

020934

[Insert name and address of relevant licensing authority and its reference number (optional)]

Leicester City Council  
Council Offices  
Welford Place  
LEICESTER LE1 6ZG**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.

(1) ~~I~~ [We] (2)

(1) Delete as applicable.

(2) Insert name(s) of applicant(s).

Jhan Husain and Anwar Husain

apply for a premises licence under section 17 of the Licensing Act 2003 for the premises described in Part 1 below (the premises) and (1) ~~I am~~ [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

50 Queens Road

Post town Leicester

Post code LE2 1TU

Telephone number at premises (if any)

0116 2704186

Non-domestic rateable value of premises

£ 6,300.00

**Part 2 - Applicant details**

Please state whether you are applying for a premises licence as

Please tick ☒ yes

(a) an individual or individuals\*

☒ please complete section (A)

(b) a person other than an individual\*

(i) as a limited company

☐ please complete section (B)

(ii) as a partnership

☐ 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

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

**Surname**

Husain

**First names**

Jhan

Please tick ☒  
**Yes**

I am 18 years old or over

☒

**Current postal address if different from premises address**

**Post Town**

Leicester

**Postcode**

**Daytime contact telephone number**

**E-mail address (optional)**

**SECOND INDIVIDUAL APPLICANT (if applicable)**

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

**Surname**

Husain

**First names**

Anwar

Please tick ☒  
**Yes**

I am 18 years old or over

☒

**Current postal address if different from premises address**

**Post Town**

Leicester

**Postcode**

**Daytime contact telephone number**

0116 2708408

**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?

| Day | Month | Year        |
|-----|-------|-------------|
| 1   | 4     | 0 2 2 0 0 9 |

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

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

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

Delicatessen and Cafe situated on a busy High Street. The Cafe area where alcohol will be sold for consumption on and off the premises is marked with a red outline on the plans appended to this application. The rest of the premises will be licensed for sale of alcohol for consumption off the premises. The entertainment set out in the operating schedule below will take place across the whole premises.

If 5,000 or more people are expected to attend the premises at any one time, please state the number expected to attend.

N/A



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 ☒ Yes

- (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)

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|   |
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| x |

**Provision of entertainment facilities for:**

- (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)

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| x |

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

|  |
|--|
|  |
|--|

**Supply of alcohol** (if ticking yes, fill in box M)

|   |
|---|
| x |
|---|

**In all cases complete boxes N, O and P**



# A

|  |       |        |  |          |  |
|--|-------|--------|--|----------|--|
| <b>Plays</b><br>Standard days and timings<br>(please read guidance note 6) |       |        | <b>Will the performance of a play take place indoors or outdoors or both - please tick <input checked="" type="checkbox"/> (please read guidance note 2)</b>   | 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)  |          |  |
|  |       |        |  |          |  |
| Thur   |       |        |  |          |  |
|  |       |        |  |          |  |
| 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><br>Standard days and timings<br>(please read guidance note 6) |       |        | <b>Will the exhibition of films take place indoors or outdoors or both - please tick <input checked="" type="checkbox"/> (please read guidance note 2)</b>  | 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 the exhibition of films</b> (please read guidance note 4)  |          |  |
|  |       |        |   |          |  |
| Thur   |       |        |   |          |  |
|  |       |        |   |          |  |
| Fri  |       |        | <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) |          |  |
|  |       |        |   |          |  |
| Sat  |       |        |   |          |  |
|  |       |        |   |          |  |
| Sun  |       |        |   |          |  |
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# C

