

Chorley Council  
Official Receipt

Date 29/10/2012 Time 04:01:52PM  
Term 01 Cashier 025

Premises Licence

Reference : 4120/60203  
Fund : Misc Income  
Audit Num : CHCA01023185  
Amount : £ 100.00  
Paytype : Cash

>>> THANK YOU FOR YOUR PAYMENT <<<

Please check this receipt and keep it in a  
safe place. This is your proof of payment

Chorley Council  
Customer Services  
PO Box 352  
Chorley  
PR7 1WX  
[www.chorley.gov.uk](http://www.chorley.gov.uk)

\*\* COPY RECEIPT ONLY \*\*

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

# Chorley Council

Licensing Section,  
Civic Offices,  
Union Street,  
Chorley,  
Lancashire,  
PR7 1AL

**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.

CHORLEY COUNCIL  
CORPORATE SUPPORT SERVICES  
UNION STREET OFFICES

REC'D 29 OCT 2012

I/we (name(s)) <u>ALAWAR RAHMAN</u>		FILE	
wish to apply for a premises licence under section 17 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.		ACKD	
<b>Part 1 - Premises details</b>		ATTEN 05 COPIES TO	
Name of Premises <u>PANSHI</u>			
Postal address of premises, if any, or if none, ordnance survey map reference or description <u>24 TOWN ROAD</u> <u>CROSTON</u>			
Post Town <u>LEYLAND</u>		Postcode <u>PR26 9RB</u>	
Daytime telephone number (if any) <u>01772 601927</u>			
None-domestic rateable value of club premises £ <u>7700</u>			
<b>Part 2 - Applicant details</b>			
Please state whether you are applying for a premises licence as:-			
		Please tick <input checked="" type="checkbox"/> yes	
a) an individual or individuals*		<input checked="" type="checkbox"/> 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)	

07/11/2012 telephoned and left message. There are no opening times or anything other than sale of alcohol.

If advert in paper (21/11/12) last day for reps will be 12/12/2012

Appendix 1

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		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:- <span style="float: right;">Please tick <input checked="" type="checkbox"/> yes</span>		
<ul style="list-style-type: none"> <li>• I am carrying on or proposing to carry on a business which involves the use of the premises for licensable activities; or</li> <li>• I am making the application pursuant to:             <ul style="list-style-type: none"> <li>- a statutory function; or</li> <li>- a function discharged by virtue of Her Majesty's prerogative</li> </ul> </li> </ul>		
<b>(A) INDIVIDUAL APPLICANTS</b>		
(Delete as applicable) <del>Mr</del> Mrs      Miss      Ms		
Other title (for example, Rev)		
Surname      RAHMAN		
First name(s)      ALAWAR		
Please tick <input checked="" type="checkbox"/> yes		
I am 18 years old or over	<input checked="" type="checkbox"/>	Date of birth
		Day      Month      Year
		1   6   0   7   1   9   6   5
Current postal address, if different from premises address		
Post town	Post code	
Daytime contact telephone number      07528649126		
Email address (optional)      anikz@live.co.uk		

<b>SECOND INDIVIDUAL APPLICANT</b>						
(Delete as applicable)		Mr	Mrs	Miss	Ms	
Other title (for example, Rev)						
Surname						
First names						
Please tick <input checked="" type="checkbox"/> yes			Day	Month	Year	
I am 18 years old or over	<input type="checkbox"/>	Date of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Current postal address, if different from premises address						
Post town				Post code		
Daytime contact telephone number						
Email address (optional)						
<b>(B) OTHER APPLICANTS</b>						
Please 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), please give name and address of each party concerned.						
Name			Name			
Address			Address			
Registered number (where applicable)						
Description of applicant (for example partnership, company, unincorporated association etc.)						
Telephone number (if any)						
Email address (optional)						

