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rec - 06/07/18
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LICENSING SECTION
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LICENSING SECTION

Ends - 16/08/18

06 JUL 2018

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notice -
mercury -

LEICESTER CITY COUNCIL

06 JUL 2018

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

PLEASE READ THE FOLLOWING INSTRUCTIONS FIRST
LEICESTER CITY COUNCIL

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 MAHOZAI ATTAULAH AND SEFAT MOSUKHEL
(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 | | | |
| PIZZA MAGIC 130 FOSSE ROAD SOUTH LEICESTER LE3 0JT | | | |
| Post town | LEICESTER | Postcode | LE3 0JT |

| | |
|---|----------------------|
| Telephone number at premises (if any) | 0116 225 3766 |
| Non-domestic rateable value of premises | £ 4800 = <u>£190</u> |

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/limited liability partnership | please complete section (B) |
| ii) as a partnership (other than limited liability) | 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 (by ticking yes to one box below):

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)

| | | | | | |
|--|-----|------|-------------|--------------------------------|--|
| <input checked="" type="radio"/> Mr | Mrs | Miss | Ms | Other Title (for example, Rev) | |
| Surname | | | First names | | |
| MAMOZAI | | | ATTIAULAH | | |
| Date of birth | | | | | |
| Nationality | | | | | |
| Current residence address if different from premises address | | | | | |
| Post town | | | | | |
| Daytime contact number | | | | | |
| E-mail address (optional) | | | | | |

SECOND INDIVIDUAL APPLICANT

| | | | | | |
|-------------------------------------|-----|------|-------------|--------------------------------|--|
| <input checked="" type="radio"/> Mr | Mrs | Miss | Ms | Other Title (for example, Rev) | |
| Surname | | | First names | | |
| MOSUKHEL | | | SEFAT | | |

| | |
|---|--|
| Date of birth | |
| Nationality | |
| Current postal address different from address | |
| Post town | |
| Daytime contact 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 |
| Address |
| Registered number (where applicable) |
| Description of applicant (for example, partnership, company, unincorporated association etc.) |
| Telephone number (if any) |
| E-mail address (optional) |

Part 3 Operating Schedule

When do you want the premises licence to start?

| | | |
|----|----|------|
| DD | MM | YYYY |
| | | |

A

| Plays Standard days and timings (please read guidance note 7) | | | Will the performance of a play take place <u>indoors or outdoors or both</u> – please tick (please read guidance note 3) | Indoors | |
|--|-------|--------|---|----------|--|
| Day | Start | Finish | | Outdoors | |
| Mon | | | N/A | | |
| Tue | | | | | |
| Wed | | | Please give further details here (please read guidance note 4) | | |
| Thur | | | | | |
| Fri | | | State any seasonal variations for performing plays (please read guidance note 5) | | |
| Sat | | | | | |
| Sun | | | 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 (please read guidance note 6) | | |
| | | | | | |

B

| Films Standard days and timings (please read guidance note 7) | | | Will the exhibition of films take place indoors or outdoors or both – please tick (please read guidance note 3) | Indoors | |
|--|-------|--------|---|---|--|
| Day | Start | Finish | | Outdoors | |
| | | | N/A | Both | |
| Mon | | | | Please give further details here (please read guidance note 4) | |
| Tue | | | N/A | | |
| Wed | | | | | |
| Thur | | | State any seasonal variations for the exhibition of films (please read guidance note 5) | | |
| Fri | | | N/A | | |
| Sat | | | | | |
| Sun | | | 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 6) | | |

C

| Indoor sporting events Standard days and timings (please read guidance note 7) | | | <u>Please give further details</u> (please read guidance note 4) |
|---|-------|--------|--|
| Day | Start | Finish | |
| Mon | | | N/A |
| Tue | | | |
| Wed | | | N/A |
| Thur | | | |
| Fri | | | <u>Non standard timings. Where you intend to use the premises for indoor sporting events at different times to those listed in the column on the left, please list</u> (please read guidance note 6) |
| Sat | | | |
| Sun | | | |
| | | | |

D

| Boxing or wrestling entertainments Standard days and timings (please read guidance note 7) | | | Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick (please read guidance note 3) | Indoors | | |
|---|-------|--------|--|----------|--|--|
| Day | Start | Finish | | Outdoors | | |
| | | | N/A | | | |
| Mon | | | Please give further details here (please read guidance note 4) | | | |
| Tue | | | | N/A | | |
| Wed | | | State any seasonal variations for boxing or wrestling entertainment (please read guidance note 5) | | | |
| Thur | | | | N/A | | |
| Fri | | | 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 6) | | | |
| Sat | | | | N/A | | |
| Sun | | | | | | |