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

# D

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



# E

|   |       |        |   |  |          |  |
|---|-------|--------|---|--|----------|--|
| <b>Live music</b><br>Standard days and timings<br>(please read guidance note 6) |       |        | <b>Will the performance of live music take place indoors or outdoors or both - please tick <input checked="" type="checkbox"/> (please read guidance note 2)</b>  |  | 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 the performance of live music</b> (please read guidance note 4)  |  |          |  |
|   |       |        |   |  |          |  |
| Thur  |       |        |   |  |          |  |
|   |       |        |   |  |          |  |
| 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><br>Standard days and timings<br>(please read guidance note 6) |       |        | <b>Will the playing of recorded music take place indoors or outdoors or both - please tick <input checked="" type="checkbox"/> (please read guidance note 2)</b>  |  | 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 the playing of recorded music</b> (please read guidance note 4)  |  |          |  |
|   |       |        |   |  |          |  |
| Thur  |       |        |   |  |          |  |
|   |       |        |   |  |          |  |
| Fri   |       |        | <b>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</b> (please read guidance note 5) |  |          |  |
|   |       |        |   |  |          |  |
| Sat   |       |        |   |  |          |  |
|   |       |        |   |  |          |  |
| Sun   |       |        |   |  |          |  |
|   |       |        |   |  |          |  |



# G

|  |       |        |  |          |  |
|--|-------|--------|--|----------|--|
| <b>Performances of dance</b><br>Standard days and timings<br>(please read guidance note 6) |       |        | <b>Will the performance of dance take place indoors or outdoors or both - please tick <input checked="" type="checkbox"/> (please read guidance note 2)</b>  | 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 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  |       |        |  |          |  |
|  |       |        |  |          |  |

# H

|   |       |        |   |          |   |
|---|-------|--------|---|----------|---|
| <b>Anything of a similar description to that falling within (e), (f) or (g)</b><br>Standard days and timings<br>(please read guidance note 6) |       |        | <b>Please give a description of the type of entertainment you will be providing</b><br>We will be providing video entertainment played on plasma screens in the premises.   |          |   |
|   |       |        | <b>Will this entertainment take place indoors or outdoors or both - please tick <input checked="" type="checkbox"/> (please read guidance note 2)</b>   | Indoors  | x |
|   |       |        |   | Outdoors |   |
|   |       |        |   | Both     |   |
| Day   | Start | Finish | <b>Please give further details here</b> (please read guidance note 3)   |          |   |
| Mon   | 08.00 | 20.00  | We will show promotional and educational videos relating to the goods which are sold in the premises.   |          |   |
|   |       |        |   |          |   |
| Tue   | 08.00 | 20.00  | <b>State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g)</b> (please read guidance note 4)  |          |   |
|   |       |        |   |          |   |
| Wed   | 08.00 | 20.00  |   |          |   |
|   |       |        |   |          |   |
| Thur  | 08.00 | 20.00  | <b>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</b> (please read guidance note 5) |          |   |
|   |       |        |   |          |   |
| Fri   | 08.00 | 20.00  |   |          |   |
|   |       |        |   |          |   |
| Sat   | 08.00 | 20.00  |   |          |   |
|   |       |        |   |          |   |
| Sun   | 08.00 | 20.00  |   |          |   |
|   |       |        |   |          |   |



|   |       |        |  |  |
|---|-------|--------|--|--|
| <b>Provision of facilities for making music</b><br>Standard days and timings<br>(please read guidance note 6) |       |        | <b>Please give a description of the facilities for making music you will be providing</b>  |  |
|   |       |        | <b>Will the facilities for making music be indoors or outdoors or both - please tick <input checked="" type="checkbox"/> (please read guidance note 2)</b>   |  |
|   |       |        | Indoors  |  |
|   |       |        | Outdoors   |  |
| Day   | Start | Finish | Both   |  |
| Mon   |       |        | <b>Please give further details here</b> (please read guidance note 3)  |  |
|   |       |        |  |  |
| Tue   |       |        |  |  |
|   |       |        |  |  |
| Wed   |       |        | <b>State any seasonal variations for the provision of facilities for making music</b><br>(please read guidance note 4)   |  |
|   |       |        |  |  |
| Thur  |       |        |  |  |
|   |       |        |  |  |
| Fri   |       |        |  |  |
|   |       |        |  |  |
| Sat   |       |        | <b>Non standard timings. Where you intend to use the premises for provision of facilities for making music at different times to those listed in the column on the left, please list</b> (please read guidance note 5) |  |
|   |       |        |  |  |
| Sun   |       |        |  |  |
|   |       |        |  |  |

