

FEE ALREADY
PAID

09 10 2012

Maldon District Council Princes Road Maldon Essex CM9 5DL

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

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 LEIGH JONES and ROIS MIAH
(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 <u>Post Spice Mayland Masala</u> <u>62 Imperial Avenue</u> <u>Maylandsea</u> <u>Chelmsford</u>	
Post town	<u>ESSEX</u>
Post code	<u>CM3 6AH</u>

Telephone number at premises (if any)	<u>01621 744 800</u>
Non-domestic rateable value of premises	<u>£ 150,000</u>

Part 2 - Applicant Details

Please state whether you are applying for a premises licence as
Please tick yes

- | | |
|---|---|
| a) an individual or individuals * | <input checked="" type="checkbox"/> please complete section (A) |
| b) a person other than an individual * | <input type="checkbox"/> |
| i. as a limited company | <input type="checkbox"/> please complete section (B) |
| ii. as a partnership | <input type="checkbox"/> please complete section (B) |
| iii. as an unincorporated association or | <input type="checkbox"/> please complete section (B) |
| iv. other (for example a statutory corporation) | <input type="checkbox"/> 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:

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 checked="" type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
Surname JONES			First names LEIGH		
I am 18 years old or over			<input checked="" type="checkbox"/> Please tick yes		
Current postal address if different from premises address		15 Orchard Drive Mayland Chelmsford E			
Post Town	Essex		Postcode	CM3 6EP	
Daytime contact telephone number		01621 742 677 / 07875 238062			
E-mail address (optional)		Leigh@leigh80.Orangehome.co.uk			

SECOND INDIVIDUAL APPLICANT (if applicable)

Mr <input checked="" type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
Surname Miah			First names Rois		
I am 18 years old or over				<input checked="" type="checkbox"/> Please tick yes	
Current postal address if different from premises address		53 Bushey Road Plaistow London E13			
Post Town			Postcode E13 9EN		
Daytime contact telephone number			01621 744800 / 01944 722122		
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?

Day		Month		Year	
01	02	02	01	20	12

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

Day		Month		Year	

Please give a general description of the premises (please read guidance note1)

Restaurant and takeaway. 24 seat eating area.
 Takeaway established for over 6 years.
 Low level recorded music to be played in background.
 Alcohol will be served in restaurant only

If 5,000 or more people are expected to attend the premises at any one time, please state the number expected to attend.

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 yes

- | | |
|---|-------------------------------------|
| 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 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 type="checkbox"/> |
| h) anything of a similar description to that falling within (e), (f) or (g) (if ticking yes, fill in box H) | <input type="checkbox"/> |

Provision of entertainment facilities:

- | | |
|---|--------------------------|
| i) making music (if ticking yes, fill in box I) | <input type="checkbox"/> |
| j) dancing (if ticking yes, fill in box J) | <input type="checkbox"/> |

- k) entertainment of a similar description to that falling within (i) or (j)
(if ticking yes, fill in box K)

☐

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

☐

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

☒

In all cases complete boxes N, O and P

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)	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					
Tue					
Wed			<u>State any seasonal variations for performing plays</u> (please read guidance note 4)		
Thur					
Fri					
Sat			<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)		
Sun					

B

Films Standard days and timings (please read guidance note 6)			<u>Will the exhibition of films take place indoors or outdoors or both – please tick</u> (please read guidance note 2)		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						
Tue						
Wed						
Thur			<u>State any seasonal variations for the exhibition of films</u> (please read guidance note 4)			
Fri						
Sat						
Sun						
			<u>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</u> (please read guidance note 5)			

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

D

Boxing or wrestling entertainments Standard days and timings (please read guidance note 6)			<u>Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick</u> (please read guidance note 2)	
			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				
Tue				
Wed			<u>State any seasonal variations for boxing or wrestling entertainment</u> (please read guidance note 4)	
Thur				
Fri				
Sat			<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> (please read guidance note 5)	
Sun				

