

**APPLICATION FOR A PREMISES
LICENCE TO BE GRANTED
UNDER THE LICENSING ACT 2003**

**Wolverhampton
City Council**



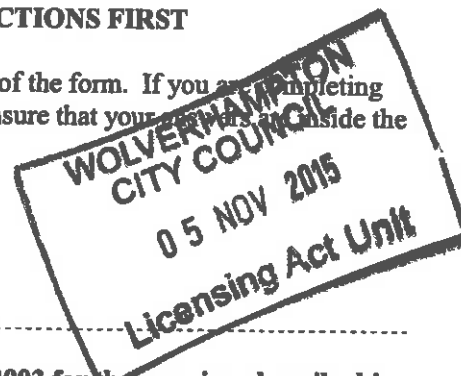
PLEASE READ THE FOLLOWING INSTRUCTIONS FIRST

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 ROHIT KUMAR SAHARAN
(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 | | | |
| HOUSE OF INDIA 1st AND 2ND FLOOR 25 MARKET STREET CITY CENTRE | | | |
| Post town | WOLVERHAMPTON | Postcode | WV1 3AG |

| | |
|---|--------------|
| Telephone number at premises (if any) | 01902 716418 |
| Non-domestic rateable value of premises | £14,000 ✓ |

Part 2 - Applicant Details

Please state whether you are applying for a premises licence as

Please tick as appropriate

- | | | |
|---|-------------------------------------|-----------------------------|
| a) an individual or individuals * | <input checked="" type="checkbox"/> | please complete section (A) |
| b) a person other than an individual * | | |
| 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 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:

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 checked="" type="checkbox"/> | Mrs <input type="checkbox"/> | Miss <input type="checkbox"/> | Ms <input type="checkbox"/> | Other Title (for example, Rev) | |
| Surname SAHARAN | | | First names ROHIT KUMAR | | |
| I am 18 years old or over | | | | <input checked="" type="checkbox"/> Please tick yes | |
| Current postal address if different from premises address | | 582 PARKFIELD ROAD WOLVERHAPTON | | | |
| Post town | WOLVERHAPTON | | Postcode | WV4 6EL | |
| Daytime contact telephone number | | | 07577 459419 | | |
| E-mail 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) | |
| 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

When do you want the premises licence to start?

| | | |
|----|----|------|
| DD | MM | YYYY |
| | | |
| | | |
| | | |
| | | |

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

| | | |
|----|----|------|
| DD | MM | YYYY |
| | | |
| | | |
| | | |
| | | |

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

A restaurant located on the first floor and second floor, we will also be doing takeaway and offering food deliveries.

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 any 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 6) | | | Will the performance of a play take place indoors or outdoors or both – please tick (please read guidance note 2) | Indoors | <input type="checkbox"/> |
|---|-------|--------|--|----------|--------------------------|
| Day | Start | Finish | | Outdoors | <input type="checkbox"/> |
| | | | | Both | <input type="checkbox"/> |
| 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 | | | | | |

| | |
|--------------------|-------------------------------------|
| Date received: | 05/11/15 |
| Amount: | £190.00 |
| Cash | <input checked="" type="checkbox"/> |
| Cheque | <input type="checkbox"/> |
| Cheque No. | |
| Receipt no: | LIC/35005950 |
| Initial: | OS |
| Receipt issued by: | OS |

B

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

D

| | | | | | |
|---|--------------|---------------|--|----------|--------------------------|
| Boxing or wrestling entertainments Standard days and timings (please read guidance note 6) | | | <u>Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick</u> (please read guidance note 2) | Indoors | <input type="checkbox"/> |
| | | | | Outdoors | <input type="checkbox"/> |
| | | | | Both | <input type="checkbox"/> |
| Day | Start | Finish | <u>Please give further details here</u> (please read guidance note 3) | | |
| Mon | | | | | |
| | | | <u>State any seasonal variations for boxing or wrestling entertainment</u> (please read guidance note 4) | | |
| Tue | | | | | |
| | | | <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) | | |
| Wed | | | | | |
| | | | | | |
| Thur | | | | | |
| | | | | | |
| Fri | | | | | |
| | | | | | |
| 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 | <input type="checkbox"/> |
| | | | | Outdoors | <input type="checkbox"/> |
| | | | | Both | <input type="checkbox"/> |
| Day | Start | Finish | Please give further details here (please read guidance note 3) | | |
| Mon | | | | | |
| Tue | | | State any seasonal variations for the performance of live music (please read guidance note 4) | | |
| Wed | | | | | |
| Thur | | | 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) | | |
| Fri | | | | | |
| Sat | | | | | |
| Sun | | | | | |

