

**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 Zarab Khan  
(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			
Wolves Spice 50 Lichfield Street Wolverhampton WV1 1DG			
Post town	Wolverhampton	Postcode	WV1 1DG
Telephone number at premises (if any)	01902-710099		
Non-domestic rateable value of premises	£ 12,000		

**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 <u>Khan</u>		First names <u>Zaryab</u>		
I am 18 years old or over				<input checked="" type="checkbox"/> Please tick yes
Current postal address if different from premises address	<u>26 Craddock Street Wolverhampton WV6 0QJ</u>			
Post town	<u>Wolverhampton</u>	Postcode	<u>WV6 0QJ</u>	
Daytime contact telephone number				
E-mail address (optional)	<u>R4J4_1@hotmail.com</u>			

**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)

**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)			<b><u>Will the performance of a play take place indoors or outdoors or both – please tick</u></b> (please read guidance note 2)	Indoors	<input type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Mon				<b><u>Please give further details here</u></b> (please read guidance note 3)	
Tue					
Wed			<b><u>State any seasonal variations for performing plays</u></b> (please read guidance note 4)		
Thur					
Fri			<b><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></b> (please read guidance note 5)		
Sat					
Sun					

**C**

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

**E**

<b>Live music</b> Standard days and 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	<input type="checkbox"/>
					Outdoors	<input type="checkbox"/>
					Both	<input type="checkbox"/>
Day	Start	Finish	<b>Please give further details here</b> (please read guidance note 3)			
Mon						
Tue						
Wed						
			<b>State any seasonal variations for the performance of live music</b> (please read guidance note 4)			
Thur			<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)			
Fri						
Sat						
Sun						

**G**

Performances 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	<input type="checkbox"/>			
				Outdoors	<input type="checkbox"/>			
				Both	<input type="checkbox"/>			
Day	Start	Finish						
Mon			<b>Please give further details here</b> (please read guidance note 3)					
Tue								
Wed						<b>State any seasonal variations for the performance of dance</b> (please read guidance note 4)		
Thur								
Fri			<b>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</b> (please read guidance note 5)					
Sat								
Sun								

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"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon	2300	0230	<b>Please give further details here</b> (please read guidance note 3)	Both	<input checked="" type="checkbox"/>
Tue	2300	0230			
Wed	2300	0230	<b>State any seasonal variations for the provision of late night refreshment</b> (please read guidance note 4)		
Thur	2300	0230			
Fri	2300	0400	<b>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</b> (please read guidance note 5)		
Sat	2300	0400			
Sun	2300	0230			



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	1100	0230	<b>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)</b>
Tue	1100	0230	
Wed	1100	0230	
Thur	1100	0230	
Fri	1100	0400	
Sat	1100	0400	
Sun	1100	0230	

# 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)**

CCTV cameras  
Litter bins  
Fire alarm and detector  
Fire Extinguisher  
Extractor fan canopy

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

CCTV cameras are fitted in premises. Record will be kept for 31 Days. It will be provided when requested from responsible Authorities  
Incident book will be kept in the Shop to record any incident

**c) Public safety**

Fire detection and fire Alarm System is fitted in premises  
Emergency escapes are always kept clear and easy to operate without any keys.  
Fire extinguisher are placed in different Areas of premises

**d) The prevention of public nuisance**

Litter bins will be provided in the Shop and ~~there~~ there are some ~~public~~ public bins in Street for the people who take out food.  
Extractor fan canopy is fitted in kitchen Area to extract smoke and heat.

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

[Empty box for response to objective e)


**Checklist:**

- I have made or enclosed payment of the fee. Please tick to indicate agreement
- 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	09-07-2014
Capacity	Applicant

**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 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 is:

Date received: 10/7/14

Amount: £190

Cash  Cheque

Cheque No. [ ]

Receipt no: LIC/3500069

Initial: AC

Receipt issued AC