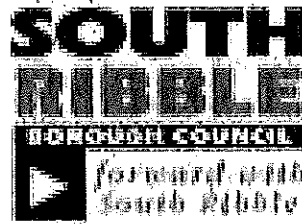


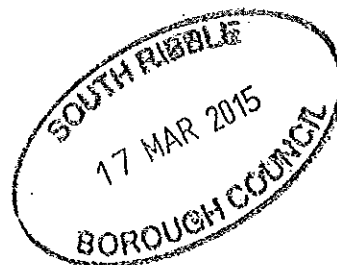
Receipt 17.4.15  
22FS00036045  
£190



## South Ribble Borough Council Licensing Service

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

Civic Centre  
West Paddock  
Leyland  
Lancashire  
PR25 1DH  
Tel: 01772 62 55 80  
Fax: 01772 62 10 32  
Email: [licensing@southribble.gov.uk](mailto:licensing@southribble.gov.uk)  
Website: [www.southribble.gov.uk](http://www.southribble.gov.uk)



# 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 WASEEM WAJID <sup>(insert name(s) of applicant)</sup> 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	
16 CHAPEL BROW LEYLAND MOBILE (07541105981)	
Post town	LEYLAND
Post code	PR25 3NE

Telephone number at premises (if any)

01772 432757

Non-domestic rateable value of premises

£ 50,000

### Part 2 – Applicant details

Please state whether you are applying for a premises licence as

- |   | Please tick ✓ (yes)   |
|---|---|
| a) An individual or individuals*  | <input checked="" type="checkbox"/> Please complete section (A) |
| b) A person other than an individual*   | <input type="checkbox"/> Please complete section (B)            |
| 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)            |
| 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)

- a) I am carrying on or proposing to carry on a business which involves the use of the premises for licensable activities; or ☒
- b) 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 ☐  
(for example, Rev)

Surname

WASID

First Names

WASEEM.

Please tick ✓ Yes

I am 18 years old or over

☒

Current postal address if different from premises address

52 SHEARBRW.

Post Town

Blackburn

Postcode

BB1 8EA

Daytime contact telephone number

07541105981

E-mail address (optional)

MIZWAS@hotmail.co.uk

MIZWAS@hotmail.co.uk.

This section is intentionally blank

**SECOND INDIVIDUAL APPLICANT (IF APPLICABLE)**

Mr

☐

Mrs

☐

Miss

☐

Ms

☐

Other

☐

(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)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 case of a partnership or other joint nature (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	0	3	2	0	1

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)

Take away Fast 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)

**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)

Please tick ✓  
(yes)

- ☐
- ☐
- ☐
- ☐
- ☐
- ☐
- ☐
- ☐

**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)

☒

**Sale by retail of alcohol** (if ticking yes, fill in box M)

☐

In all cases complete boxes N, O and P

**A**

<b>Plays</b> Standard days & timings (Please read guidance note 6)			<b>Will the performance of a play take place indoors or outdoors or both – please tick [✓]</b> (Please read guidance note 2).		Indoors	
					Outdoors	
					Both	
Day	Start	Finish	<b>Please give further details here</b> (please read guidance note 3).			
Mon						
Tue						
Wed			<b>State any seasonal variations for performing plays</b> (please read guidance note 4)			
Thurs						
Fri			<b>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</b> (please read guidance note 5)			
Sat						
Sun						

## B

<b>Films</b> Standard days & 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	
				Outdoors	
				Both	
Day	Start	Finish	<b>Please give further details here</b> (please read guidance note 3)		
Mon					
Tue					
			<b>State any seasonal variations for the exhibition of films</b> (please read guidance note 4)		
Wed					
Thurs					
			<b>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</b> (please read guidance note 5)		
Fri					
Sat					
Sun					

## C

<b>Indoor sporting events</b> Standard days & timings (Please read guidance note 6)			<b>Please give further details here</b> (please read guidance note 3)
Day	Start	Finish	
Mon			
Tue			<b>State any seasonal variations for indoor sporting events</b> (please read guidance note 4)
Wed			
Thurs			<b>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</b> (please read guidance note 5)
Fri			
Sat			
Sun			

# D

<b>Boxing or wrestling entertainment</b> Standard days & timings (Please read guidance note 6)			<b>Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick [✓]</b> (Please read guidance note 2).		Indoors	
					Outdoors	
					Both	
Day	Start	Finish	<b>Please give further details here</b> (please read guidance note 3)			
Mon						
Tue			<b>State any seasonal variations for boxing or wrestling entertainment</b> (please read guidance note 4)			
Wed						
Thurs						
Fri			<b>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</b> (please read guidance note 5)			
Sat						
Sun						