**J**

|  |       |        |   |  |
|--|-------|--------|---|--|
| <b>Provision of facilities for dancing</b><br>Standard days and timings<br>(please read guidance note 6) |       |        | <b>Will the facilities for dancing be indoors or outdoors or both - please tick <input checked="" type="checkbox"/> (please read guidance note 2)</b>   |  |
|  |       |        | Indoors   |  |
|  |       |        | Outdoors  |  |
|  |       |        | Both  |  |
| Day  | Start | Finish | <b>Please give a description of the facilities for dancing you will be providing</b>  |  |
| Mon  |       |        | <b>Please give further details here</b> (please read guidance note 3)   |  |
|  |       |        |   |  |
| Tue  |       |        |   |  |
|  |       |        |   |  |
| Wed  |       |        | <b>State any seasonal variations for providing dancing facilities</b> (please read guidance note 4)   |  |
|  |       |        |   |  |
| Thur   |       |        |   |  |
|  |       |        |   |  |
| Fri  |       |        |   |  |
|  |       |        |   |  |
| Sat  |       |        | <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) |  |
|  |       |        |   |  |
| Sun  |       |        |   |  |
|  |       |        |   |  |



K

|  |       |        |   |   |
|--|-------|--------|---|---|
| <b>Provision of facilities for entertainment of a similar description to that falling within I or J</b><br>Standard days and timings (please read guidance note 6) |       |        | <b>Please give a description of the type of entertainment facility you will be providing</b><br>We will be providing dvd and media players to provide video entertainment on plasma screens within the premises.  |   |
|  |       |        | <b>Will the entertainment facility be indoors or outdoors or both - please tick <input checked="" type="checkbox"/> (please read guidance note 2)</b>   | Indoors <input checked="" type="checkbox"/><br>Outdoors <input type="checkbox"/><br>Both <input type="checkbox"/> |
| Day  | Start | Finish | <b>Please give further details here</b> (please read guidance note 3)<br>The equipment will be used to show educational and promotional videos about the goods sold in the premises.<br><br><b>State any seasonal variations for the provision of facilities for entertainment of a similar description to that falling within I or J</b> (please read guidance note 4)<br><br><b>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</b> (please read guidance note 5) |   |
| Mon  | 08.00 | 20.00  |   |   |
| Tue  | 08.00 | 20.00  |   |   |
| Wed  | 08.00 | 20.00  |   |   |
| Thur   | 08.00 | 20.00  |   |   |
| Fri  | 08.00 | 20.00  |   |   |
| Sat  | 08.00 | 20.00  |   |   |
| Sun  | 08.00 | 20.00  |   |   |

L

|  |       |        |  |  |  |
|--|-------|--------|--|--|--|
| <b>Late night refreshment</b><br>Standard days and timings (please read guidance note 6) |       |        | <b>Will the provision of late night refreshment take place indoors or outdoors or both - please tick <input checked="" type="checkbox"/> (please read guidance note 2)</b>   |  | Indoors <input type="checkbox"/><br>Outdoors <input type="checkbox"/><br>Both <input type="checkbox"/> |
| Day  | Start | Finish | <b>Please give further details here</b> (please read guidance note 3)<br><br><b>State any seasonal variations for the provision of late night refreshment</b> (please read guidance note 4)<br><br><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) |  |  |
| Mon  |       |        |  |  |  |
| Tue  |       |        |  |  |  |
| Wed  |       |        |  |  |  |
| Thur   |       |        |  |  |  |
| Fri  |       |        |  |  |  |
| Sat  |       |        |  |  |  |
| Sun  |       |        |  |  |  |



