



Leicester
Application for a premises licence
Licensing Act 2003

For help contact
licensing@leicester.gov.uk
Telephone: +44 116 454 3040

* required information

Section 1 of 21

You can save the form at any time and resume it later. You do not need to be logged in when you resume.

System reference This is the unique reference for this application generated by the system.

Your reference You can put what you want here to help you track applications if you make lots of them. It is passed to the authority.

Are you an agent acting on behalf of the applicant?

☒ Yes ☐ No

Put "no" if you are applying on your own behalf or on behalf of a business you own or work for.

Applicant Details

* First name

* Family name

* E-mail

Main telephone number Include country code.

Other telephone number

☒ Indicate here if the applicant would prefer not to be contacted by telephone

Is the applicant:

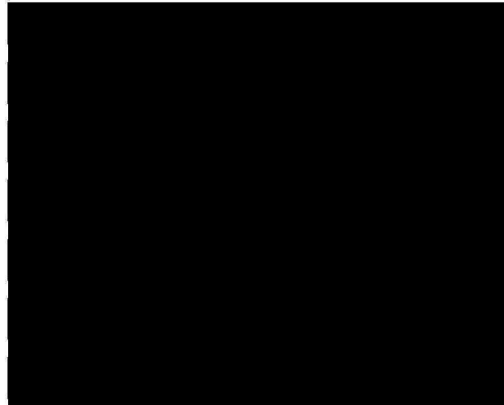
- ☐ Applying as a business or organisation, including as a sole trader
☒ Applying as an individual

A sole trader is a business owned by one person without any special legal structure. Applying as an individual means the applicant is applying so the applicant can be employed, or for some other personal reason, such as following a hobby.

Continued from previous page...

Address

* Building number or name
* Street
District
* City or town
County or administrative area
* Postcode
* Country



Agent Details

* First name LICENSING
* Family name HUB
* E-mail
Main telephone number
Other telephone number



Include country code.

☐ Indicate here if you would prefer not to be contacted by telephone

Are you:

- ☐ An agent that is a business or organisation, including a sole trader
☒ A private individual acting as an agent

A sole trader is a business owned by one person without any special legal structure.

Your Address

* Building number or name LICENSING HUB
* Street 20 CRAIGHILL ROAD
District
* City or town LEICESTER
County or administrative area
* Postcode LE23FB
* Country United Kingdom

Address official correspondence should be sent to.

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PREMISES DETAILS

Continued from previous page...

I/we, as named in section 1, apply for a premises licence under section 17 of the Licensing Act 2003 for the premises described in section 2 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.

Premises Address

Are you able to provide a postal address, OS map reference or description of the premises?

☒ Address ☐ OS map reference ☐ Description

Postal Address Of Premises

Building number or name	SPICE FUSION RESTAURANT
Street	26 MELTON ROAD
District	
City or town	LEICESTER
County or administrative area	
Postcode	LE4 5EA
Country	United Kingdom

Further Details

Telephone number	
Non-domestic rateable value of premises (£)	15,750

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APPLICATION DETAILS

In what capacity are you applying for the premises licence?

- ☒ An individual or individuals
- ☐ A limited company / limited liability partnership
- ☐ A partnership (other than limited liability)
- ☐ An unincorporated association
- ☐ Other (for example a statutory corporation)
- ☐ A recognised club
- ☐ A charity
- ☐ The proprietor of an educational establishment
- ☐ A health service body
- ☐ A person who is registered under part 2 of the Care Standards Act 2000 (c14) in respect of an independent hospital in Wales
- ☐ A person who is registered under Chapter 2 of Part 1 of the Health and Social Care Act 2008 in respect of the carrying on of a regulated activity (within the meaning of that Part) in an independent hospital in England
- ☐ The chief officer of police of a police force in England and Wales

Confirm The Following

- ☒ I am carrying on or proposing to carry on a business which involves the use of the premises for licensable activities
- ☐ I am making the application pursuant to a statutory function
- ☐ I am making the application pursuant to a function discharged by virtue of His Majesty's prerogative

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INDIVIDUAL APPLICANT DETAILS

Applicant Name

Is the name the same as (or similar to) the details given in section one?