E

| Live music Standard days and timings (please read guidance note 7) | | | Will the performance of live music take place <u>indoors or outdoors or both</u> – please tick (please read guidance note 3) | Indoors | |
|---|-------|--------|--|--|--|
| Day | Start | Finish | | Outdoors | |
| | | | N/A | Both | |
| Mon | | | | <u>Please give further details here</u> (please read guidance note 4) | |
| Tue | | | | N/A | |
| Wed | | | | <u>State any seasonal variations for the performance of live music</u> (please read guidance note 5) | |
| Thur | | | | N/A | |
| Fri | | | | <u>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</u> (please read guidance note 6) | |
| Sat | | | | N/A | |
| Sun | | | | | |

F

| Recorded music Standard days and timings (please read guidance note 7) | | | Will the playing of recorded music take place indoors or outdoors or both – please tick (please read guidance note 3) | |
|---|-------|--------|---|--|
| Day | Start | Finish | Indoors | |
| Mon | | | Outdoors | |
| Tue | | | Both | |
| Wed | | | <p><u>Please give further details here</u> (please read guidance note 4)</p> <p>N/A</p> <p><u>State any seasonal variations for the playing of recorded music</u> (please read guidance note 5)</p> <p>N/A</p> <p><u>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</u> (please read guidance note 6)</p> <p>N/A</p> <p>N/A</p> | |
| Thur | | | | |
| Fri | | | | |
| Sat | | | | |
| Sun | | | | |
| | | | | |
| | | | | |

F

| Recorded music Standard days and timings (please read guidance note 7) | | | Will the playing of recorded music take place <u>indoors or outdoors or both</u> – please tick (please read guidance note 3) | Indoors | |
|---|-------|--------|--|---|--|
| Day | Start | Finish | | Outdoors | |
| Mon | | | N/A | Both | |
| Tue | | | | | |
| Wed | | | | | |
| Thur | | | N/A | Please give further details here (please read guidance note 4) | |
| Fri | | | | | |
| Sat | | | N/A | State any seasonal variations for the playing of recorded music (please read guidance note 5) | |
| Sun | | | | | |
| | | | N/A | 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 6) | |
| | | | | | |

G

| Performances of dance Standard days and timings (please read guidance note 7) | | | Will the performance of dance take place indoors or outdoors or both – please tick (please read guidance note 3) | Indoors |
|--|-------|--------|---|----------|
| | | | | Outdoors |
| Day | Start | Finish | Please give further details here (please read guidance note 4) | Both |
| Mon | | | | N/A |
| Tue | | | | |
| Wed | | | | |
| Thur | | | State any seasonal variations for the performance of dance (please read guidance note 5) | |
| Fri | | | | |
| Sat | | | 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 (please read guidance note 6) | |
| Sun | | | | |

H

| | | | | | |
|--|-------|--------|---|----------|--|
| <p>Anything of a similar description to that falling within (e), (f) or (g) Standard days and timings (please read guidance note 7)</p> | | | <p>Please give a description of the type of entertainment you will be providing</p> <p style="text-align: center;">N/A</p> | | |
| Day | Start | Finish | <p><u>Will this entertainment take place indoors or outdoors or both – please tick</u> (please read guidance note 3)</p> <p style="text-align: center;">N/A</p> | Indoors | |
| Mon | | | | Outdoors | |
| | | | | Both | |
| Tue | | | <p><u>Please give further details here</u> (please read guidance note 4)</p> | | |
| Wed | | | N/A | | |
| Thur | | | <p><u>State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g)</u> (please read guidance note 5)</p> | | |
| Fri | | | N/A | | |
| Sat | | | <p><u>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</u> (please read guidance note 6)</p> | | |
| Sun | | | N/A | | |

I

| Late night refreshment Standard days and timings (please read guidance note 7) | | | Will the provision of late night refreshment take place indoors or outdoors or both – please tick (please read guidance note 3) | Indoors | <input checked="" type="checkbox"/> |
|---|-------|--------|--|----------|-------------------------------------|
| Day | Start | Finish | | Outdoors | <input type="checkbox"/> |
| Mon | 16.00 | 04.00 | <u>Please give further details here</u> (please read guidance note 4) | Both | <input type="checkbox"/> |
| Tue | 16.00 | 04.00 | | | |
| Wed | 16.00 | 04.00 | <u>State any seasonal variations for the provision of late night refreshment</u> (please read guidance note 5) SAME AS THROUGHOUT THE YEAR | | |
| Thur | 16.00 | 04.00 | | | |
| Fri | 16.00 | 04.00 | <u>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</u> (please read guidance note 6) N/A | | |
| Sat | 16.00 | 04.00 | | | |
| Sun | 14.00 | 02.00 | | | |