E

Live music Standard days and timings (please read guidance note 6)			<u>Will the performance of live music take place indoors or outdoors or both – please tick</u> (please read guidance note 2)	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					
Tue					
Wed					
Thur			<u>State any seasonal variations for the performance of live music</u> (please read guidance note 4)		
Fri					
Sat			<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 5)		
Sun					

F

Recorded music Standard days and timings (please read guidance note 6)			Will the playing of recorded music take place <u>Indoors or outdoors or both</u> – please tick (please read guidance note 2)	Indoors <input checked="" type="checkbox"/>
Day	Start	Finish		Outdoors <input type="checkbox"/>
				Both <input type="checkbox"/>
Mon	12.00	23.00	<u>Please give further details here</u> (please read guidance note 3) Low level background recorded music to be played at restaurant	
Tue	12.00	23.00		
Wed	12.00	23.00	<u>State any seasonal variations for the playing of recorded music</u> (please read guidance note 4)	
Thur	12.00	23.00		
Fri	12.00	23.00	<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 5)	
Sat	12.00	23.00		
Sun	12.00	22.00		

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"/>
					Outdoors	<input type="checkbox"/>
					Both	<input type="checkbox"/>
Day	Start	Finish				
Mon			<u>Please give further details here</u> (please read guidance note 3)			
Tue						
Wed			<u>State any seasonal variations for the performance of dance</u> (please read guidance note 4)			
Thur						
Fri			<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)			
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)			<u>Please give a description of the type of entertainment you will be providing</u>	
Day	Start	Finish	<u>Will this entertainment take place indoors or outdoors or both – please tick</u> (please read guidance note 2)	Indoors <input type="checkbox"/>
Mon				Outdoors <input type="checkbox"/>
				Both <input type="checkbox"/>
Tue			<u>Please give further details here</u> (please read guidance note 3)	
Wed				
Thur			<u>State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g)</u> (please read guidance note 4)	
Fri				
Sat			<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 5)	
Sun				

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

J

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

K

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

L

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 type="checkbox"/>
				Outdoors	<input type="checkbox"/>
Day	Start	Finish		Both	<input type="checkbox"/>
Mon			<u>Please give further details here</u> (please read guidance note 3)		
Tue					
Wed			<u>State any seasonal variations for the provision of late night refreshment</u> (please read guidance note 4)		
Thur					
Fri			<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 5)		
Sat					
Sun					

M

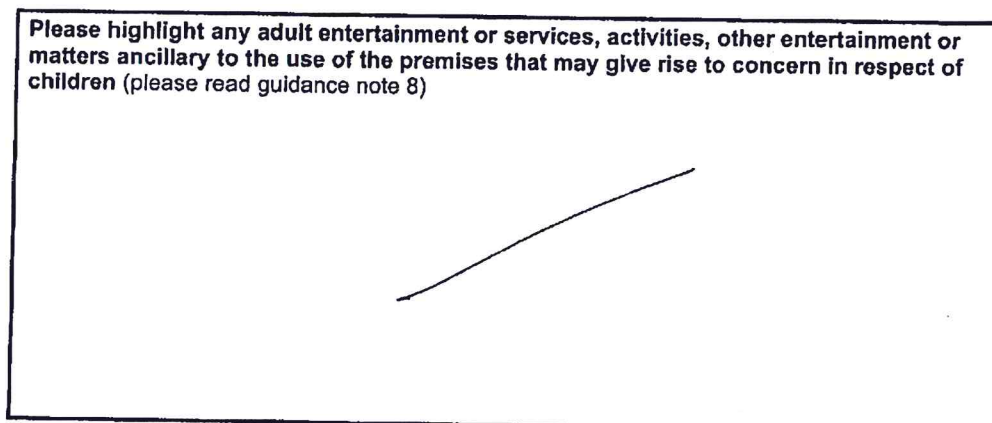
Supply of alcohol Standard days and timings (please read guidance note 6)			Will the supply of alcohol be for <u>consumption (Please tick box)</u> (please read guidance note 7)	On the premises	<input checked="" type="checkbox"/>	
				Off the premises	<input checked="" type="checkbox"/>	
Day	Start	Finish	Both <input checked="" type="checkbox"/>			
Mon	12.00	23.00	State any seasonal variations for the supply of alcohol (please read guidance note 4)			
Tue	12.00	23.00				
Wed	12.00	23.00				
Thur	12.00	23.00	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	12.00	23.00				
Sat	12.00	23.00				
Sun	12.00	23.00				