- ☒ Yes ☐ No

If "Yes" is selected you can re-use the details from section one, or amend them as required. Select "No" to enter a completely new set of details.

First name

ARVIND

Family name

FAQUIR

Is the applicant 18 years of age or older?

- ☒ Yes ☐ No

Continued from previous page...

Current Residential Address

Is the address the same as (or similar to) the address given in section one?

☒ Yes

☐ No

If "Yes" is selected you can re-use the details from section one, or amend them as required. Select "No" to enter a completely new set of details.

Building number or name

Street

District

City or town

County or administrative area

Postcode

Country

Applicant Contact Details

Are the contact details the same as (or similar to) those given in section one?

☒ Yes

☐ No

If "Yes" is selected you can re-use the details from section one, or amend them as required. Select "No" to enter a completely new set of details.

E-mail

Telephone number

Other telephone number

* Date of birth

* Nationality

Right to work share code

documents that demonstrate entitlement to work in the UK
Right to work share code if not submitting scanned documents

Add another applicant

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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

Provide a general description of the premises

Continued from previous page...

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.

A PREMISES ON THE THE MAIN ROAD, PROSPOSING TO BE A RESTAURANT ,SERVING BREAKFAST , AS ON LICENCE,
APPLYING SALE OF ALCOHOL, LATE NIGHT REFRESHMENT ,AND RECORDED MUSIC. .
OPENING MONDAY TO SUNDAY ,9AM TO 1AM

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

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PROVISION OF PLAYS

[See guidance on regulated entertainment](#)

Will you be providing plays?

☐ Yes ☒ No

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PROVISION OF FILMS

[See guidance on regulated entertainment](#)

Will you be providing films?

☐ Yes ☒ No

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PROVISION OF INDOOR SPORTING EVENTS

[See guidance on regulated entertainment](#)

Will you be providing indoor sporting events?

☐ Yes ☒ No

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PROVISION OF BOXING OR WRESTLING ENTERTAINMENTS

[See guidance on regulated entertainment](#)

Will you be providing boxing or wrestling entertainments?

☐ Yes ☒ No

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PROVISION OF LIVE MUSIC

[See guidance on regulated entertainment](#)

Will you be providing live music?

☐ Yes ☒ No

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PROVISION OF RECORDED MUSIC

[See guidance on regulated entertainment](#)

Continued from previous page...

Will you be providing recorded music?

☒ Yes

☐ No

Standard Days And Timings

MONDAY

Start

End

Start

End

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.

TUESDAY

Start

End

Start

End

WEDNESDAY

Start

End

Start

End

THURSDAY

Start

End

Start

End

FRIDAY

Start

End

Start

End

SATURDAY

Start

End

Start

End

SUNDAY

Start

End

Start

End

Will the playing of recorded music take place indoors or outdoors or both?

☒ Indoors

☐ Outdoors

☐ Both

Where taking place in a building or other
structure tick as appropriate. Indoors may
include a tent.

State 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.

State any seasonal variations for playing recorded music

For example (but not exclusively) where the activity will occur on additional days during the summer months.

Continued from previous page...

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Non-standard timings. Where the premises will be used for the playing of recorded music at different times from those listed in the column on the left, list below

For example (but not exclusively), where you wish the activity to go on longer on a particular day e.g. Christmas Eve.

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PROVISION OF PERFORMANCES OF DANCE

[See guidance on regulated entertainment](#)

Will you be providing performances of dance?

☐ Yes ☒ No

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PROVISION OF ANYTHING OF A SIMILAR DESCRIPTION TO LIVE MUSIC, RECORDED MUSIC OR PERFORMANCES OF DANCE

[See guidance on regulated entertainment](#)

Will you be providing anything similar to live music, recorded music or performances of dance?

☐ Yes ☒ No

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LATE NIGHT REFRESHMENT

Will you be providing late night refreshment?

