



Leicester  
City Council

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

059191

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 LILU CUISINE LTD  
(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			
LILU 76 HIGHCROSS STREET			
Post town	LEICESTER	Postcode	LE14NN

Telephone number at premises (if any)	[REDACTED]
Non-domestic rateable value of premises	£ 4350

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 \*  please complete section (B)
- 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)

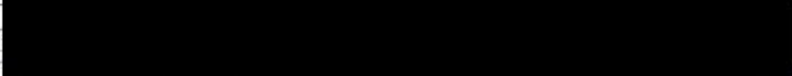
Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
<b>Surname</b>			<b>First names</b>		
I am 18 years old or over				<input type="checkbox"/> Please tick yes	
Current postal address if different from premises address					
Post town				Postcode	
<b>Daytime contact telephone number</b>					
<b>E-mail address (optional)</b>					

**SECOND INDIVIDUAL APPLICANT (if applicable)**

Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
Surname			First names		
I am 18 years old or over					<input type="checkbox"/> Please tick yes
Current postal address if different from premises address					
Post town			Postcode		
Daytime contact telephone number					
E-mail address (optional)					

**(B) OTHER APPLICANTS**

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

Name	LILU CUISINE LTD
Address	76 HIGHCROSS STREET LEICESTER LE1 4NN
Registered number (where applicable)	0876 5223
Description of applicant (for example, partnership, company, unincorporated association etc.)	LTD COMPANY
Telephone number (if any)	
E-mail address (optional)	

**Part 3 Operating Schedule**

When do you want the premises licence to start? *ASAP* 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  
[ ][ ][ ][ ][ ][ ][ ][ ][ ]

Please give a general description of the premises (please read guidance note 1)  
*INDIAN RESTAURANT / BAR*

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)  | <input type="checkbox"/>            |
| b) films (if ticking yes, fill in box B)  | <input type="checkbox"/>            |
| c) indoor sporting events (if ticking yes, fill in box C)   | <input type="checkbox"/>            |
| d) boxing or wrestling entertainment (if ticking yes, fill in box D)  | <input type="checkbox"/>            |
| e) live music (if ticking yes, fill in box E)   | <input checked="" type="checkbox"/> |
| f) recorded music (if ticking yes, fill in box F)   | <input checked="" type="checkbox"/> |
| g) performances of dance (if ticking yes, fill in box G)  | <input checked="" type="checkbox"/> |
| h) anything of a similar description to that falling within (e), (f) or (g) (if ticking yes, fill in box H) | <input checked="" type="checkbox"/> |

**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**

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

**B**

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

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			
Tue			<b>State any seasonal variations for indoor sporting events</b> (please read guidance note 4)
Wed			
Thur			<b>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</b> (please read guidance note 5)
Fri			
Sat			
Sun			



**D**

<b>Boxing or wrestling entertainments</b> Standard days and timings (please read guidance note 6)			<b><u>Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick</u></b> (please read guidance note 2)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<b><u>Please give further details here</u></b> (please read guidance note 3)		
Mon					
Tue					
Wed			<b><u>State any seasonal variations for boxing or wrestling entertainment</u></b> (please read guidance note 4)		
Thur					
Fri			<b><u>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</u></b> (please read guidance note 5)		
Sat					
Sun					

**E**

<b>Live music</b> Standard days and timings (please read guidance note 6)			<b>Will the performance of live music take place indoors or outdoors or both – please tick</b> (please read guidance note 2)	Indoors	<input checked="" type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<b>Please give further details here</b> (please read guidance note 3)		
Mon	10:00	04:00			
Tue	10:00	04:00	<b>State any seasonal variations for the performance of live music</b> (please read guidance note 4)		
Wed	10:00	04:00			
Thur	10:00	04:00	<b>Non standard timings. Where you intend to use the premises for the performance of live music at different times to those listed in the column on the left, please list</b> (please read guidance note 5)		
Fri	10:00	04:00			
Sat	10:00	04:00			
Sun	10:00	04:00			

F

Recorded music Standard days and timings (please read guidance note 6)			<b>Will the playing of recorded music take place indoors or outdoors or both – please tick</b> (please read guidance note 2)	Indoors	<input checked="" type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish			
Mon	10:00		<b>Please give further details here</b> (please read guidance note 3)		
		04:00			
Tue	10:00				
		04:00			
Wed	10:00		<b>State any seasonal variations for the playing of recorded music</b> (please read guidance note 4)		
		04:00			
Thur	10:00				
		04:00			
Fri	10:00		<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)		
		04:00			
Sat	10:00				
		04:00			
Sun	10:00				
		04:00			

