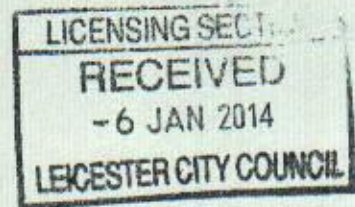




Leicester
City Council

Application for a premises licence to be granted
under the Licensing Act 2003



3/02
058029

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~~ MR KALPESH RUPARELL
(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			
UNIT 22 33 CANE STREET ST. MARTINS			
Post town	LEICESTER	Postcode	LE1 5BG
Telephone number at premises (if any)	N/A		
Non-domestic rateable value of premises	£ 15,750		

Part 2 - Applicant Details

Please state whether you are applying for a premises licence as

Please tick as appropriate

- 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 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)


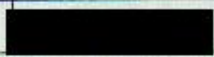
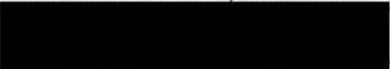
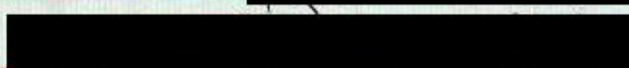
* If you are applying as a person described in (a) or (b) please confirm:

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 RUPARELL			First names KALPESH		
I am 18 years old or over			please tick yes		
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 <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
Surname		MIA		First names	NIA
I am 18 years old or over				<input type="checkbox"/>	Please tick yes
Current postal address if different from premises address		N/A			
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	N/A
Address	N/A
Registered number (where applicable)	
Description of applicant (for example, partnership, company, unincorporated association etc.)	
Telephone number (if any)	
E-mail address (optional)	

Part 3 Operating Schedule

When do you want the premises licence to start?

DD MM YYYY
 07 04 2014

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

DD MM YYYY
 | | | | | | | |

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

1920'S VINTAGE COCKTAIL BAR, PRIMARY FUNCTION WILL BE SALE OF DRINKS ON SITE, ANCILLARY WILL BE THE SUPPLY OF COLD & REGENERATED BAR FOOD (NO PRIMARY COOKING) FULL TABLE SERVICE PROVIDED, WITH SEATED CAPACITY OF APPROX 30 COVERS.

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 any that apply

- a) plays (if ticking yes, fill in box A)
- b) films (if ticking yes, fill in box B)
- c) indoor sporting events (if ticking yes, fill in box C)
- d) boxing or wrestling entertainment (if ticking yes, fill in box D)
- e) live music (if ticking yes, fill in box E)
- f) recorded music (if ticking yes, fill in box F)
- g) performances of dance (if ticking yes, fill in box G)
- h) anything of a similar description to that falling within (e), (f) or (g) (if ticking yes, fill in box H)

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



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



In all cases complete boxes K, L and M

A

Plays Standard days and timings (please read guidance note 6)			<u>Will the performance of a play take place indoors or outdoors or both – please tick</u> (please read guidance note 2) <p style="text-align: center;">NIA</p>	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<u>Please give further details here</u> (please read guidance note 3)		
Mon			NIA		
Tue					
Wed			<u>State any seasonal variations for performing plays</u> (please read guidance note 4)		
Thur			NIA		
Fri			<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> (please read guidance note 5)		
Sat			NIA		
Sun					

B

Films Standard days and timings (please read guidance note 6)			Will the exhibition of films 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			N/A	Both	<input type="checkbox"/>
Tue				Please give further details here (please read guidance note 3)	
Wed			N/A	State any seasonal variations for the exhibition of films (please read guidance note 4)	
Thur				N/A	
Fri			N/A	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 (please read guidance note 5)	
Sat				N/A	
Sun				N/A	

C

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

D

Boxing or wrestling entertainments Standard days and timings (please read guidance note 6)			Will the boxing or wrestling entertainment 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			NIA	Both	<input type="checkbox"/>
Tue				Please give further details here (please read guidance note 3)	
Wed			NIA	State any seasonal variations for boxing or wrestling entertainment (please read guidance note 4)	
Thur				Non standard timings. Where you intend to use the premises for boxing or wrestling entertainment at different times to those listed in the column on the left, please list (please read guidance note 5)	
Fri			NIA		
Sat					
Sun					