J

| | | | | | |
|---|-------|--------|---|------------------|--|
| Supply of alcohol Standard days and timings (please read guidance note 7) | | | Will the supply of alcohol be for consumption - please tick (please read guidance note 8) | On the premises | |
| | | | | Off the premises | |
| | | | | Both | |
| Day | Start | Finish | State any seasonal variations for the supply of alcohol (please read guidance note 5) | | |
| Mon | | | | | |
| Tue | | | | | |
| Wed | | | | | |
| Thur | | | | | |
| Fri | | | | | |
| Sat | | | | | |
| Sun | | | | | |
| | | | 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 6) | | |
| | | | N/A | | |

State the name and details of the individual whom you wish to specify on the licence as designated premises supervisor (Please see declaration about the entitlement to work in the checklist at the end of the form):

| | |
|--|-----|
| Name | N/A |
| Date of birth | N/A |
| Address | N/A |
| Postcode | N/A |
| Personal licence number (if known) | N/A |
| Issuing licensing authority (if known) | N/A |

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 9).

N/A

L

Hours premises are open to the public
Standard days and timings (please read guidance note 7)

| Day | Start | Finish |
|------|-------|--------|
| Mon | 16:00 | 07:00 |
| Tue | 16:00 | 07:00 |
| Wed | 16:00 | 07:00 |
| Thur | 16:00 | 07:00 |
| Fri | 16:00 | 07:00 |
| Sat | 16:00 | 07:00 |
| Sun | 14:00 | 02:00 |

State any seasonal variations (please read guidance note 5)

N/A

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 6)

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 10)

WE ARE A SMALL FAMILY RUN BUSINESS, THE SHOP COMPRISES OF BACK KITCHEN, MAIN COUNTER + CHECK OUT + SMALL/MEDIUM AREA FOR PUBLIC TO ORDER + WAIT, NO SEATING INSIDE TO DINE, 80% OF BUSINESS RELIES ON DELIVERYS 20% COLLECTION

b) The prevention of crime and disorder

ANY ANTISOCIAL BEHAVIOUR OR CRIMES WILL BE REPORTED TO POLICE. NO ALCOHOL IS SERVED CCTV CAMERAS ARE MONITORING INSIDE AND FRONT OF PROPERTY + BACK DOORS + OUTSIDE OF THE SHOP.

c) Public safety

3 FIRE EXITS, NO OBSTACLES TO THE FRONT OR BACK OF PROPERTY, FIRE EXTINGUISHERS AND FIRE BLANKETS AND SMOKE ALARMS ARE IN PROPERTY.

d) The prevention of public nuisance

NO PREVIOUS COMPLAINTS OR BREACHES. LITTER/WASTE IS MANAGED WELL AND APPROPRIATELY, LIGHTS ARE ADJUSTED AROUND 10PM TO DIM TO REASONABLE LEVELS SO NOT TO CREATE A NUISANCE TO PUBLIC.

e) The protection of children from harm

SMALL FAMILY RUN BUSINESS WHO HAVE GOOD LINKS TO THE LOCAL COMMUNITY WE HAVE ZERO TOLERANCE TO ANY ANTISOCIAL BEHAVIOUR, AND ANY HARM POSED TO CHILDREN, ALL CRIMES OR SUSPICIOUS ACTIVITY WILL BE REPORTED

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

N/A

| DD | MM | YYYY |
|----|----|------|
| | | |

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

MEDIUM SIZED TAKEAWAY SHOP
SITUATED ON MAIN ROAD FESSE ROAD SOUTH
PROPERTY CONSISTING OF SMALL KITCHEN,
MEDIUM SIZED PREPARATION/SERVING AREA,
SERVING PIZZAS, FRIES, CHICKEN AND MOSTLY
ALL KINDS OF FAST FOODS. NO SIT IN
AREA TO DINE, COLLECTIONS & DELIVERIES ONLY.

