



**Chorley Borough Council**  
**Application for a premises licence**  
**Licensing Act 2003**

For help contact  
[contact@chorley.gov.uk](mailto:contact@chorley.gov.uk)  
 Telephone: 01257 515151

\* required information

### Form errors

Some data entered into this form is invalid. Please resolve before continuing.

### Section 1 of 22

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

AGANESH

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

Anantharaja

\* Family name

Ganeshpillai

\* 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:

- 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 you are applying so you can be employed, or for some other personal reason, such as following a hobby.

### Applicant Business

\* Is your business registered in the UK with Companies House?

Yes  No

\* Is your business registered outside the UK?

Yes  No

\* Business name

IB Stores

If your business is registered, use its registered name.

\* VAT number

- None

Put "none" if you are not registered for VAT.

Continued from previous page...

\* Legal status

\* Your position in the business

Home country

The country where the headquarters of your business is located.

**Business Address**

If you have one, this should be your official address - that is an address required of you by law for receiving communications.

\* Building number or name

\* Street

District

\* City or town

County or administrative area

\* Postcode

\* Country

The information given here will be saved and will be pre-filled in future forms.

**Section 2 of 22**

**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

Street

District

City or town

County or administrative area

Postcode

Country

**Further Details**

Telephone number

*Continued from previous page...* Non-domestic rateable  
value of premises (£)

9,400

### Section 3 of 22

#### APPLICATION DETAILS

In what capacity are you applying for the premises licence?

- An individual or individuals
- A limited company
- A partnership
- An unincorporated association
- 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
- Other (for example a statutory corporation)

#### 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 Her Majesty's prerogative

### Section 4 of 22

#### INDIVIDUAL APPLICANT DETAILS

Continued from previous page...

**Applicant Name**

Is the name the same as (or similar to) the details given in section one?

- Yes  No

If "Yes" is selected you can re-use the details from section one, or amend them as required. Select "No" to enter a completely new set of details.

First name

Family name

Is the applicant 18 years of age or older?

- Yes  No

**Applicant Postal Address**

Is the address the same as (or similar to) the address given in section one?

- Yes  No

If "Yes" is selected you can re-use the details from section one, or amend them as required. Select "No" to enter a completely new set of details.

Building number or name

Street

District

City or town

County or administrative area

Postcode

Country

**Applicant Contact Details**

Are the contact details the same as (or similar to) those given in section one?

- Yes  No

If "Yes" is selected you can re-use the details from section one, or amend them as required. Select "No" to enter a completely new set of details.

E-mail

Telephone number

Other telephone number



**Section 5 of 22**

**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

*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

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.

**Section 6 of 22**

**PROVISION OF PLAYS**

Will you be providing plays?

- Yes  No

**Section 7 of 22**

**PROVISION OF FILMS**

Will you be providing films?

- Yes  No

**Section 8 of 22**

**PROVISION OF INDOOR SPORTING EVENTS**

Will you be providing indoor sporting events?

- Yes  No

**Section 9 of 22**

**PROVISION OF BOXING OR WRESTLING ENTERTAINMENTS**

Will you be providing boxing or wrestling entertainments?

- Yes  No

**Section 10 of 22**

**PROVISION OF LIVE MUSIC**

Will you be providing live music?

- Yes  No

**Section 11 of 22**

**PROVISION OF RECORDED MUSIC**

Will you be providing recorded music?

- Yes  No

**Section 12 of 22**

Continued from previous page...

**PROVISION OF PERFORMANCES OF DANCE**

Will you be providing performances of dance?

Yes  No

**Section 13 of 22**

**PROVISION OF ANYTHING OF A SIMILAR DESCRIPTION TO LIVE MUSIC, RECORDED MUSIC OR PERFORMANCES OF DANCE**

Will you be providing anything similar to live music, recorded music or performances of dance?

Yes  No

**Section 14 of 22**

**PROVISION OF FACILITIES FOR MAKING MUSIC**

Will you be providing facilities for making music?

Yes  No

**Section 15 of 22**

**PROVISION OF FACILITIES FOR DANCING**

Will you be providing facilities for dancing?

Yes  No

**Section 16 of 22**

**PROVISION OF FACILITIES FOR ENTERTAINMENT OF A SIMILAR DESCRIPTION TO THOSE PROVIDED FOR MAKING MUSIC OR DANCING**

Will you be providing facilities similar in nature to those provided for making music or dancing?

Yes  No

**Section 17 of 22**

**LATE NIGHT REFRESHMENT**

Will you be providing late night refreshment?

Yes  No

**Section 18 of 22**

**SUPPLY OF ALCOHOL**

Will you be selling or supplying alcohol?

Yes  No

**Standard Days And Timings**

MONDAY

Start

End

Start

End

TUESDAY

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...