Part 3 – Operating Schedule			
	Day	Month	Year
When do you want the premises licences to start?	01	12	2012
	Day	Month	Year
If you wish the licence to be valid only for a limited period, when do you want it to end?			
Please give a general description of the premises (please read guidance note 1)			
<p>56 cover Restaurant</p> <p>Currently offering customers a (BYOB) Bring your own beer service. This is where customers are allowed to bring their own alcoholic drinks to have with their meal. I am aware that a premises license was granted in 2008/2009 <del>to</del> to the applicant named Neil Rasburn. The restaurant floor is open plan, the existing bar, counter area and the dining area are not separated and there is no intention of separating them. There shouldn't be a problem with regards to nuisance, <del>etc</del> drunk and disorder, as we have allowed customers to bring their own drinks and never had any nuisance issues.</p>			
If 5,000 or more people are expected to attend the premises at any one time, please state number expected to attend			

# Appendix 1

What licensable activities do you intend to carry on from the premises?

(Please see sections 1 and 14 of the Licensing Act 2003 and Schedule 1 and 2 to the Licensing Act 2003)

## Provision of regulated entertainment

Please tick ✓ yes

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 entertainments (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)	
<b>Provision of entertainment facilities for:</b>	
i) making music (if ticking yes, fill in box I)	
j) dancing (if ticking yes, fill in box J)	
k) entertainment of a similar description to that falling within (i) or (j) (if ticking yes, fill in box K)	
<b>The supply of late night refreshment</b> (if ticking yes, fill in box L)	
<b>The supply of alcohol</b> (if ticking yes, fill in box M)	✓
<b>In all cases complete boxes N, O and P</b>	

# A

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

# B

<b>Films</b> 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"/> Outdoors <input type="checkbox"/> Both <input type="checkbox"/>
<b>Day</b>	<b>Start</b>	<b>Finish</b>	Please give further details here (please read guidance note 3)
Mon			
Tue			
Wed			State any seasonal variations for the exhibition of films (please read guidance note 4)
Thur			
Fri			Non-standard timings. Where you intend to use the premises for the exhibition of a films at different times from those listed in the column on the left, please list (please read guidance note 5)
Sat			
Sun			

**C**

<b>Indoor sporting events</b> Standard days and timings (please read guidance note 6)			Please give further details here (please read guidance note 3)
Day	Start	Finish	
Mon			State any seasonal variations for indoor sporting events (please read guidance note 4)
Tue			
Wed			
Thur			
			Non-standard timings. Where you intend to use the premises for indoor sporting events at different times from those listed in the column on the left, please list (please read guidance note 5)
Fri			
Sat			
Sun			

**D**

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



Appendix 1

**E**

<b>Live music</b> 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 type="checkbox"/> Outdoors <input type="checkbox"/> Both <input type="checkbox"/>
<b>Day</b>	<b>Start</b>	<b>Finish</b>	Please give further details here (please read guidance note 3)
Mon			
			State any seasonal variations for performance of live music (please read guidance note 4)
Tue			
			Non-standard timings. Where you intend to use the premises for the performance of live music at different times from those listed in the column on the left, please list (please read guidance note 5)
Wed			
Thur			
Fri			
Sat			
Sun			

**F**

<b>Recorded music</b> 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 type="checkbox"/> Outdoors <input type="checkbox"/> Both <input type="checkbox"/>
<b>Day</b>	<b>Start</b>	<b>Finish</b>	Please give further details here (please read guidance note 3)
Mon			
			State any seasonal variations for the playing of recorded music (please read guidance note 4)
Tue			
			Non-standard timings. Where you intend to use the premises for the playing of recorded music entertainment at different times from those listed in the column on the left, please list (please read guidance note 5)
Wed			
Thur			
Fri			
Sat			
Sun			

# G

<b>Performance of dance</b> 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 type="checkbox"/> Outdoors <input type="checkbox"/> Both <input type="checkbox"/>
<b>Day</b>	<b>Start</b>	<b>Finish</b>	Please give further details here (please read guidance note 3)
Mon			
Tue			State any seasonal variations for performing of dance (please read guidance note 4)
Wed			
Thur			Non-standard timings. Where you intend to use the premises for the performance of dance entertainment at different times from those listed in the column on the left, please list (please read guidance note 5)
Fri			
Sat			
Sun			