**G**

Performances of dance Standard days and timings (please read guidance note 6)			Will the performance of dance take place indoors or outdoors or both – please tick (please read guidance note 2)	Indoors	<input checked="" type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon	10:00	04:00	<b>Please give further details here</b> (please read guidance note 3)	Both	<input type="checkbox"/>
Tue	10:00	04:00			
Wed	10:00	04:00	<b>State any seasonal variations for the performance of dance</b> (please read guidance note 4)		
Thur	10:00	04:00			
Fri	10:00	04:00	<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	10:00	04:00			
Sun	10:00	04:00			

H

<b>Anything of a similar description to that falling within (e), (f) or (g)</b> Standard days and timings (please read guidance note 6)			Please give a description of the type of entertainment you will be providing		
Day	Start	Finish	<b>Will this entertainment take place indoors or outdoors or both – please tick</b> (please read guidance note 2)	Indoors	<input checked="" type="checkbox"/>
Mon	10:00	04:00		Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Tue	10:00	04:00	<b>Please give further details here</b> (please read guidance note 3)		
Wed	10:00	04:00			
Thur	10:00	04:00	<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)		
Fri	10:00	04:00			
Sat	10:00	04:00	<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)		
Sun	10:00	04:00			

1

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	10:00	04:00	<b>Please give further details here</b> (please read guidance note 3)	Both	<input type="checkbox"/>
Tue	10:00	04:00			
Wed	10:00	04:00	<b>State any seasonal variations for the provision of late night refreshment</b> (please read guidance note 4)		
Thur	10:00	04:00			
Fri	10:00	04:00	<b>Non standard timings. Where you intend to use the premises for the provision of late night refreshment at different times, to those listed in the column on the left, please list</b> (please read guidance note 5)		
Sat	10:00	04:00			
Sun	10:00	04:00			

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
Day	Start	Finish		Off the premises
Mon	10:00	04:00	State any seasonal variations for the supply of alcohol (please read guidance note 4)	<input type="checkbox"/>
Tue	10:00	04:00		<input type="checkbox"/>
Wed	10:00	04:00		<input checked="" type="checkbox"/>
Thur	10:00	04:00		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)
Fri	10:00	04:00		
Sat	10:00	04:00		
Sun	10:00	04:00		

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

Name	SCOTT GREEN
Address	[REDACTED]
Postcode	[REDACTED]
Personal licence number (if known)	PERS 14037
Issuing licensing authority (if known)	CHARNWOOD

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).

NONE

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	10:00	05:00	<p><b>Non standard timings. Where you intend the premises to be open to the public at different times from those listed in the column on the left, please list</b> (please read guidance note 5)</p>
Tue	10:00	05:00	
Wed	10:00	05:00	
Thur	10:00	05:00	
Fri	10:00	05:00	
Sat	10:00	05:00	
Sun	10:00	05:00	



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

**a) General – all four licensing objectives (b, c, d and e) (please read guidance note 9)**

CCTV  
STAFF TRAINING  
CHALLENGE 21

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

ALL STAFF WILL BE TRAINED TO BE  
OBSERVANT AT ALL TIMES AND REPORT  
ANYTHING UNUSUAL TO MANAGEMENT

**c) Public safety**

FIRE EXTINGUISHERS / FIRE BLANKETS  
FIRE ALARM – EMERGENCY LIGHTS  
EMERGENCY EXITS SIGNED WITH THE RUNNING  
MAN SIGN

**d) The prevention of public nuisance**

ANYONE FOUND TO BE UNDER THE INFLUENCE OF  
ALCOHOL OR DRUGS WILL BE ASKED TO LEAVE  
THE PREMISES. ANYBODY CAUGHT USING OR DEALING  
DRUGS WILL BE BANNED FOR LIFE.

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

CHALLENGE 21  
 PHOTOGRAPHIC ID WILL BE REQUIRED EG PASSPORT  
 OR DRIVING LICENCE

**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	17/2/14
Capacity	DIRECTOR OF LILU CUISINE LTD

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

Signature	
Date	
Capacity	

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

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

### 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.



Consent of individual to being specified as premises supervisor

I SCOTT ANDREW GREEN  
 [full name of prospective premises supervisor]

of



[home address of prospective premises supervisor]

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 LILU CUISINE LTD (DIRECTOR  
SCOTT ANDREW GREEN)  
 [name of applicant]

relating to a premises licence

[number of existing licence, if any]

for

LILU  
76 HIGHCROSS STREET  
LEICESTER  
LE1 4NN

[name and address of premises to which the application relates]

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

SCOTT ANDREW GREEN  
[name of applicant]

concerning the supply of alcohol at

THE LILU  
76 HIGHCROSS STREET  
LEICESTER  
LE1 4NN

[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

PERS14037  
[insert personal licence number, if any]