WEDNESDAY

Start  End

Start  End

THURSDAY

Start  End

Start  End

FRIDAY

Start  End

Start  End

SATURDAY

Start  End

Start  End

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

Continued from previous page...

**Name**

First name

Family name

**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 (ATTACHED)

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 19 of 22**

**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.

**Section 20 of 22**

**HOURS PREMISES ARE OPEN TO THE PUBLIC**



Continued from previous page...

**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

SUNDAY

Start

End

Start

End

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.

Continued from previous page...

**Section 21 of 22**

**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)

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

DISPLAY OF MATERIALS VISIBLE TO CUSTOMERS & STAFFS STATING 'AGE 25' POLICY, INSTALLATION OF CCTV, FIRE AND SMOKE ALARM, UNBLOCKED ENTRANCE TO EXIT IN CASE OF FIRE

b) The prevention of crime and disorder

INSTALLATION OF CCTV, REFUSAL LIST, 'AGE 25' POLICY, STAFF TRAINING, REPORT INCIDENTS TO POLICE, LOG OF INCIDENT REPORT

c) Public safety

INSTALLATION OF CCTV, ALARM SYSTEM, AGE 25 POLICY, REFUSAL LOG, FIRE & SMOKE ALARM

d) The prevention of public nuisance

INSTALLATION OF CCTV, INCIDENT REPORT LOG,

e) The protection of children from harm

'AGE 25 POLICY', REFUSAL REGISTER, STAFF TRAINING & CERTIFICATION, FIRE & SMOKE ALARM, AGE RESTRICTED SALE

**Section 22 of 22**

**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.

Premises licence fees are dependant on the business rateable value band that applies to the premises:

Band A £100

Band B £190

Band C £315

Band D £450

Band E £635

\* Fee amount (£)

190.00

**ATTACHMENTS**

Continued from previous page...

### AUTHORITY POSTAL ADDRESS

#### Address

Building number or name	Chorley Council
Street	Civic Offices
District	Union Street
City or town	Lancashire
County or administrative area	
Postcode	PR7 1AL
Country	uk

### DECLARATION

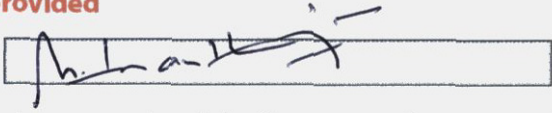
This section should be completed by the applicant, unless you answered "Yes" to the question "Are you an agent acting on behalf of the applicant?"

* Full name	ANANTHARAJA GANESH PILLAI
* Capacity	OWNER
Date (dd/mm/yyyy)	30/1/13

Add another signatory

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?"

#### A digital signature must be provided

* Digital signature		The form must be digitally signed, this will be verified and passed to the authority.
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When you are satisfied that you have completed the form correctly, save it and continue with the application process. If the online application screen is no longer available in your browser, [click here](#) to resume.

**Consent of individual to being specified as premises supervisor**

I [full name of prospective premises supervisor] **ANANTHARAJA GANESHPILLAI**  
Mr / Mrs / Ms / Miss / Other please state

of [home address of prospective premises supervisor]  
**11 MICKLEHURST AVENUE,  
MANCHESTER,  
M202XR**

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 LICENCE**

by [name of applicant] **ANANTHARAJA GANESHPILLAI**

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]  
**194-196 EAVES LANE,  
CHORLEY,  
PR6 0AU**

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

[name of applicant] **ANANTHARAJA GANESHPILLAI**

concerning the supply of alcohol at

[name and address of premises to which application relates]  
**11 MICKLEHURST Ml  
194-196 EAVES LANE,  
CHORLEY. PR6 0AU**

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]

145039

Personal licence issuing authority

MANCHESTER CITY COUNCIL

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

Signed

*A. Anantharaja*

Name (please print)

ANANTHARAJA

GANESH PILLAI

Date

30/9/13.

## Receipt Details

Payment made to:  
Chorley Borough Council

Card holder details:  
Premises Licence  
Premises Licence  
11 Micklehurst Avenue  
West Didsbury  
Manchester  
M20 2XR

Receipt number	CHWS00046934
Authorisation code	074773
Merchant Number	83520292
Terminal ID	03161359