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

Name	MR. POIS WIAH
Address	53 BUSHEY ROAD LONDON
Postcode	E13 9EN
Personal Licence number (if known)	11/00545/LAPER
Issuing Licensing authority (if known)	NEW HAM

N

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)



O

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	12.00	23.00	
Tue	12.00	23.00	
Wed	12.00	23.00	
Thur	12.00	23.00	
Fri	12.00	23.00	
Sat	12.00	23.00	
Sun	12.00	22.00	

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)

managed as regulated for all below

b) The prevention of crime and disorder

CCTV Equipment inside & outside
Responsible sale of alcohol
Rigid Identification requirement
Regulate behaviour in the immediate vicinity around
Premises to prevent ASB. manage licence policy.
Call Police if needed.

c) Public safety

A responsible number of staff onsite at all times
Health & Safety Assessment of equipment

d) The prevention of public nuisance

Recordable CCTV Equipment inside and outside Premises.
Respect resident to keep at
Low level noise when leaving
also ask customer to go quietly.

e) The protection of children from harm

Rigid identification requirements
responsible serving of alcohol to people with children

Enforcement of Age related Sales
Join challenge 25.

Please tick yes

- 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 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 authorised agent (See guidance note 11). If signing on behalf of the applicant please state in what capacity.

Signature	<i>[Signature]</i> Rvs M. M.
Date	15/9/12
Capacity	Owner

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.

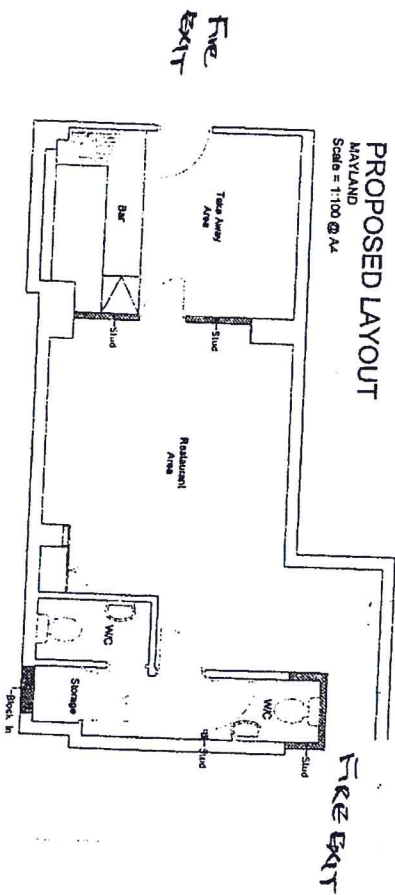
Signature	<i>[Signature]</i>
Date	15/9/12
Capacity	Partner