E

Live music Standard days and timings (please read guidance note 6)			Will the performance of live music take place indoors or outdoors or both – please tick (please read guidance note 2)		Indoors <input checked="" type="checkbox"/>
					Outdoors <input type="checkbox"/>
					Both <input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 3)		
Mon			LIVE MUSICIANS & VOCALIST, AMPLIFIED FOR SUBTLE BACKGROUND AMBIANCE		
	12:00	24:00			
Tue			State any seasonal variations for the performance of live music (please read guidance note 4)		
	12:00	21:00			
Wed			N/A		
	12:00	24:00			
Thur			N/A		
	12:00	24:00			
Fri			Non standard timings. Where you intend to use the premises for the performance of live music at different times to those listed in the column on the left, please list (please read guidance note 5)		
	00:00	02:00			
	12:00	24:00	N/A		
Sat					
	00:00	02:00	N/A		
	10:00	24:00			
Sun			N/A		
	00:00	02:00			
	10:00	24:00			

F

Recorded music Standard days and timings (please read guidance note 6)			Will the playing of recorded music take place indoors or outdoors or both – please tick (please read guidance note 2)	Indoors	<input checked="" type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Mon			Please give further details here (please read guidance note 3)	PLAYING MP3S / CD / VINYL AMPLIFIED FOR SUBTLE BACKGROUND AMBIANCE	
	12:00	24:00			
Tue			State any seasonal variations for the playing of recorded music (please read guidance note 4)	N/A	
	12:00	24:00			
Wed			State any seasonal variations for the playing of recorded music (please read guidance note 4)	N/A	
	12:00	24:00			
Thur			State any seasonal variations for the playing of recorded music (please read guidance note 4)	N/A	
	12:00	24:00			
Fri			Non standard timings. Where you intend to use the premises for the playing of recorded music at different times to those listed in the column on the left, please list (please read guidance note 5)	N/A	
	00:00	02:00			
	12:00	24:00			
Sat			Non standard timings. Where you intend to use the premises for the playing of recorded music at different times to those listed in the column on the left, please list (please read guidance note 5)	N/A	
	00:00	02:00			
	10:00	24:00			
Sun			Non standard timings. Where you intend to use the premises for the playing of recorded music at different times to those listed in the column on the left, please list (please read guidance note 5)	N/A	
	00:00	02:00			
	10:00	24:00			

G

Performances of dance Standard days and timings (please read guidance note 6)			<u>Will the performance of dance take place indoors or outdoors or both – please tick</u> (please read guidance note 2)	Indoors	<input type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon			N/A	Both	<input type="checkbox"/>
Tue				<u>Please give further details here</u> (please read guidance note 3)	
Wed			N/A	<u>State any seasonal variations for the performance of dance</u> (please read guidance note 4)	
Thur				<u>Non standard timings. Where you intend to use the premises for the performance of dance at different times to those listed in the column on the left, please list</u> (please read guidance note 5)	
Fri			N/A		
Sat					
Sun					

H

Anything of a similar description to that falling within (e), (f) or (g) Standard days and timings (please read guidance note 6)			Please give a description of the type of entertainment you will be providing <p style="text-align: center;">N/A</p>		
Day	Start	Finish	Will this entertainment take place indoors or outdoors or both – please tick (please read guidance note 2)	Indoors	<input type="checkbox"/>
Mon				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Tue			Please give further details here (please read guidance note 3)		
Wed			N/A		
Thur			State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g) (please read guidance note 4)		
Fri			N/A		
Sat			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 (please read guidance note 5)		
Sun			N/A		

I

Late night refreshment Standard days and timings (please read guidance note 6)			Will the provision of late night refreshment take place indoors or outdoors or both – please tick (please read guidance note 2)	Indoors	<input checked="" type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon			Please give further details here (please read guidance note 3)		
	23:00	24:00			
Tue			N/A		
	23:00	24:00			
Wed			State any seasonal variations for the provision of late night refreshment (please read guidance note 4)		
	23:00	24:00			
Thur			N/A		
	23:00	24:00			
Fri			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 (please read guidance note 5)		
	00:00	02:00			
	23:00	24:00	N/A		
Sat					
	00:00	02:00			
	23:00	24:00			
Sun					
	00:00	02:00			
	23:00	24:00			

J

Supply of alcohol Standard days and timings (please read guidance note 6)			Will the supply of alcohol be for consumption – please tick (please read guidance note 7)		On the premises	<input checked="" type="checkbox"/>
					Off the premises	<input type="checkbox"/>
					Both	<input type="checkbox"/>
Day	Start	Finish	State any seasonal variations for the supply of alcohol (please read guidance note 4)			
Mon	12:00	24:00				
Tue	12:00	24:00				
Wed	12:00	24:00				
Thur	12:00	24:00				
Fri	00:00	02:00				
	12:00	24:00				
Sat	00:00	02:00				
	10:00	24:00				
Sun	00:00	02:00				
	10:00	24:00				
			Non standard timings. Where you intend to use the premises for the supply of alcohol at different times to those listed in the column on the left, please list (please read guidance note 5)			
			N/A			
			N/A.			