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 and Schedules 1 and 2 to the Licensing Act 2003)

Provision of regulated entertainment (please read guidance note 2)

Please tick all 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

| | |
|--------------------|--|
| Declaration | <ul style="list-style-type: none"> • [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) |
| Signature | [Redacted] |
| Date | 05/03/18 |
| Capacity | |

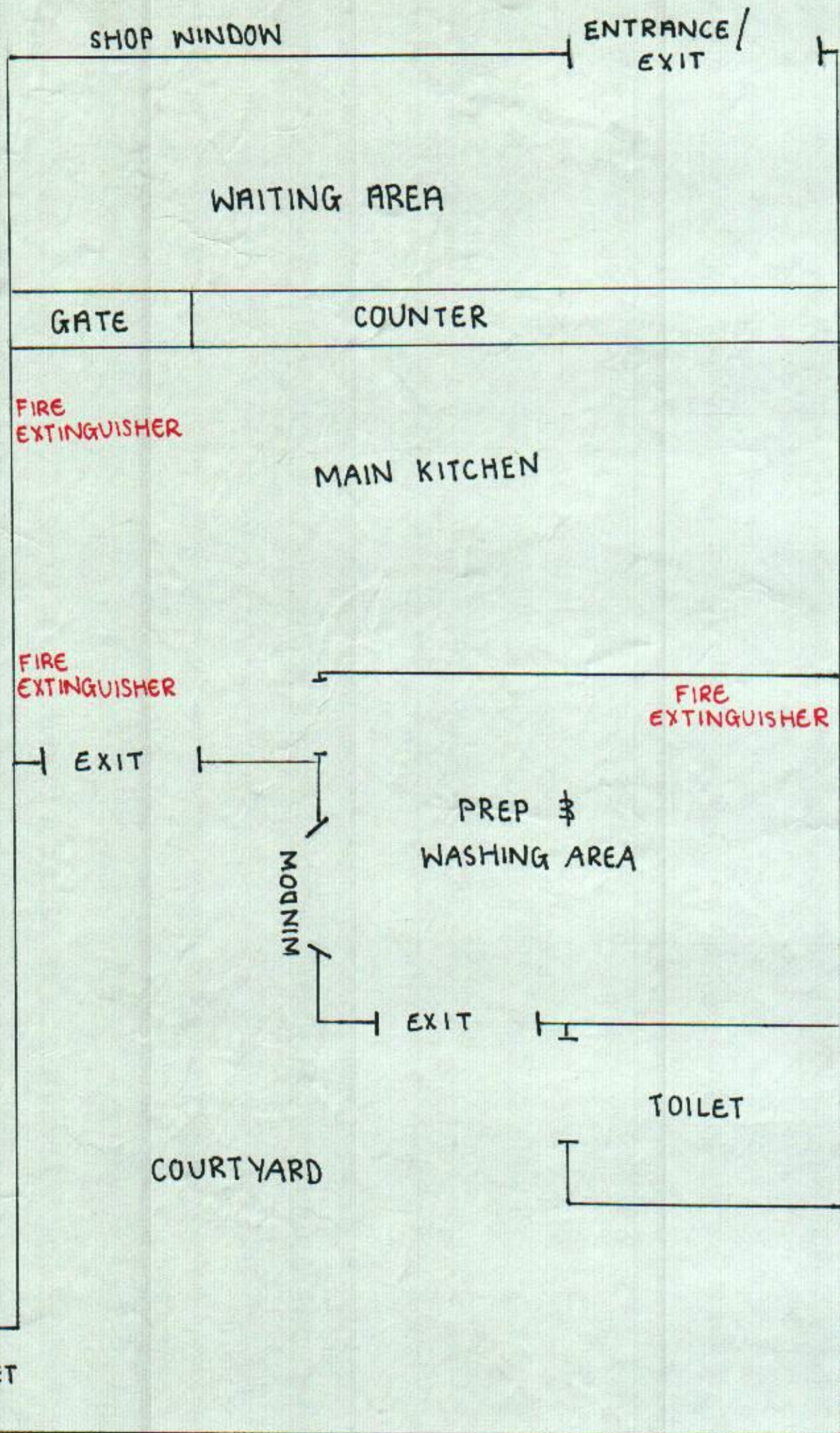
For joint applications, signature of 2nd applicant or 2nd applicant's solicitor or other authorised agent (please read guidance note 13). If signing on behalf of the applicant, please state in what capacity.

| | |
|-----------|------------|
| Signature | [Redacted] |
| Date | 07/06/18 |
| Capacity | |

| | | | |
|---|--|----------|--|
| Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 14) | | | |
| 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. In terms of specific regulated entertainments please note that:



SHOP WINDOW

ENTRANCE /
EXIT

WAITING AREA

GATE

COUNTER

FIRE
EXTINGUISHER

MAIN KITCHEN

FIRE
EXTINGUISHER

FIRE
EXTINGUISHER

EXIT

WINDOW

PREP &
WASHING AREA

EXIT

TOILET

COURTYARD

EXIT TO
BARCLAY STREET

