here (please read 4)	guidance not	е
Tue					
Wed			State any seasonal variations for the performance of dance (please read guidance note 5)		
Thur					:
Fri			Non standard timings. Where you intend to premises for the performance of dance at dithose listed in the column on the left, please	ifferent times	to
Sat			read guidance note 6)		
Sun					

Anything of a similar description to that falling within (e), (f) or (g) Standard days and timings (please read guidance note 7)		that (e), (f) and read	Please give a description of the type of entertable providing	ainment you w	rill
Day	Start	Finish	Will this entertainment take place indoors	Indoors	
Mon			or outdoors or both – please tick (please read guidance note 3)	Outdoors	
				Both	
Tue	}		Please give further details here (please read 4)	guidance no	te
Wed					
Thur			State any seasonal variations for entertainn description to that falling within (e), (f) or (guidance note 5)	nent of a sim (please rea	<u>ilar</u> d
Fri					
Sat			Non standard timings. Where you intend to premises for the entertainment of a similar that falling within (e), (f) or (g) at different till listed in the column on the left, please list (guidance note 6)	description to mes to those	
Sun					

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Late night refreshment Standard days and		and	Will the provision of late night refreshment take place indoors or outdoors or both – please tick (please	Indoors	V
timing	s (please nce note	read	read guidance note 3)	Outdoors	
Day	Start	Finish		Both	
Mon	23:00	23:30	Please give further details here (please read 4) REFRESHMENTS FROM THE RESTAURANT	Γ WILL BE	te
Tue	23:00	23:30	SERVED IN THE RESTAURANT DURING RE OPENING HOURS BETWEEN 17:30HRS TO		
Wed	23:00	23:30	State any seasonal variations for the provision of late night refreshment (please read guidance note 5) NO SEASONAL VARIATIONS		<u>ght</u>
Thur	23:00	23:30			
Fri	23:00	23:30	Non standard timings. Where you intend to premises for the provision of late night refredifferent times, to those listed in the column	eshment at	
Sat	23:00	23:30	please list (please read guidance note 6) NEW YEARS EVE OPENING BETWEEN 23:00HRS TO 01.:30HRS		
Sun	23:00	23:00			

J

Supply of alcohol Standard days and timings (please read		and	Will the supply of alcohol be for consumption – please tick (please read quidance note 8)	On the premises	*
	nce note		FIRST FLOOR ONLY	Off the premises	
Day	Start	Finish		Both	
Mon	12PM	1AM	State any seasonal variations for the supplemental (please read guidance note 5) NO SEASONAL VARIATIONS	y of alcohol	
Tue	12PM	1AM			
Wed	12PM	1AM	-		
Thur	12PM	1AM	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		
Fri	12PM	1AM	read guidance note 6) NEW YEARS EVE OPENING HOURS BETWE TO 01:30HRS		
Sat	12PM	1AM			
Sun	12PM	11PM			

State the name and details of the individual whom you wish to specify on the licence as designated premises supervisor (Please see declaration about the entitlement to work in the checklist at the end of the form):

Nam	 	
Date of birth		
Addres		
Besterde	 ·	
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 9).

ABSOLUTELY NO ADULT ENTERTAINMENT, SERVICES AND ACTIVITIES

L

open Stand timing	Hours premises are open to the public Standard days and timings (please read guidance note 7)		State any seasonal variations (please read guidance note 5) NO SEASONAL VARIATIONS
Day	Start	Finish	
Mon	12PM	1AM	
Tue	12PM	1AM	
Wed	12PM	1AM	
Thur	12PM	1AM	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 6)
Fri	12PM	1AM	NEW YEARS EVE OPENING BETWEEN 23:00HRS TO 01:30HRS
Sat	12PM	1AM	
Sun	12PM	11PM	

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 10)

THERE WILL BE SUFFICENT STAFF AT ALL TIMES DURING LICENSABLE HOURS AND ALL STAFF SHALL BE TRAINED REGARDING THE SALE OF ALCOHOL, WILL INCLUDE RESPOSIBILITY IN RELATION TO SALE OF ALCOHOL WITH REGARD TO DRUNKENESS AND UNDERAGE PERSONS. RECORDS WILL BE KEPT OF TRAINING.

b) The prevention of crime and disorder

ANY INCIDENTS OF A CRIMINAL NATURE UNDER PREMISES WILL BE REPORTED TO THE POLICE. CCTV IS INSTALLED AT THE PREMISES AND IS OPERATED AND MAINTAINED IN THE OFFICES AT THE PREMISES. CAMERAS ARE SITUATED AT THE ENTERANCE OF THE RESTAURANT AND ALSO WITHIN THE RESTAURANT FLOOR ENABLING EVERYONE TO BE RECORDED IN AND OUT THE PREMISES. CAMERAS ARE RECORDING 24 HOURS A DAY, DURING OPENING AND CLOSED HOURS SHOWING TIME AND DATE OF RECORDING. THIS CAN BE PLAYED BACK OR REVIEWED ANYTIME AS THIS IS STORED ON A HARD DRIVE. SIGNS ARE DISPLAYED SHOWING CCTV IS RECORDING IF ANY INCIDENTS DO OCCUR. IMAGES AND VIDEOS CAN BE DOWNLOADED TO PEN DRIVES IF REQUIRED.

