



**Leicester**  
**Application for a premises licence**  
**Licensing Act 2003**

For help contact  
[licensing@leicester.gov.uk](mailto: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.

**Applicant Business**

Is the applicant's business registered in the UK with Companies House? ☒ Yes ☐ No

Note: completing the Applicant Business section is optional in this form.

Registration number

Business name  If the applicant's business is registered, use its registered name.

VAT number   Put "none" if the applicant is not registered for VAT.

Legal status

*Continued from previous page...*

Applicant's position in the business

DIRECTOR

Home country

United Kingdom

The country where the applicant's headquarters are.

**Registered Address**

Address registered with Companies House.

Building number or name

135

Street

EAST PARK ROAD

District

City or town

LEICESTER

County or administrative area

Postcode

LE5 5AZ

Country

United Kingdom

**Agent Details**

\* First name

ANIL

\* Family name

BHAWSAR

\* E-mail

Main telephone number

Include country code.

Other telephone number

☐ 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**

Address official correspondence should be sent to.

\* Building number or name

LICENSING HUB

\* Street

20 CRAIGHILL ROAD

District

\* City or town

LEICESTER

County or administrative area

\* Postcode

LE2 3FB

\* Country

United Kingdom

Continued from previous page...

## Section 2 of 21

### PREMISES DETAILS

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	CLARENDON SUPERSTORE
Street	208 CLARENDON PARK ROAD
District	
City or town	LEICESTER
County or administrative area	
Postcode	LE2 3AG
Country	United Kingdom

#### Further Details

Telephone number	
Non-domestic rateable value of premises (£)	6,900

**Section 3 of 21****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

**Section 4 of 21****NON INDIVIDUAL APPLICANTS**

Provide name and registered address of applicant in full. Where appropriate give any registered number. In the case of a partnership or other joint venture (other than a body corporate), give the name and address of each party concerned.

**Non Individual Applicant's Name**

Name

JAS SUPERMARKET (EM) LTD

**Details**

Registered number (where applicable)

12685622

Description of applicant (for example partnership, company, unincorporated association etc)

Continued from previous page...

PRIVATE LIMITED COMPANY

#### Address

Building number or name

Street

District

City or town

County or administrative area

Postcode

Country

#### Contact Details

Documents that demonstrate entitlement to  
reside in the UK

Add another applicant

### Section 5 of 21

#### 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

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.

CURRENTLY BEING REFURBISHED , TO BE A GROCERY CONVENIENCE STORE ,TO SELL FRUIT AND VEGETABLES ,SNACKS AND SOFT DRINKS, ALCOHOL ,LOTTERY , TOBACCO ,POST COLLECTION AND BILL PAYMENT SERVICES. OPENING 7AM TO 100:0 MONDAY TO SUNDAY.

*Continued from previous page...*

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

#### Section 6 of 21

##### PROVISION OF PLAYS

[See guidance on regulated entertainment](#)

Will you be providing plays?

☐ Yes

☒ No

#### Section 7 of 21

##### PROVISION OF FILMS

[See guidance on regulated entertainment](#)

Will you be providing films?

☐ Yes

☒ No

#### Section 8 of 21

##### PROVISION OF INDOOR SPORTING EVENTS

[See guidance on regulated entertainment](#)

Will you be providing indoor sporting events?

☐ Yes

☒ No

#### Section 9 of 21

##### PROVISION OF BOXING OR WRESTLING ENTERTAINMENTS

[See guidance on regulated entertainment](#)

Will you be providing boxing or wrestling entertainments?

☐ Yes

☒ No

#### Section 10 of 21

##### PROVISION OF LIVE MUSIC

[See guidance on regulated entertainment](#)

Will you be providing live music?

☐ Yes

☒ No

#### Section 11 of 21

##### PROVISION OF RECORDED MUSIC

[See guidance on regulated entertainment](#)

Will you be providing recorded music?