F

| Recorded music Standard days and timings (please read guidance note 6) | | | Will the playing of recorded music take place <u>indoors or outdoors or both</u> – please tick (please read guidance note 2) | Indoors | <input checked="" type="checkbox"/> |
|--|-------|--------|---|----------|-------------------------------------|
| | | | | Outdoors | <input type="checkbox"/> |
| | | | | Both | <input type="checkbox"/> |
| Day | Start | Finish | | | |
| Mon | 10:00 | 02:00 | Please give further details here (please read guidance note 3) | | |
| | | | | | |
| Tue | 10:00 | 02:00 | | | |
| | | | | | |
| Wed | 10:00 | 02:00 | State any seasonal variations for the playing of recorded music (please read guidance note 4) | | |
| | | | | | |
| Thur | 10:00 | 02:00 | | | |
| | | | | | |
| Fri | 10:00 | 02:00 | 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 | 10:00 | 02:00 | | | |
| | | | | | |
| Sun | 10:00 | 02:00 | | | |
| | | | | | |

G

| Performances of dance Standard days and timings (please read guidance note 6) | | | <u>Will the performance of dance take place indoors or outdoors or both – please tick</u> (please read guidance note 2) | Indoors | <input type="checkbox"/> |
|---|-------|--------|---|----------|--------------------------|
| | | | | Outdoors | <input type="checkbox"/> |
| | | | | Both | <input type="checkbox"/> |
| Day | Start | Finish | | | |
| Mon | | | <u>Please give further details here</u> (please read guidance note 3) | | |
| | | | | | |
| Tue | | | | | |
| | | | | | |
| Wed | | | <u>State any seasonal variations for the 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 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 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 | | |
| Day | Start | Finish | <u>Will this entertainment take place indoors or outdoors or both – please tick</u> (please read guidance note 2) | Indoors | <input type="checkbox"/> |
| Mon | | | | Outdoors | <input type="checkbox"/> |
| | | | | Both | <input type="checkbox"/> |
| Tue | | | <u>Please give further details here</u> (please read guidance note 3) | | |
| Wed | | | | | |
| Thur | | | <u>State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g)</u> (please read guidance note 4) | | |
| Fri | | | | | |
| Sat | | | <u>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</u> (please read guidance note 5) | | |
| Sun | | | | | |

I

| 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 type="checkbox"/> |
|--|-------|--------|--|----------|-------------------------------------|
| | | | | Outdoors | <input type="checkbox"/> |
| | | | | Both | <input checked="" type="checkbox"/> |
| Day | Start | Finish | <u>Please give further details here</u> (please read guidance note 3) | | |
| Mon | 23:00 | 02:00 | | | |
| Tue | 23:00 | 02:00 | | | |
| Wed | 23:00 | 02:00 | <u>State any seasonal variations for the provision of late night refreshment</u> (please read guidance note 4) | | |
| Thur | 23:00 | 02:00 | | | |
| Fri | 23:00 | 02:00 | <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) | | |
| Sat | 23:00 | 02:00 | | | |
| Sun | 23:00 | 02:00 | | | |

J

| | | | | | |
|--|--------------|---------------|---|------------------|-------------------------------------|
| 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 | <input checked="" type="checkbox"/> |
| | | | | Off the premises | <input type="checkbox"/> |
| | | | | Both | <input type="checkbox"/> |
| Day | Start | Finish | State any seasonal variations for the supply of alcohol (please read guidance note 4) | | |
| Mon | 12:00 | 02:00 | | | |
| Tue | 12:00 | 02:00 | | | |
| Wed | 12:00 | 02:00 | | | |
| Thur | 12:00 | 02:00 | | | |
| Fri | 12:00 | 02:00 | | | |
| Sat | 12:00 | 02:00 | | | |
| Sun | 12:00 | 02:00 | | | |
| | | | 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) | | |

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

| | |
|---|---|
| Name | ROHIT KUMAR SAHARAN |
| Address | 582 PARKFIELD ROAD PARKFIELDS WOLVERHAMPTON |
| Postcode | WU4 6EL |
| Personal licence number (if known) | PER 2495 |
| Issuing licensing authority (if known) | WOLVERHAMPTON CITY COUNCIL |

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 8).