# M

|  |       |        |  |                  |   |
|--|-------|--------|--|------------------|---|
| <b>Supply of alcohol</b><br>Standard days and timings<br>(please read guidance note 6) |       |        | <b>Will the supply of alcohol be for consumption</b><br>(Please tick box <input checked="" type="checkbox"/> ) (please read guidance note 7)   | On the premises  |   |
|  |       |        |  | Off the premises |   |
|  |       |        |  | Both             | x |
| Day  | Start | Finish | <b>State any seasonal variations for the supply of alcohol</b> (please read guidance note 4)   |                  |   |
| Mon  | 08.00 | 20.00  |  |                  |   |
|  |       |        |  |                  |   |
| Tue  | 08.00 | 20.00  |  |                  |   |
|  |       |        |  |                  |   |
| Wed  | 08.00 | 20.00  |  |                  |   |
|  |       |        |  |                  |   |
| Thur   | 08.00 | 20.00  |  |                  |   |
|  |       |        |  |                  |   |
| Fri  | 08.00 | 20.00  |  |                  |   |
|  |       |        | <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><br>(please read guidance note 5) |                  |   |
| Sat  | 08.00 | 20.00  |  |                  |   |
|  |       |        |  |                  |   |
| Sun  | 08.00 | 20.00  |  |                  |   |
|  |       |        |  |                  |   |

|  |                        |
|--|------------------------|
| <b>State the name and details of the individual whom you wish to specify on the licence as premises supervisor</b> |                        |
| <b>Name</b>  | Jhan Husain            |
| <b>Address</b>   |                        |
| <b>Postcode</b>  |                        |
| <b>Personal Licence number (if known)</b>  | LEIPRS0462             |
| <b>Issuing licensing authority (if known)</b>  | Leicester City Council |

# N

|   |
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| <b>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</b> (please read guidance note 8) |
| None.   |



O

| Hours premises are open to the public<br>Standard days and timings<br>(please read guidance note 6) |       |        | State any seasonal variations (please read guidance note 4)   |
|---|-------|--------|---|
| Day   | Start | Finish |   |
| Mon   | 08.00 | 20.00  | Non standard timings. Where you intend the premises to be open to the public at different times to those listed in the column on the left, please list<br>(please read guidance note 5) |
|   |       |        |   |
| Tue   | 08.00 | 20.00  |   |
|   |       |        |   |
| Wed   | 08.00 | 20.00  |   |
|   |       |        |   |
| Thur  | 08.00 | 20.00  |   |
|   |       |        |   |
| Fri   | 08.00 | 20.00  |   |
|   |       |        |   |
| Sat   | 08.00 | 20.00  |   |
|   |       |        |   |
| Sun   | 08.00 | 20.00  |   |
|   |       |        |   |

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)

1. The premises will maintain a CCTV system.

(b) The prevention of crime and disorder

N/A



(c) Public safety

N/A

(d) The prevention of public nuisance

N/A

(e) The protection of children from harm

N/A

Please tick ☒ yes

- I have made or enclosed payment of the fee
- 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 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

|                                     |
|-------------------------------------|
| <input checked="" type="checkbox"/> |
| <input checked="" type="checkbox"/> |
| <input checked="" type="checkbox"/> |
| <input checked="" type="checkbox"/> |
| <input checked="" type="checkbox"/> |
| <input checked="" type="checkbox"/> |

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 *Barlow*

Date *17<sup>th</sup> February 2009*

Capacity *Applicant's Solicitor*

**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

|  |                          |
|--|--------------------------|
| <b>Contact name (where not previously given) and postal address for correspondence associated with this application</b> (please read guidance note 13) |                          |
| Barlows<br>1 Berridge Street<br>Leicester<br><br>DX 10810 Leicester 1 (Ref: DSB/TW/Husain)   |                          |
| <b>Post town</b>   | <b>Post code</b> LE1 5JT |
| <b>Telephone number (if any)</b> 0116 251 8295   |                          |
| <b>If you would prefer us to correspond with you by e-mail your e-mail address (optional)</b>  |                          |

**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 e.g. 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. An 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.