c) Public safety

FIRE EXTINGUISHERS ARE IN PLACE IN THE RESTAURANT AND KITCHEN AREAS. SMOKE DETECTORS ARE INTER-LINKED WITH GROUND AND SECOND FLOOR IF THERE WAS TO BE A FIRE. EXIT SIGNS ARE ILLUMINATED TO SHOW EXIT DIRECTIONS. EMERGENCY LIGHTING IS IN PLACE IN CASE OF POWER CUTS. ALL EMERGENCY EXITS ARE KEPT FREE FROM OBSTRUCTION.

d) The prevention of public nuisance

STAFF WILL ASK CUSTOMERS TO LEAVE QUIETLY. CLEAR SIGNS AND NOTICES ARE PROMINENTLY DISPLAYED TO DEMAND CUSTOMERS TO LEAVE QUIETLY AND HAVE REGARD TO OUR NEIGHBOURS.

e) The protection of children from harm

THE LICENSEE AND STAFF WILL ASK ANY PERSONS WHO APPEAR TO LOOK UNDERAGED, UNDER THE AGE OF 25 FOR PHOTOGRAPHIC ID SUCH AS PROOF OF AGE CARDS, DIVING LICENCE, PASSPORT OR ANY OTHER OFFICIAL IDENTIFICATION. ALL STAFF WILL BE TRAINED FOR **UNDERAGE SALES PREVENTION** REGULARLY. A REGISTER OF REFUSED SALES SHALL BE KEPT AND MAINTAINED ON THE PREMISES.

Checklist:

Please tick to indicate agreement

		*
8	I have made or enclosed payment of the fee.	
6	I have enclosed the plan of the premises.	*
0	I have sent copies of this application and the plan to responsible authorities and others where applicable.	*
0	I have enclosed the consent form completed by the individual I wish to be designated premises supervisor, if applicable.	*
0	I understand that I must now advertise my application.	*
0	I understand that if I do not comply with the above requirements my application will be rejected.	
	[Applicable to all individual applicants, including those in a partnership which is not a limited liability partnership, but not companies or limited liability partnerships] I have included documents demonstrating my entitlement to work in the United Kingdom or my share code issued by the Home Office online right to work checking service (please read note 15).	*

It is an offence, under Section 158 of the Licensing Act 2003, to make a false statement in or in connection with this application. Those who make a false statement may be liable on summary conviction to a fine of any amount.

It is an offence under Section 24b of the Immigration Act 1971 for a person to work when they know, or have reasonable cause to believe, that they are disqualified from doing so by reason of their immigration status. Those who employ an adult without leave or who is subject to conditions as to employment will be liable to a civil penalty under section 15 of the Immigration, Asylum and Nationality Act 2006 and pursuant to Section 21 of the same act, will be committing an offence where they do so in the knowledge, or with reasonable cause to believe, that the employee is disqualified.

Part 4 – Signatures (please read guidance note 11)

Signature of applicant or applicant's solicitor or other duly authorised agent (see guidance note 12). If signing on behalf of the applicant, please state in what capacity.

	[Applicable to individual applicants only, including those in a	
	partnership which is not a limited liability partnership] I	
	understand I am not entitled to be issued with a licence if I do no	ot
Declaration	have the entitlement to live and work in the UK (or if I am subject	ct
	to a condition preventing me from doing work relating to the	
	carrying on of a licensable activity) and that my licence will	
	become invalid if I cease to be entitled to live and work in the Ul	<u>K</u>

	(please read guidance note 15).
	The DPS named in this application form is entitled to work in the UK (and is not subject to conditions preventing him or her from doing work relating to a licensable activity) and I have seen a copy of his or her proof of entitlement to work, or have conducted an online right to work check using the Home Office online right to work checking service which confirmed their right to work (please see note 15)
Signature	
Date	21/06/2024
Capacity	OWNER
authorised ag	cations, signature of 2 nd applicant or 2 nd applicant's solicitor or other ent (please read guidance note 13). If signing on behalf of the ase state in what capacity.
Signature	
Date	
Capacity	
	(where not previously given) and postal address for correspondence this application (please read guidance note 14)
Post town	Postcode
Telephone nun	ahar l

If you would prefer us to correspond with you by e-mail, your e-mail address (optional)



3) FIRST FLOOR PLAN Scale: 1:50 **®** A1

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