Personal licence issuing authority

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

Signed



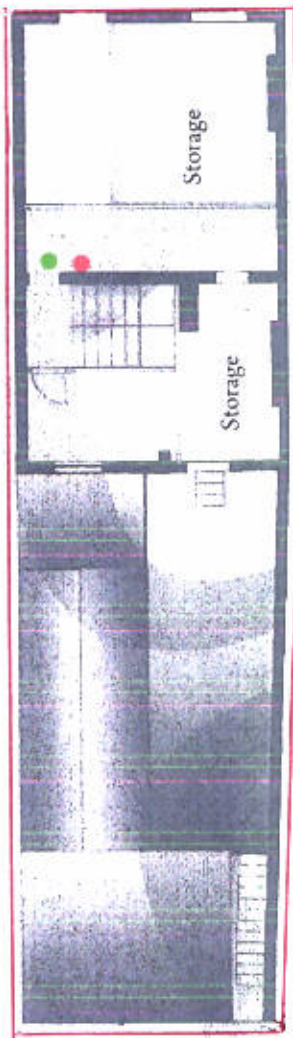
Name (please print)

SCOTT ANDREW GREEN

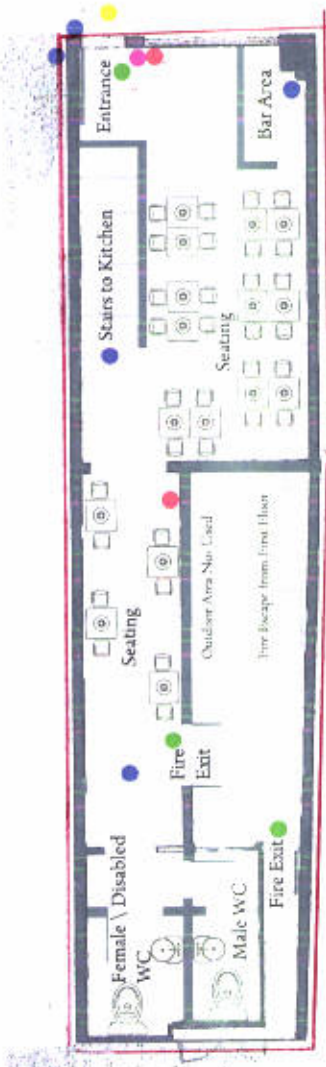
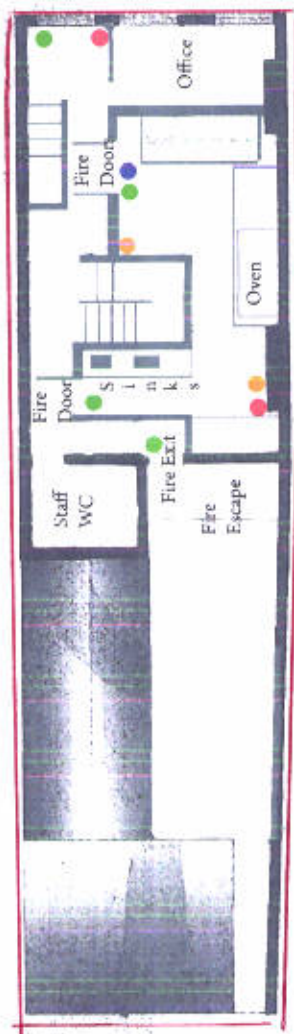
Date

17/2/14

Lilu Restaurant  
 76 Highcross Stre  
 Leicester  
 LE1 4NN



- Key
- Illuminated Fire Exit Signs
  - Fire Call Point
  - Fire Alarm
  - 2kg Foam Fire Extinguisher
  - Fire Blanket
  - CCTV Point



Scale 1:100

NOTICE OF APPLICATION FOR A (NEW) (~~VARIATION OF~~  
~~EXISTING~~) (PREMISES LICENCE / CLUB PREMISES  
CERTIFICATE)\*

Name of (applicant / ~~club~~):

LILU CUISINE LTD

Postal address of (premises / ~~club premises~~):

LILU  
76 HIGH CROSS STREET  
LEICESTER  
LE1 4NN

Details of Application:

PROVISION OF REGULATED ENTERTAINMENT  
PROVISION OF LATE NIGHT REFRESHMENT  
SALE OF ALCOHOL BY RETAIL

MONDAY - SUNDAY

10:00 HRS - 04:00 HRS

- The Licensing Register can be inspected at any time by visiting [www.leicester.gov.uk/licensing](http://www.leicester.gov.uk/licensing) . During office hours arrangements may be made for the register to be viewed at the Customer Services Department, Leicester City Council, New Walk Centre, Welford Place, Leicester, LE1 6ZG.
- Any representation relating to this application must be made in writing to the Licensing Authority by (insert the date that is 29 days from the date the application is received by the Licensing Authority). 18/3/14
- It is an offence knowingly or recklessly to make a false statement in connection with an application. The maximum fine on summary conviction for this offence is £5,000.