☐ Yes

☒ No

#### Section 12 of 21

##### PROVISION OF PERFORMANCES OF DANCE

[See guidance on regulated entertainment](#)

Will you be providing performances of dance?

Continued from previous page...

### Section 13 of 21

#### 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

### Section 14 of 21

#### LATE NIGHT REFRESHMENT

Will you be providing late night refreshment?

☐ Yes ☒ No

### Section 15 of 21

#### 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

*Continued from previous page...*

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.

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

Family name

Date of birth



*Continued from previous page...*

**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)

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

**Section 16 of 21**

**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

**Section 17 of 21**

**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.

*Continued from previous page...*

TUESDAY

Start	<input type="text" value="07:00"/>	End	<input type="text" value="00:00"/>
Start	<input type="text"/>	End	<input type="text"/>

WEDNESDAY

Start	<input type="text" value="07:00"/>	End	<input type="text" value="00:00"/>
Start	<input type="text"/>	End	<input type="text"/>

THURSDAY

Start	<input type="text" value="07:00"/>	End	<input type="text" value="00:00"/>
Start	<input type="text"/>	End	<input type="text"/>

FRIDAY

Start	<input type="text" value="07:00"/>	End	<input type="text" value="00:00"/>
Start	<input type="text"/>	End	<input type="text"/>

SATURDAY

Start	<input type="text" value="07:00"/>	End	<input type="text" value="00:00"/>
Start	<input type="text"/>	End	<input type="text"/>

SUNDAY

Start	<input type="text" value="07:00"/>	End	<input type="text" value="00:00"/>
Start	<input type="text"/>	End	<input type="text"/>

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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**Section 18 of 21**

**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)

*Continued from previous page...*

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

ALL DUTIES TO BE A RESPONSIBLE RETAILER

WILL BE CONDUCTED IN A MANNER SUITABLE NOT TO UNDERMINE THE OBJECTIVES OF THE LICENCE ACT 2003. ALL STAFF EMPLOYED WILL GO THROUGH IN HOUSE ALCOHOL RETAIL TRAINING

b) The prevention of crime and disorder

The premises shall install and maintain a digital CCTV system

The CCTV system shall have sufficient hard drive storage capacity to store a minimum of 28 days.

All staff shall be trained in the operation of the CCTV system to ensure rapid data retrieval & downloads of footage can be provided to the Police & the Local Authority Officer upon reasonable request in accordance with the Data Protection Act.

An incident log must be kept at the premises. Log records will be retained for a period of 12 months from the date it occurred. It will be made immediately available on request to an 'authorised person' (as defined by section 13 of the Licensing Act 2003), an authorised trading standards officer or the police, and must record the following;

(a) All crimes reported to the premises (where relevant to the licensing objectives)

(b) Any incidents of disorder

When the designated premises supervisor is not on duty, a contact telephone number will be available at all times.

All spirits will be stored and sold behind the counter.

Premises will not admit persons who are visibly intoxicated and staff should be trained regarding responsible alcohol sales, identifying drunkenness and preventing alcohol sales to them.

c) Public safety

all areas within the store will be kept clear from obstruction

d) The prevention of public nuisance

Deliveries to the premises shall be conducted in a manner that will not cause a nuisance to the occupiers of any residential properties surrounding the delivery address and deliveries shall be made at a time that will not lead to any public nuisance

e) The protection of children from harm

A Register of refusals will be kept including a description of the

people who have been unable to provide required identification to prove their age. Such records shall be kept for a period of 12 months and will be collected by the designated premises supervisor and produced to the police or an 'authorised person'.

All staff engaged in the sale of alcohol to be trained in Challenge 25. Training records

shall be kept on the premises and produced to the police or an 'authorised person'

Proxy signs will be on display warning adults about the law surrounding buying alcohol for children

Staff will monitor the outside area to identify any potential proxy purchasing concerns

The premises shall operate a Challenge 25 policy. Such policy shall be written down and kept at the premises.