L

| 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 | 06:00 | 03:00 | 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) |
| | | | |
| Tue | 06:00 | 03:00 | |
| | | | |
| Wed | 06:00 | 03:00 | |
| | | | |
| Thur | 06:00 | 03:00 | |
| | | | |
| Fri | 06:00 | 03:00 | |
| | | | |
| Sat | 06:00 | 03:00 | |
| | | | |
| Sun | 06:00 | 03:00 | |
| | | | |

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 9)

The steps detailed below i believe will promote the four Licensing objectives. We want to run a safe licensed premises where customers feel safe and without distress. we will comply with the all four licensing objectives.

b) The prevention of crime and disorder

Please see attached "document 1"

c) Public safety

Please see attached "document 2"

d) The prevention of public nuisance

All windows and doors to remain close when music is being played.

e) The protection of children from harm

Please see attached "Document 2, Part 2"

Document 1 - The prevention of crime & Disorder

- 1) A CCTV System with recording equipment shall be installed and maintained at the premises.
- 2) CCTV should cover entry and exit points of the premises and all areas where alcohol/money is served/taken and all areas to where public have access and the immediate vicinity outside the premises.
- 3) Images/recordings to be downloaded in a suitable format and provided to any member of Responsible Authority upon request and without any undue delay.
- 4) Images and recordings must be of evidential quality, must indicate the correct time and date and be kept for at least 31 days.
- 5) All staff to be trained to use the CCTV system and at least one member of staff to be on duty who is trained to download the systems images should any member of a Responsible Authority make a request.
- 6) All staff to receive training and refresher training every 6 months on their responsibilities with regard to licensing legislation. This training to be documented and shown to a member of a responsible Authority upon request.
- 7) To ensure compliance with challenge 25 a "refusals box" where any sale of alcohol is refused to persons who present themselves to be under age.
- 8) No person who is drunk or disorderly shall be allowed access or to be allowed to remain in the premises.

Please turn over page.

- 9) Documentain of refusals of sales of alcohol to persons presenting as being intoxicated.
- 10) Persons ordering take away food will not be permitted to purchase or consume alcohol in the premises.
- 11) No persons shall be allowed to leave the premises with any bottles or glass.

Document 2 - Public Safety

- 1) After 23:00 hours a SIA registered door Supervisor, in hi-visibility attire (which fluoresces) shall be employed till the close of the business when operating
- 2) A register will be maintained of all persons engaged as door Supervisors to include the name and SIA number of the staff.
- 3) A nightly briefing of door supervisor responsibilities and signature to agree briefing has taken place. Record of the time and date duties commenced and finished.
- 4) Clickers to be used to monitor and maintain capacity levels.
- 5) No glasses or bottles outside of the venue.
- 6) Comply with Fire and Safety regulations.

Part 2 -

Document 2, Part 2 - The protection of children from harm

- 1) All Staff will be trained in "Challenge 25" and all appropriate ID checks will be undertaken by all staff to ensure no sale of alcohol is made to underage persons
- 2) All children under the age of 18 not to be allowed in premises after 22:00 hours. Same for pre-booked wedding/funerals events where an responsible adult/guardian can supervise and in these cases for them to remain up until 23:00 hours only.

Checklist:


Please tick to indicate agreement

- I have made or enclosed payment of the fee. £190
- 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 designated 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 SUMMARY CONVICTION TO A FINE NOT EXCEEDING 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 | 05/11/15 |
| Capacity | Applicant |

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 | | Postcode | |
| Telephone number (if any) | | | |
| If you would prefer us to correspond with you by e-mail, your e-mail address (optional) | | | |

Consent of individual to being specified as premises supervisor

I ROHIT KUMAR SAHARAN
[full name of prospective premises supervisor]

of S 82 PARKFIELD ROAD WOLVERHAMPTON
WEST MIDLANDS WU4 6EL

.....
[home address of prospective premises supervisor]

hereby confirm that I give my consent to be specified as the designated premises supervisor in relation to the application for

APPLICATION FOR PREMISES LICENCE [type of application]

by ROHIT KUMAR SAHARAN [name of applicant]

relating to a premises licence [number of existing licence, if any]

for HOUSE OF INDIA 25 MARKET STREET
WOLVERHAMPTON, WEST MIDLANDS, WU1 3AG

.....
[name and address of premises to which the application relates]

and any premises licence to be granted or varied in respect of this application made

by ROHIT KUMAR SAHARAN [name of applicant]

concerning the supply of alcohol at HOUSE OF INDIA

25 MARKET STREET, WOLVERHAMPTON

WEST MIDLANDS, WU1 3AG

.....
[name and address of premises to which application relates].

I also confirm that I am applying for, intend to apply for or currently hold a personal licence, details of which I set out below.

Personal licence number PER 2495
[insert personal licence number, if any]

Personal licence issuing authority WOLVERHAMPTON CITY COUNCIL
[insert name and address and telephone number of personal licence issuing authority, if any]

.....
[redacted] signed

ROHIT KUMAR SAHARAN name (please print)

05/11/15 dated