## Part A

### Consent of Individual to Being Specified as Premises Supervisor

(1) Insert full  
name of  
prospective  
premises  
supervisor.

I (1) Jhan Husain

(2) Insert home  
address of  
prospective  
premises  
supervisor.

of (2)

(3) Insert type  
of application.

hereby confirm that I give my consent to be specified as the designated premises  
supervisor in relation to the application for (3) A Premises Licence

(4) Insert name  
of applicant.

by (4) Jhan Husain and Anwar Husain

(5) Insert number  
of existing licence,  
if any.

relating to a premises licence (5)

(6) Insert name  
and address of  
premises to which  
the application  
relates.

for (6) 50 Queens Road Leicester LE2 1TU

and any premises licence to be granted or varied in respect of this application  
made by (4) Jhan Husain and Anwar Husain

concerning the supply of alcohol at (6)  
50 Queens Road Leicester LE2 1TU

(7) Delete as  
applicable.

I also confirm that I (7) ~~am applying for~~ (7) ~~intend to apply for~~ (7) ~~currently hold~~  
a personal licence, details of which I set out below.

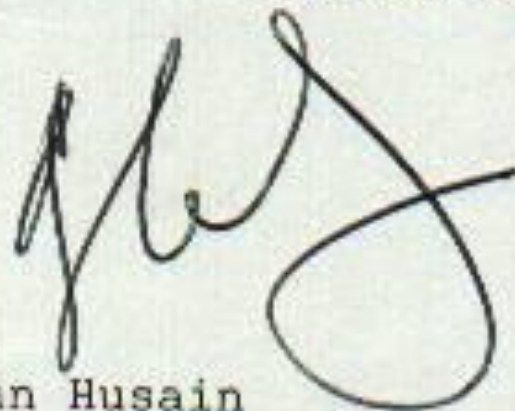
(8) Insert personal  
licence number, if  
any.

Personal licence number (8) LEIPRS0462

(9) Insert name  
and address and  
telephone number  
of personal licence  
issuing authority, if  
any.

Personal licence issuing authority (9) Leicester City Council

Signed



Name (10) Jhan Husain

Dated 3.2.09

(10) Please print.