☒ Yes ☐ No

Standard Days And Timings

MONDAY

Start

End

Start

End

TUESDAY

Start

End

Start

End

WEDNESDAY

Start

End

Start

End

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.

Continued from previous page...

THURSDAY

Start 23:00

End 01:00

Start

End

FRIDAY

Start 23:00

End 01:00

Start

End

SATURDAY

Start 23:00

End 01:00

Start

End

SUNDAY

Start 23:00

End 01:00

Start

End

Will the provision of late night refreshment take place indoors or outdoors or both?

☐ Indoors

☒ Outdoors

☐ Both

Where taking place in a building or other structure tick as appropriate. Indoors may include a tent.

State 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.

State any seasonal variations

For example (but not exclusively) where the activity will occur on additional days during the summer months.

Non-standard timings. Where the premises will be used for the supply of late night refreshments at different times from those listed in the column on the left, list below

For example (but not exclusively), where you wish the activity to go on longer on a particular day e.g. Christmas Eve.

Continued from previous page...

SUPPLY OF ALCOHOL

Will you be selling or supplying alcohol?

☒ Yes ☐ No

Standard Days And Timings

MONDAY

Start

End

Start

End

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.

TUESDAY

Start

End

Start

End

WEDNESDAY

Start

End

Start

End

THURSDAY

Start

End

Start

End

FRIDAY

Start

End

Start

End

SATURDAY

Start

End

Start

End

SUNDAY

Start

End

Start

End

Will the sale of alcohol be for consumption:

☒ On the premises ☐ Off the premises ☐ Both

If the sale of alcohol is for consumption on
the premises select on, if the sale of alcohol
is for consumption away from the premises
select off. If the sale of alcohol is for
consumption on the premises and away
from the premises select both.

State any seasonal variations

For example (but not exclusively) where the activity will occur on additional days during the summer months.

Continued from previous page...

Non-standard timings. Where the premises will be used for the supply of alcohol at different times from those listed in the column on the left, list below

For example (but not exclusively), where you wish the activity to go on longer on a particular day e.g. Christmas Eve.

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

Name

First name

ARVIND

Family name

FAQUIR

Date of birth

dd mm yyyy

Enter the contact's address

Building number or name

Street

District

City or town

County or administrative area

Postcode

Country

Personal Licence number
(if known)

Issuing licensing authority
(if known)

PROPOSED DESIGNATED PREMISES SUPERVISOR CONSENT

How will the consent form of the proposed designated premises supervisor be supplied to the authority?

- ☐ Electronically, by the proposed designated premises supervisor
- ☒ As an attachment to this application

Reference number for consent
form (if known)

Continued from previous page...

If the consent form is already submitted, ask the proposed designated premises supervisor for its 'system reference' or 'your reference'.

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ADULT ENTERTAINMENT

Highlight any adult entertainment or services, activities, or other entertainment or matters ancillary to the use of the premises that may give rise to concern in respect of children

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 etc gambling machines etc.

NONE

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HOURS PREMISES ARE OPEN TO THE PUBLIC

Standard Days And Timings

MONDAY

Start

End

Start

End

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.

TUESDAY

Start

End

Start

End

WEDNESDAY

Start

End

Start

End

THURSDAY

Start

End

Start

End

FRIDAY

Start

End

Start

End

SATURDAY

Start

End

Start

End

Continued from previous page...

SUNDAY

Start

End

Start

End

State any seasonal variations

For example (but not exclusively) where the activity will occur on additional days during the summer months.

Non standard timings. Where you intend to use the premises to be open to the members and guests at different times from those listed in the column on the left, list below

For example (but not exclusively), where you wish the activity to go on longer on a particular day e.g. Christmas Eve.

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LICENSING OBJECTIVES

Describe the steps you intend to take to promote the four licensing objectives:

a) General – all four licensing objectives (b,c,d,e)

List here steps you will take to promote all four licensing objectives together.