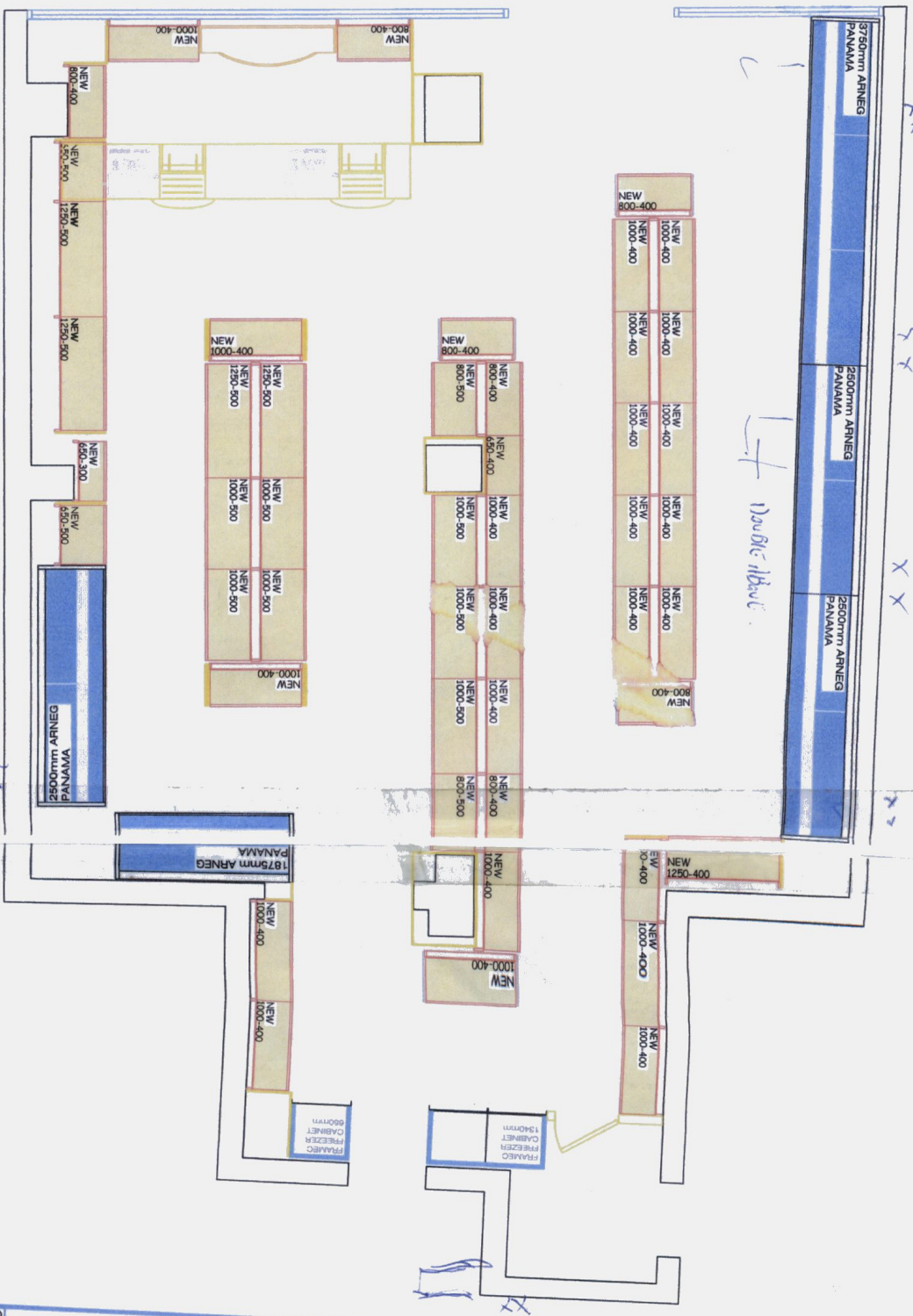
Card type	Delta
Card number	*****8019
	KEYED
Expiry Date	0216

Date/Time	30/09/2013 14:28:09
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4120/60203	£190.00
VAT Code	NB
Misc Income	

Payment method	Delta
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Total Amount	£190.00
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X X  
7 X  
9-12' w.  
X X

Left Double Island

~~Not for use~~  
0873 26280

# Nisa Today's

Drawing Title  
 MR GAMES  
 182-184 EAVES LANE  
 CHORLEY  
 LANCASHIRE, PR8 0AU  
 TEL: 07739 017175

Scale 1:50	Drawing No GAMEWCHOR-APL	Date 03.09.2012
Drawn NICK PLATT	Revisions	

**PLAN DISCLAIMER**

I AGREE TO THIS PLAN AND ACCEPT THAT THE QUOTE IS BASED ON THIS PLAN. ANY ADDITIONAL ITEMS NOT SHOWN ON THIS PLAN WILL BE CHARGED TO ME AS EXTRAS.

CLIENTS NAME	CLIENTS SIGNATURE
SALES MAN NAME	SALES MAN SIGNATURE



Unit 35 Phoenix Industrial Estate, Charles St  
 West Bromwich, West Midlands, B70 0AY  
 TEL: 0121 520 777 FAX: 0121 520 776  
 E-Mail: sales@activprojects.co.uk