# 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 that the club will be providing
<b>Day</b>	<b>Start</b>	<b>Finish</b>	Will the entertainment take place indoors or outdoors or both - please tick ✓ (please read guidance note 2) Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Both <input type="checkbox"/>
Mon			
Tue			Please give further details here (please read guidance note 3)
Wed			
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			
Sat			Non-standard timings. Where you intend to use the premises for the entertainment of similar description to that falling within (e), (f) or (g) at different times from those listed in the column on the left, please list (please read guidance note 5)
Sun			

# Appendix 1

<b>Provision of facilities for making music</b> Standard days and timings (please read guidance note 6)			Please give a description of the facilities for making music you will be providing
<b>Day</b>	<b>Start</b>	<b>Finish</b>	Will the facilities for making music be indoors or outdoors or both - please tick ✓ (please read guidance note 2)  Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Both <input type="checkbox"/>
Mon			
			Please give further details here (please read guidance note 3)
Tue			
Wed			
			State any seasonal variations for the provision of facilities for making music (please read guidance note 4)
Thur			
Fri			
			Non-standard timings. Where you intend to use the premises for provision of facilities for making music at different times from those listed in the column on the left, please list (please read guidance note 5)
Sat			
Sun			

## J

<b>Provision of facilities for dancing</b> Standard days and timings (please read guidance note 6)			Please give a description of the type of entertainment that you will be providing
<b>Day</b>	<b>Start</b>	<b>Finish</b>	Will the facilities for dancing be indoors or outdoors or both - please tick ✓ (please read guidance note 2)  Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Both <input type="checkbox"/>
Mon			
			Please give further details here (please read guidance note 3)
Tue			
Wed			
			State any seasonal variations for provision of dancing facilities (please read guidance note 4)
Thur			
Fri			
			Non-standard timings. Where you intend to use the premises for the provision of facilities for dancing entertainment at different times from those listed in the column on the left, please list (please read guidance note 5)
Sat			
Sun			

**K**

<b>Provision of facilities for entertainment of a similar description to that falling with I or J</b> Standard days and timings (please read guidance note 6)			Please give a description of the type of entertainment that you will be providing
			Will the entertainment facility take place indoors or outdoors or both – please tick ✓ (please read guidance note 2)
Day	Start	Finish	Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Both <input type="checkbox"/>
Mon			Please give further details here (please read guidance note 3)
Tue			State any seasonal variations for provision of this entertainment of a similar description to that falling within I or J (please read guidance note 4)
Wed			Non-standard timings. Where you intend to use the premises for provision of facilities for entertainment of a similar description to that falling within I or J at different times from those listed in the column on the left, please list (please read guidance note 5)
Thur			
Fri			
Sat			
Sun			

**L**

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

# M

<b>Supply of alcohol</b> 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 (please read guidance note 4)
Mon	12.00	21.30	
Tue	12.00	21.30	
Wed	12.00	21.30	
Thur	12.00	21.30	
Fri	12.00	22.30	
Sat	12.00	22.30	
Sun	12.00	21.30	Non-standard timings. Where you intend to use the supply of alcohol at different times from those listed in the column on the left, please list (please read guidance note 5)

State the name and details of the individual whom you wish to specify on the licence as premises supervisor	
Name	PANNA DHAR
Address	3 COLYTON CLOSE CHORLEY.
	Post Code PR6 0TD
Personal Licence number (if known)	
Issuing licence authority (if known) CHORLEY	

# N

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

# O

<b>Hours premises are open to the public</b> Standard days and timings (please read guidance note 6)			State any seasonal variations (please read guidance note 4)
Day	Start	Finish	
Mon			
Tue			
Wed			
Thur			
Fri			Non-standard timings. Where you intend to use 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)
Sat			
Sun			