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

62 Imperial Avenue
Mayland
Essex

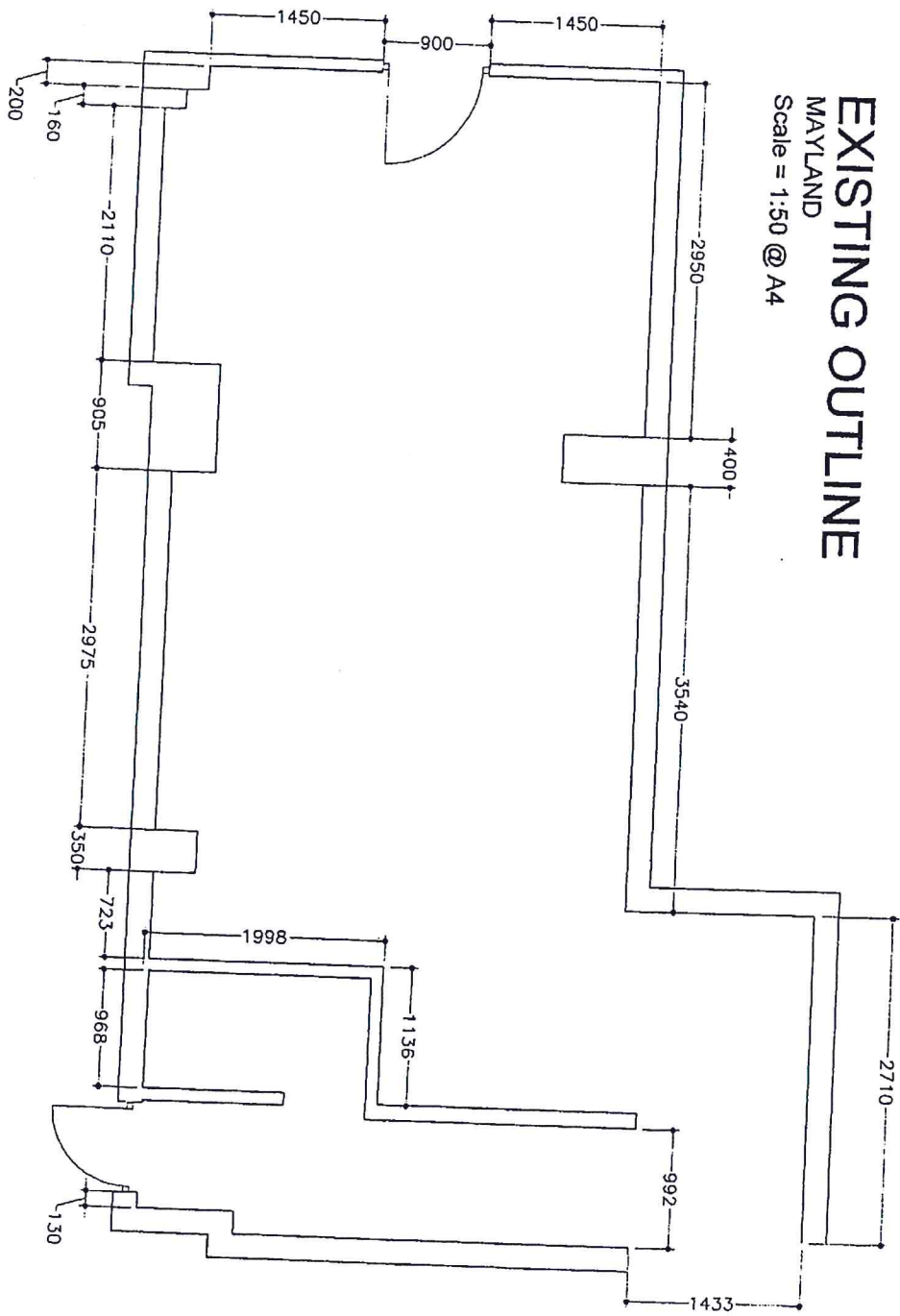
Post town	CM3 6AH	Post code	
Telephone number (if any)	020 01621 744800		
If you would prefer us to correspond with you by e-mail your e-mail address (optional)			

⑦



2

EXISTING OUTLINE
MAYLAND
Scale = 1:50 @ A4





MALDON DISTRICT COUNCIL PRINCES ROAD MALDON ESSEX CM9 5DL

Consent of individual to being specified as premises supervisor

I MR. ROIS MIAH
[full name of prospective premises supervisor]

of 53 BUSHEY ROAD
LONDON
E13 9EN

[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

New Premise Application
[type of application]

by

ROIS MIAH
[name of applicant]

relating to a premises licence

mylund mnsah
[number of existing licence, if any]

for

62 Imperial Avenue
mylundsa
Essex CM3 6AH

[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

Rois minih & L-Jones
[name of applicant]

concerning the supply of alcohol at

mylund mnsula
62-Imperial Avenue
mylundsen
Essex CM36 AH.

[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

11/00545/LAPER
[insert personal licence number, if any]

Personal licence issuing authority

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

Signed



Name (please print)

Rois minih -

Date

8/11/2012 -