ALL DUTIES WILL BE CONDUCTED IN A MANNER SUTIALBE NOT TO UNDERMINE THE OBJECTIVES OF THE LICENCE ACT 2003.

ALL STAFF EMPLOYED WILL GO THROUGH IN HOUSE ALCOHOL SALES TRAINING

b) The prevention of crime and disorder

The licence holder will ensure a high definition, colour HD CCTV camera system is installed, operational and recording whilst the premises is open to the public. The system must permit the identification of individual(s) in all lighting conditions.

CCTV cameras must cover all areas that the public have access to, including the entrance, exit and pavement area immediately outside the premises.

CCTV system images must be securely stored, display an accurate date/time stamp and retained for a minimum of 31 days.

The licence holder will ensure that there is always a member of staff trained and available to download images/ footage immediately or an agreed timescale if requested by the police or the Licensing Authority.

The licence holder shall take reasonable steps to prevent public nuisance being caused by customers outside the premises by displaying prominent Quiet notices requesting customers respect the needs of local residents.

A Challenge 25 policy will be adopted with the only acceptable proof of age identification consisting of a current passport,

Continued from previous page...

photo card driving licence or identification carrying a PASS logo. A training record must be kept on the premises, retained for 12 months from the date of the incident and produced to an officer from a responsible authority upon request.

c) Public safety

The premises will be kept clean and clear of obstruction for customers .
CCTV operate throughout opening hours .

d) The prevention of public nuisance

Posters will placed at entrance door and wall s within the premises . The poster will inform customers the importance to leave quietly in the late hours of the evening and to observe noise levels .
The doors will always remain closed except when customers enter and leave.

e) The protection of children from harm

CCTV system installed inside & outside.
Acceptance of accredited 'Proof of age' cards and / or passport. or driving Licence with photograph.
Training of staff to be aware of underage purchasing
Challenge 25 posters will be displayed. 'No proper ID No Sale policy.'
Maintain a refusals book. Kept behind the counter or on the EPOS system if available

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NOTES ON DEMONSTRATING ENTITLEMENT TO WORK IN THE UK

Continued from previous page...

- Dance: no licence is required for performances between 08.00 and 23.00 on any day, provided that the audience does not exceed 500. However, a performance which amounts to adult entertainment remains licensable.
- Cross activity exemptions: no licence is required between 08.00 and 23.00 on any day, with no limit on audience size for:
 - o any entertainment taking place on the premises of the local authority where the entertainment is provided by or on behalf of the local authority;
 - o any entertainment taking place on the hospital premises of the health care provider where the entertainment is provided by or on behalf of the health care provider;
 - o any entertainment taking place on the premises of the school where the entertainment is provided by or on behalf of the school proprietor; and
 - o any entertainment (excluding films and a boxing or wrestling entertainment) taking place at a travelling circus, provided that (a) it takes place within a moveable structure that accommodates the audience, and (b) that the travelling circus has not been located on the same site for more than 28 consecutive days.

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PAYMENT DETAILS

This fee must be paid to the authority. If you complete the application online, you must pay it by debit or credit card.

Fees are dependent on the business rate band of the premises. Further information is provided at the link below: <https://www.leicester.gov.uk/business/licences-and-permits/entertainment-food-and-drink-licensing/beer-entertainment-and-late-night-refreshment/policy-and-guidance/>

* Fee amount (£)

190.00

DECLARATION

[Applicable to individual applicants only, including those in a partnership which is not a limited liability partnership] I understand I am not entitled to be issued with a licence if I do not have the entitlement to live and work in the UK (or if I am subject to a condition preventing me from doing work relating to the carrying on of a licensable activity) and that my licence will become invalid if I cease to be entitled to live and work in the UK (please read guidance note 15).

The DPS named in this application form is entitled to work in the UK (and is not subject to conditions preventing him or her from doing work relating to a licensable activity) and I have seen a copy of his or her proof of entitlement to work, if appropriate (please see note 15)

☒ Ticking this box indicates you have read and understood the above declaration

This section should be completed by the applicant, unless you answered "Yes" to the question "Are you an agent acting on behalf of the applicant?"