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

a) General – all four licensing objectives (b, c, d, e) (Please read guidance note 9)
<p>The Subject premises have previously had a similar Premise license with alcohol.</p> <ul style="list-style-type: none"> <li>- Premises will operate on a 'Think 21' policy similar to Supermarkets and pubs to prevent underage drinking.</li> <li>- Any persons appear to be drunk/aggressive will not be permitted on the premises.</li> <li>- A suitable evacuation plan will be in place in case of emergency.</li> <li>- Notices to be placed in prominent places/positions to ask customers</li> </ul>
b) The prevention of crime and disorder to leave the premises quietly.
<ul style="list-style-type: none"> <li>- Any persons appear to be drunk/aggressive will not be permitted on the premises.</li> <li>- No bottles or glasses to be taken off the premises.</li> <li>- operate a 'think 21' policy to ensure alcohol is only sold to persons of lawful age.</li> <li>- <del>Premises</del> All front of house staff undergo training to ensure they understand the licensing law and comply to it.</li> </ul>
c) Public safety
<p>A member of the management team will be on the premises at all times while the restaurant is open to manage and look after the safety of the public.</p> <ul style="list-style-type: none"> <li>- Prompt clearing of empty bottles and glasses throughout operating time</li> <li>- the premises will comply with current legal requirements for fire safety and health and safety including periodic risk assessments</li> </ul>
d) The prevention of public nuisance
<ul style="list-style-type: none"> <li>- All customers will be reminded of consideration to the public and noise levels <del>write</del> when entering and leaving the premises.</li> <li>- No bottles or glasses will be taken off the premises.</li> <li>- Front door (entrance) shall be kept closed at all times.</li> <li>- Notices will be displayed asking customers to leave the premises quietly.</li> </ul>
e) The protection of children from harm
<p>Training to staff to ensure compliance with the law in relation to consumption of alcohol by persons under 18 years of age, including prevention of adults buying alcohol for children.</p> <ul style="list-style-type: none"> <li>- Premises will operate a 'think 21' policy to ensure alcohol is only sold to persons over the age of 18 years.</li> <li>- Proof of age will be asked if someone appears underage.</li> <li>- No bottles or glasses to be taken off the premises.</li> </ul>

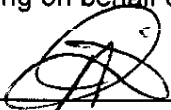
# Appendix 1

CHECKLIST:	please tick ✓
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 plan to the responsible authorities and others where applicable	✓
I have completed and enclosed the consent form completed by the individual I wish to be 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 CONVICTION TO A FINE UP TO 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 authorized agent. (Please read guidance note 11) If signing on behalf of the applicant please state in what capacity.

Signature  Date 8/10/12

Capacity Manager/supervisor

For joint applications signature of 2<sup>nd</sup> applicant, 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.

Contact name (where not previously given) and postal address for correspondence associated with this application. (Please read guidance note 13)	
Post town	Post code
Telephone number (if any)	
If you would prefer us to correspond with you by e-mail your e-mail address (optional)	



# Consent of individual to being specified as premises supervisor

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

[insert personal licence number, if any]

I  full name of prospective premises supervisor] PANNA DHAR  
 Mrs / Ms / Miss / Other please state

of [home address of prospective premises supervisor]  
 3 COLYTON CLOSE  
 CHORLEY  
 PR6 0TD

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

[type of application] PREMISES LICENSE WITH ALCOHOL

by [name of applicant] ALAWAR RAHMAN

relating to a premises licence

[number of existing licence, if any] and expiry date

for [name and address of premises to which the application relates]  
 Date 24 TOWN ROAD  
 CROSTON  
 LEYLAND  
 PR26 9RB

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

[name of applicant] ALAWAR RAHMAN

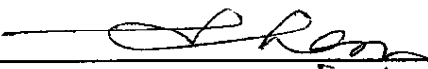
concerning the supply of alcohol at

[name and address of premises to which application relates]  
 24 TOWN ROAD  
 CROSTON  
 LEYLAND  
 PR26 9RB

# Appendix 1

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 [insert personal licence number, if any]
Personal licence issuing authority <p style="text-align: center;">Chorley Borough Council</p>
[insert name and address and telephone number of personal licence issuing authority, if any]

Signed   
Name Please Print Panna Dhar  
Date 8/10/12