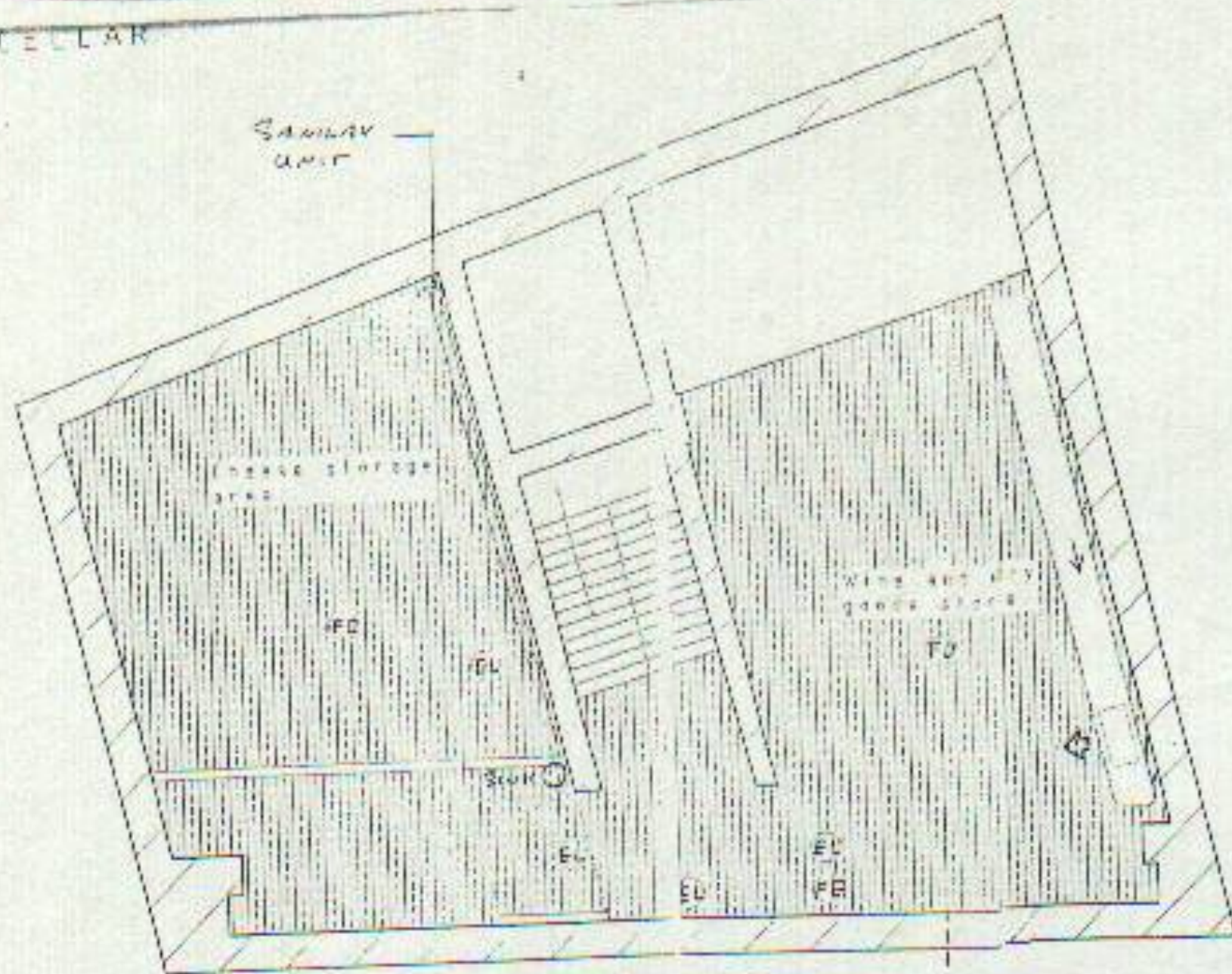






CELLAR

SANITARY  
UNIT



UNISA FURNACE  
Electric Radiant Heating



ORIG  
CEILING  
RETA  
PIANO



LICENS



Off sa  
and no  
only



Off sa  
and g



Delice

ALL WALLS 1  
30th sides W  
Fireboard  
Insulation f  
Re

Fix  
FOH  
SINK

Scale 1:100



CONTACT DETAILS:  
D OUGLEY  
MI.PAD@HOTMAIL.COM  
07850896029



# BARLOWS

– SOLICITORS –

Incorporating Barlow Poyner Foxon & Hefford Johnson & Co

LICENSING SECTION

RECEIVED

19 FEB 2009

LEICESTER CITY COUNCIL

Leicester City Council  
Licensing Department  
Council Offices  
Welford Place  
LEICESTER  
LE1 6ZG

Our Ref:  
DSB/TW/1275044/Husain

Your Ref:

Monday 16<sup>th</sup> February 2009

Dear Sirs

**Re: Mr A and Mr J Husain  
50 Queens Road Leicester LE2 1TU**

We act for our clients Mr A and Mr J Husain and enclose Licensing Application in respect of 50, Queens Road, Leicester. We confirm that the application has been served upon the appropriate authorities. We also enclose our clients' cheque in the sum of £190.00 being the fee payable.

Yours faithfully



**BARLOWS**

Encs

1 Berridge Street Leicester LE1 5JT DX 10810 Leicester 1  
Tel: 0116 2518295 Fax: 0116 2537850 [www.barlowssolicitors.com](http://www.barlowssolicitors.com)

Also at 49A High Street Market Harborough Leicestershire LE16 7AF Tel: 01858 410040  
Partners: R J Poyner J Hefford C D Gooch R D Foxon  
Regulated by the Solicitors Regulation Authority