* Full name

ANIL BHAWSAR

* Capacity

LICENSING AGENTS C/O LICENSING HUB

* Date

23 / 06 / 2025
dd mm yyyy

Add another signatory

Once you're finished you need to do the following:

1. Save this form to your computer by clicking file/save as...

2. Go back to <https://www.gov.uk/apply-for-a-licence/premises-licence/leicester/apply-1> to upload this file and continue with your application.

Don't forget to make sure you have all your supporting documentation to hand.

Continued from previous page...

IT IS AN OFFENCE LIABLE TO SUMMARY CONVICTION TO A FINE OF ANY AMOUNT UNDER SECTION 158 OF THE LICENSING ACT 2003, TO MAKE A FALSE STATEMENT IN OR IN CONNECTION WITH THIS APPLICATION

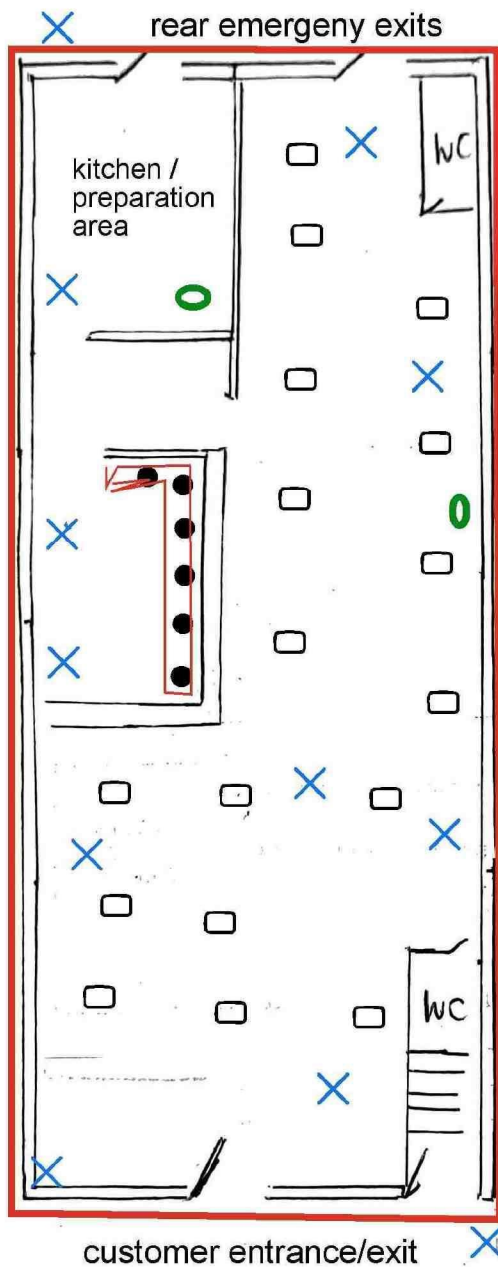
IT IS AN OFFENCE UNDER SECTION 24B OF THE IMMIGRATION ACT 1971 FOR A PERSON TO WORK WHEN THEY KNOW, OR HAVE REASONABLE CAUSE TO BELIEVE, THAT THEY ARE DISQUALIFIED FROM DOING SO BY REASON OF THEIR IMMIGRATION STATUS. THOSE WHO EMPLOY AN ADULT WITHOUT LEAVE OR WHO IS SUBJECT TO CONDITIONS AS TO EMPLOYMENT WILL BE LIABLE TO A CIVIL PENALTY UNDER SECTION 15 OF THE IMMIGRATION, ASYLUM AND NATIONALITY ACT 2006 AND PURSUANT TO SECTION 21 OF THE SAME ACT, WILL BE COMMITTING AN OFFENCE WHERE THEY DO SO IN THE KNOWLEDGE, OR WITH REASONABLE CAUSE TO BELIEVE, THAT THE EMPLOYEE IS DISQUALIFIED