# E

<b>Live music</b> Standard days & timings (Please read guidance note 6)			<b>Will the performance of live music take place indoors or outdoors or both – please tick [✓]</b> (Please read guidance note 2).		Indoors	
					Outdoors	
					Both	
Day	Start	Finish	<b>Please give further details here</b> (please read guidance note 3)			
Mon						
Tue			<b>State any seasonal variations for performing of live music</b> (please read guidance note 4)			
Wed						
Thurs						
Fri			<b>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</b> (please read guidance note 5)			
Sat						
Sun						



# F

<b>Recorded music</b> Standard days & 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	
					Both	
Day	Start	Finish	Please give further details here (please read guidance note 3)			
Mon						
Tue						
Wed			<b>State any seasonal variations for playing of recorded music (please read guidance note 4)</b>			
Thurs						
Fri			<b>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)</b>			
Sat						
Sun						

# G

<b>Performance of dance</b> Standard days & 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			<b>State any seasonal variations for performing of dance (please read guidance note 4)</b>			
Thurs						
Fri			<b>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 (please read guidance note 5)</b>			
Sat						
Sun						

# H

<b>Anything of a similar description to that falling within (e), (f) or (g)</b> Standard days & timings (Please read guidance note 6)			Please give a description of the type of entertainment you will be providing		
Day	Start	Finish	<b>Will the this entertainment take place indoors or outdoors or both – please tick [✓]</b> (Please read guidance note 2).	Indoors	
				Outdoors	
				Both	
Mon			<b><u>Please give further details here</u></b> (please read guidance note 3)		
Tue			<b><u>State any seasonal variations for entertainment</u></b> (please read guidance note 4)		
Wed			<b><u>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 list</u></b> (please read guidance note 5)		
Thurs					
Fri					
Sat					
Sun					

This section is intentionally blank

Provision of facilities for making music Standard days & timings (Please read guidance note 6)			Please give a description of the facilities for making music you will be providing		
Day	Start	Finish	Will the facilities for making music take place indoors or outdoors or both – please tick [✓] (Please read guidance note 2).	Indoors	
				Outdoors	
				Both	
Mon			<u>Please give further details here</u> (please read guidance note 3)		
Tue					
Wed					
Thurs			<u>State any seasonal variations for the provision of facilities for making music</u> (please read guidance note 4)		
Fri			<u>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</u> (please read guidance note 5)		
Sat					
Sun					

This section is intentionally blank

J

<b>Provision of facilities for dancing</b> Standard days & timings (Please read guidance note 6)			<b>Will the facilities for dancing take place indoors or outdoors or both – please tick [✓]</b> (Please read guidance note 2).		Indoors					
					Outdoors					
					Both					
Day	Start	Finish	<b>Please give further details here</b> (please read guidance note 3)							
Mon										
Tue										
Wed			<b>State any seasonal variations for providing dancing facilities</b> (please read guidance note 4)							
Thurs										
Fri			<b>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</b> (please read guidance note 5)							
Sat										
Sun										

This section is intentionally blank

# K

<b>Provision of facilities for entertainment of a similar description to that falling within I or J</b> Standard days & timings (Please read guidance note 6)			Please give a description of the type of entertainment facility you will be providing		
Day	Start	Finish	Will the entertainment facility be indoors or outdoors or both – please tick [✓] (Please read guidance note 2).	Indoors	
				Outdoors	
				Both	
Mon			<u>Please give further details here</u> (please read guidance note 3)		
Tue					
Wed					
Thurs			<u>State any seasonal variations for the provision of facilities for entertainment of a similar description to that falling within J or K</u> (please read guidance note 4)		
Fri			<u>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 J or K at different times to those listed in the column on the left, please list</u> (please read guidance note 5)		
Sat					
Sun					

This section is intentionally blank

L

<b>Late night refreshment</b> 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	<input checked="checked" type="checkbox"/>   
Day	Start	Finish			
Mon	4.30	12	<u>Please give further details here</u> (please read guidance note 3)		
Tue	4.30	12			
Wed	4.30	12			
Thurs	4.30	12	<u>State any seasonal variations for the provision of late night refreshment</u> (please read guidance note 4)		
Fri	4.30	2am			
Sat	4.30	2am			
Sun	4.30	12	<u>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</u> (please read guidance note 5)		

This section is intentionally blank

# M

<b>Supply of alcohol</b> Standard days and timings (please read guidance note 6)			<b>Will the supply of alcohol be for consumption – please tick [✓] (Please read guidance note 7).</b>	On the premises Off the premises Both
Day	Start	Finish		
Mon			<b>State any proposed seasonal variations for the supply of alcohol</b> (please read guidance note 4)	
Tue				
Wed				
Thurs			<b>State any seasonal variations for the provision of facilities for entertainment of a similar description to that falling within J or K</b> (please read guidance note 5)	
Fri				
Sat				
Sun			<b>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</b> (please read guidance note 10)	

<b>State the name and details of the individual whom you wish to specify on the licence as premises supervisor</b>	
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)

DRUNK CUSTOMERS

**O**

**Hours premises are open to the public**

Standard days and timings (please read guidance note 6)

Day	Start	Finish
Mon	4pm	12
Tue	4pm	12
Wed	4pm	12
Thurs	4pm	12
Fri	4pm	2am
Sat	4pm	2am
Sun	4pm	12

State any seasonal variations (Please read guidance note 4).