Prominent, clear and legible Challenge 25 signage shall also be displayed at all entrances to the premises as well as at, at least one location behind any counter advertising the scheme operated. No ID No sale posters.

## **Section 19 of 21**

### **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.

## Section 21 of 21

### 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 HUB

\* Date

16 / 11 / 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="JAS SUPERMARKET (EM) LTD"/>
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 >](#)

Consent of individual to being specified as premises supervisor

I JASVIR SINGH  
Of 

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

Type PREMISES LICENCE  
*of application*

by  
[name of JAS SUPERMARKET(EM) LTD  
applicant]

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

for CLARENDON SUPERTORE ,208 CLARENDON PARK ROAD, LEICESTER ,LE2 3AG

[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


JAS SUPERMARKET(EM) LTD  
[name of applicant]

concerning the supply of alcohol at CLARENDON SUPERTORE  
208 CLARENDON PARK ROAD, LEICESTER, LE2 3AG


[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,* 

Personal licence issuing authority 

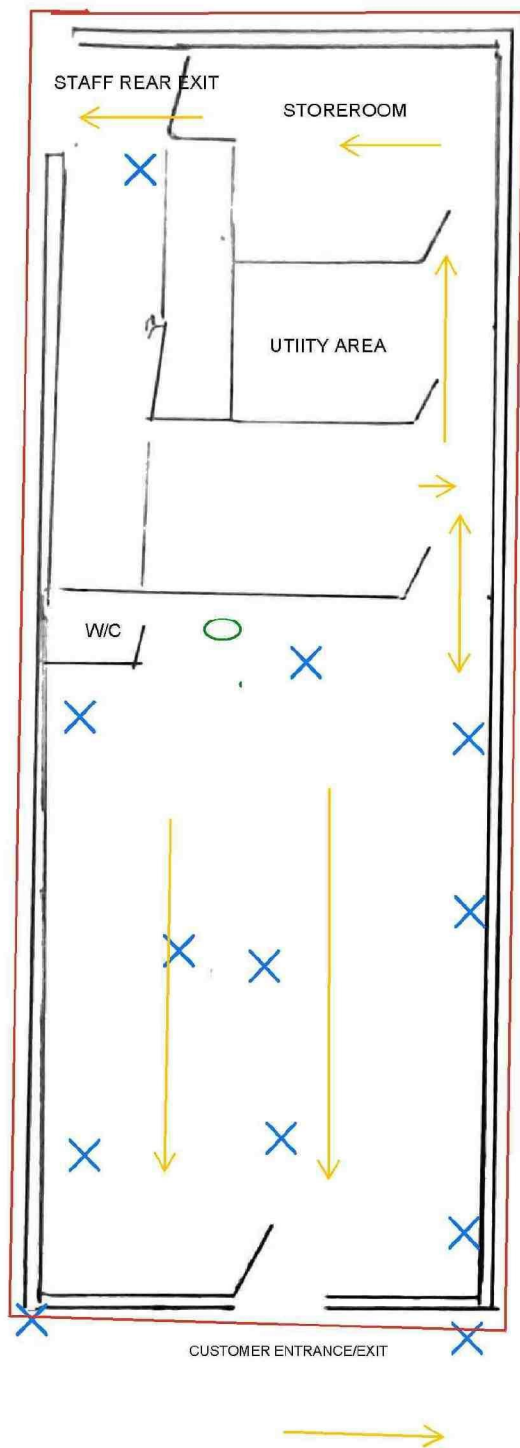
*[insert name and address and telephone number of personal licence issuing authority, if any]*

Signed 



Name (please print) JASVIR SINGH

Date 14/11/2025

JAS SUPERMARKET (EM) LTD T/A CLARENDON SUPERSTORE  
208 CLARENDON PARK ROAD , LEICESTER , LE2 3AG



SCALE 1:100 1CM :1 METRE

-  LICENSABLE AREA
-  CCTV CAMERA POINT
-  EMERGENCY EXITS
-  FIRE EXTINGUISHER

LICENSING HUB