OFFICE USE ONLY


Applicant reference number	<input type="text" value="SPICE FUSION RESTAURANT"/>
Fee paid	<input type="text"/>
Payment provider reference	<input type="text"/>
ELMS Payment Reference	<input type="text"/>
Payment status	<input type="text"/>
Payment authorisation code	<input type="text"/>
Payment authorisation date	<input type="text"/>
Date and time submitted	<input type="text"/>
Approval deadline	<input type="text"/>
Error message	<input type="text"/>
Is Digitally signed	<input type="checkbox"/>

[1](#) [2](#) [3](#) [4](#) [5](#) [6](#) [7](#) [8](#) [9](#) [10](#) [11](#) [12](#) [13](#) [14](#) [15](#) [16](#) [17](#) [18](#) [19](#) [20](#) [21](#) [Next >](#)

The Spice Fusion Restaurant.
26 Melton Road , Leicester , LE4 5EA



scale 1:100

-  licensable area
-  alcohol behind counter
-  tables and chairs
-  cctv cameras
-  fire extinguishers

The Licensing Hub



Cookies on UK Visas and Immigration services

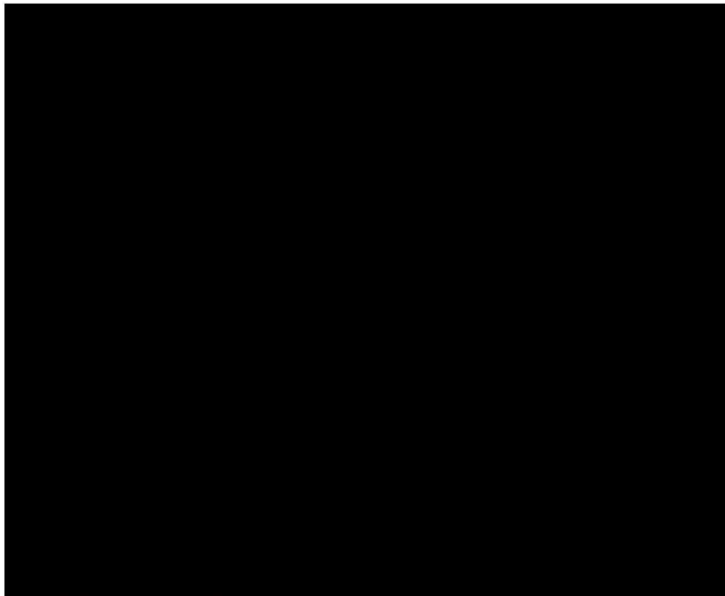
We use some essential cookies to make this service work.

We would like to use analytics cookies so we can understand how you use this service and make improvements.

[Accept analytics cookies](#)

[Reject analytics cookies](#)

[View cookies](#)



ARVIND FAQUIR

They can work in the UK.

Details

They can work in any job. There is no limit on how long they can stay in the UK.

► [Legal basis of status](#)

If you employ this person

To avoid a penalty, you must:

- check this looks like the person you meet face to face or by video call
- keep a secure copy of this online check (either electronically or in hard copy), for the duration of the employment and for 2 years after

Consent of individual to being specified as premises supervisor

I ARVIND FAQUIR
Of [REDACTED]

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

PREMISES LICENCE
Type of application

by
[name of ARVIND FAQUIR
applicant]

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

for SPICE FUSION RESTAURANT,26 MELTON ROAD,LEICESTER,LE4 5EA

[name and
address of premises to which the application relate and any premises licence to be granted or varied in
respect of this application made by

ARVIND FAQUIR
[name of applicant]

concerning the supply of alcohol at

SPICE FUSION RESTAURANT,26 MELTON ROAD,LEICESTER,LE4 5EA

[name and
address of premises to which application relates]

I also confirm that I am entitled to work in the United Kingdom and intend to apply for or currently hold a personal licence, details of which I set out below.

Personal licence number

insert personal licence number, [REDACTED]

Personal licence issuing authority [REDACTED]

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

Signed [REDACTED]

Name (please print) ARVIND FAQUIR

Date 24/6/25