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

Name	MR KALPESH RUPARELL		
Address	[REDACTED]		
Postcode	[REDACTED]		
Personal licence n	[REDACTED]		
Issuing licensing authority (if known)	LEICESTER CITY COUNCIL		

K

Please highlight any adult entertainment or services, activities, other entertainment or matters ancillary to the use of the premises that may give rise to concern in respect of children (please read guidance note 8).

N/A

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			N/A
	12:00	24:00	
Tue			
	12:00	24:00	
Wed			
	12:00	24:00	
Thur			
	12:00	24:00	
Fri	00:00	02:00	
	12:00	24:00	
Sat	00:00	02:00	
	10:00	24:00	
Sun	00:00	02:00	
	10:00	24:00	

Non standard timings. Where you intend the premises to be open to the public at different times from those listed in the column on the left, please list (please read guidance note 5)

N/A

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)

- MEET REQUIREMENTS OF THE LICENSING ACT 2003
- PRODUCE OPERATING SCHEDULE
- DETAIL STEPS TAKEN TO PROMOTE LICENSING OBJECTIVES, SET OUT BELOW.

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

- INSTALL CCTV INSIDE & IMMEDIATELY OUTSIDE PREMISES
- SIA TRAINED DOOR SUPERVISORS
- PROMOTE STAFF TRAINING UP TO LEVEL 1 IN RESPONSIBLE ALCOHOL RETAIL
- SUBJECTIVE JUDGMENT ON DRINKS PROMOTIONS

c) **Public safety**

- ENSURE COMPLIANCE OF LEGISLATIVE AND REGULATORY GUIDELINES I.E. HEALTH AND SAFETY AT WORK ACT.
- SET A CAPACITY LIMIT OF PREMISES
- PROVISION OF STAFF TO CONTROL CUSTOMERS ON PREMISES

d) **The prevention of public nuisance**

- CARRY OUT RISK ASSESSMENT TO DETERMINE THE POTENTIAL EFFECT ON NEIGHBOURING PREMISES, AND TAKE NECESSARY STEPS
- TAKE STEPS TO PREVENT NOISE DISTURBANCE AND ANTI SOCIAL BEHAVIOUR FROM PEOPLE ARRIVING AND LEAVING

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

- LIMIT HOURS WHERE CHILDREN MAY BE PRESENT TO 9PM
 - A REQUIREMENT FOR AN ACCOMPANYING ADULT.

Checklist:

Please tick to indicate agreement

- 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 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	[REDACTED]
Date	[REDACTED]
Capacity	APPLICANT

For joint applications, signature of 2nd applicant or 2nd applicant’s solicitor or other authorised agent (please read guidance note 12). If signing on behalf of the applicant, please state in what capacity.

Signature	N/A
Date	N/A
Capacity	N/A

Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 13)

MR KALPESH RUPARELL

[REDACTED]		[REDACTED]	
Post town	LEICESTER	Postcode	[REDACTED]
Telephone number (if any)		[REDACTED]	
If you would prefer us to correspond with you by e-mail, your e-mail address (optional)			
[REDACTED]			

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 the premises'. If you wish people to be able to purchase alcohol to consume away from the premises, please tick 'off the premises'. 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 or 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, each of the applicant or their respective agent must sign the application form.
13. This is the address which we shall use to correspond with you about this application.