NONE

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)

NONE



**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)**

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

CCTV

**c) Public safety**

Good lighting

**d) The prevention of public nuisance**

CCTV.

**e) The protection of children from harm**

CCTV.

Please tick

✓ (yes)

☒

☒

☒

☒

☒

☒

- I have made or enclosed payment of the fee (can i pay instalments please)
- 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 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. (Please read guidance note 11). If signing on behalf of the applicant please state in what capacity.

Signature: ..... *W. W. W. W.* .....

Date: ..... *4/03/15* .....

Capacity: .....

For joint applications signature of 2<sup>nd</sup> applicant or 2<sup>nd</sup> 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 you would prefer us to correspond with you by e-mail your e-mail address (optional)	

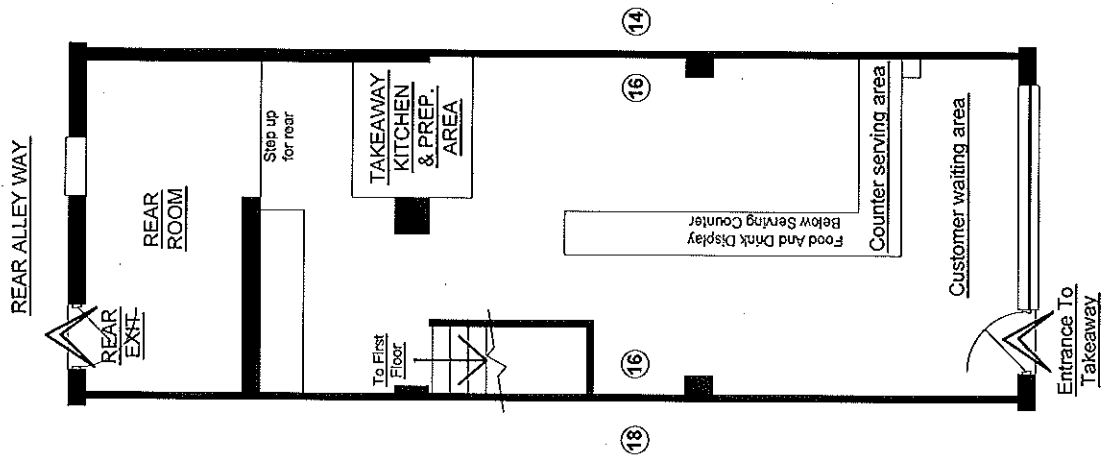
## Notes for Guidance

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 i.e. 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. A 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.



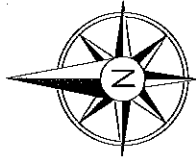
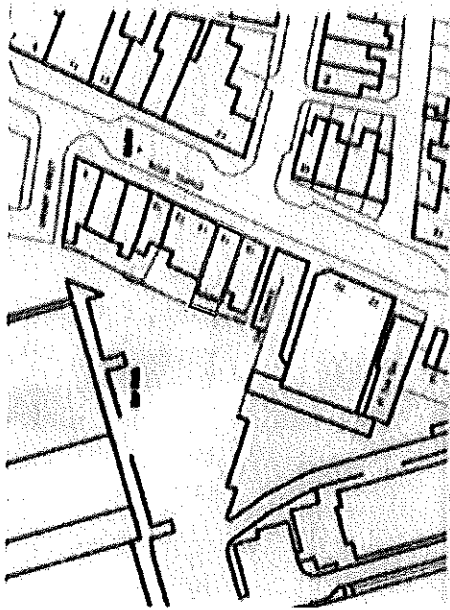
Received 17:9.15

Yard wall

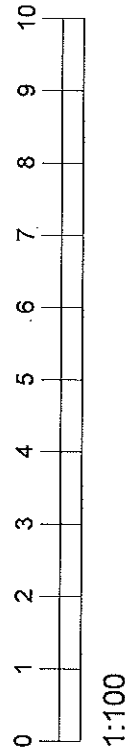


EXISTING PLAN

GROUND FLOOR



LOCATION PLAN  
1:1250



Project Address			
Take Away/Fast Food-A5 At			
16 Chapel Brow			
Leyland			
PR25 3NE			
Title	Floor & Location Plan		
Application	Planning	Scale	1:100/1250
Date	September - 2015	Sheet No.	1/1



H.M. LAND REGISTRY			TITLE NUMBER
			LA601610
ORDNANCE SURVEY PLAN REFERENCE	SD 5422	SECTION J	Scale 1/1250
COUNTY LANCASHIRE	DISTRICT SOUTH RIBBLE	© Crown copyright 1978	