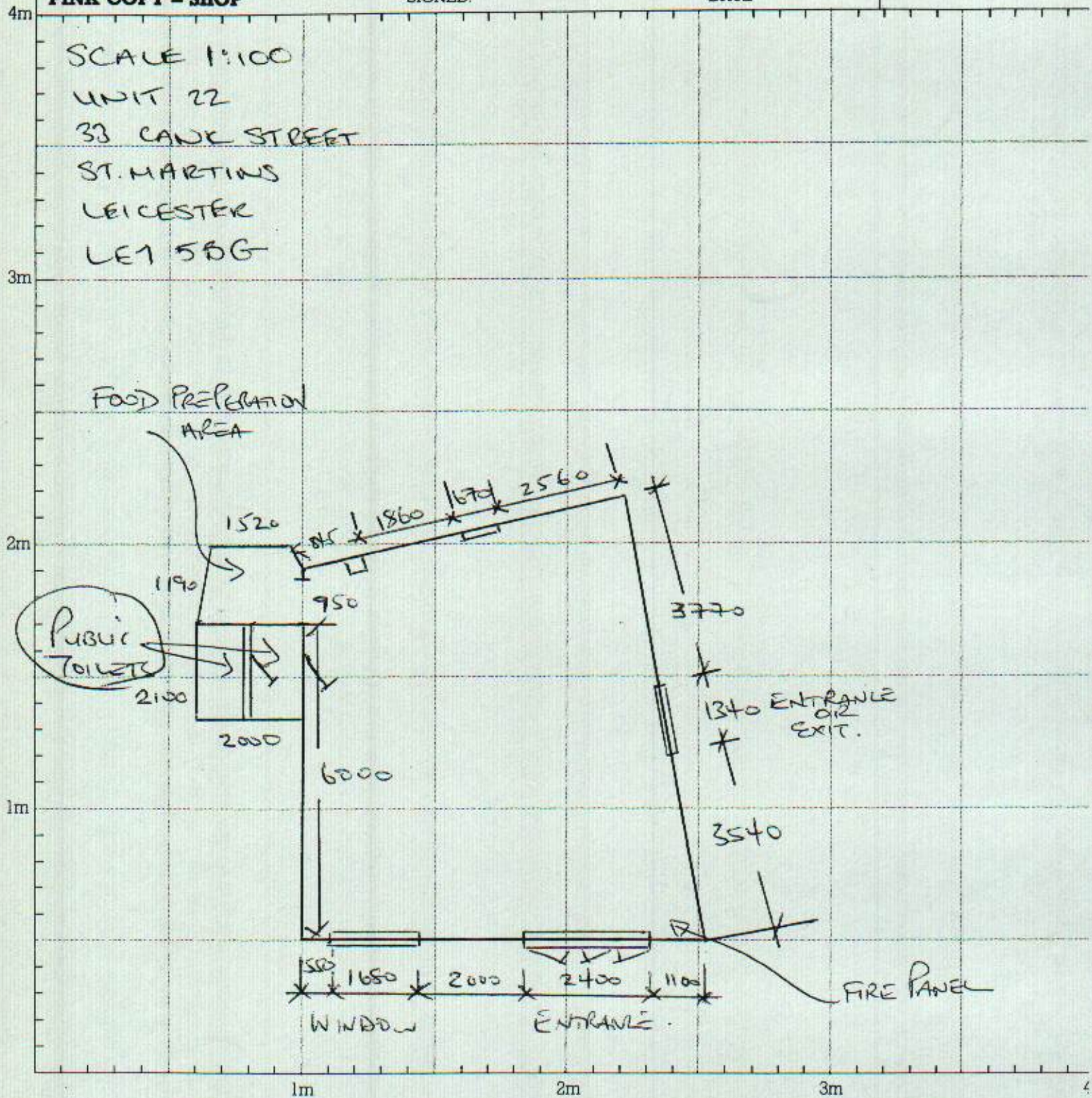
WHITE COPY - FITTER
 BLUE COPY - CUSTOMER
 PINK COPY - SHOP

I FULLY UNDERSTAND THE PLAN BELOW AND
 ACCEPT THE SPECIFICATIONS

SIGNED:

DATE

PLEASE INDICATE OUT
 THIS DRAWING IS AN IMP



SPECIFICATION	SPECIAL REQUIREMENTS				
RANGE:	ELECTRICAL	RESPONSIBILITY		CONSTRUCTIONAL	RESPON
COLOUR:		US	CUSTOMER		US
WORKTOPS:		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
COLOUR:					
CORNICE				GAS CONNECTIONS	<input type="checkbox"/>
PELMET					
WALL PANELS	PLUMBING	<input type="checkbox"/>	<input type="checkbox"/>		
BASE PANELS - LEFT				TILING PER SQ ²	<input type="checkbox"/>
BASE PANELS - RIGHT					
WORKTOP JOINTS:					

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

MR KALPESH PUPARELL
[name of applicant]

concerning the supply of alcohol at

UNIT 22
33 CANK STREET
ST. MARTINS
LEICESTER
LE1 5BG.

[name and address of premises to which application relates]

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

Personal licence number

LEIPRS2641
[insert personal licence number, if any]

Personal licence issuing authority

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

Signed



Name (please print)

KALPESH PUPARELL

Date

01/01/14