

Appendix A

Unit 025002

HYNDBURN BOROUGH COUNCIL

ADM
16 SEP 2015

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 CEMKAY LIMITED
(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

4

| | | | |
|--|---------------|----------|--------|
| Postal address of premises or, if none, ordnance survey map reference or description | | | |
| 202 UNION ROAD OSWALDTWISTLE PARISH OF LAMBY | | | |
| Post town | OSWALDTWISTLE | Postcode | BB53EG |
| Telephone number at premises (if any) | | | |
| Non-domestic rateable value of premises | £ 5,200 | | |

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 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)

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 | CENKAY LIMITED |
| Address | 202 UNION ROAD OSWALD TWISTLE BB5 3EG |
| Registered number (where applicable) | 9503309 |
| Description of applicant (for example, partnership, company, unincorporated association etc.) | Partnership |
| Telephone number (if any) | |
| E-mail address (optional) | |

- 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) | |
| 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) | | | | | |

Part 3 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 |
| | | |

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

Fast Food Takeaway

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 any 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

A

| Plays 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"/> |
|---|-------|--------|--|----------|--------------------------|
| Day | Start | Finish | | Outdoors | <input type="checkbox"/> |
| Mon | | | Please give further details here (please read guidance note 3) | Both | <input type="checkbox"/> |
| 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 to those listed in the column on the left, please list (please read guidance note 5) | | |
| Sat | | | | | |
| Sun | | | | | |

I

| 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"/> |
|--|-------|--------|--|--|-------------------------------------|
| Day | Start | Finish | | Outdoors | <input type="checkbox"/> |
| Mon | 11 pm | 2 am | Please give further details here (please read guidance note 3) | Both | <input checked="" type="checkbox"/> |
| Tue | 11 pm | 2 am | | | |
| Wed | 11 pm | 2 am | | State any seasonal variations for the provision of late night refreshment (please read guidance note 4) | |
| Thur | 11 pm | 2 am | | | |
| Fri | 11 pm | 2 am | | 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 (please read guidance note 5) | |
| Sat | 11 pm | 2 am | | | |
| Sun | 11 pm | 2 am | | | |

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).

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 | 17.00 | 02.00 | <p>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 5)</p> |
| Tue | 17.00 | 02.00 | |
| Wed | 17.00 | 02.00 | |
| Thur | 17.00 | 02.00 | |
| Fri | 17.00 | 02.00 | |
| Sat | 17.00 | 02.00 | |
| Sun | 17.00 | 02.00 | |
| | | | |

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)

All staff will be fully trained to understand their responsibilities.

b) The prevention of crime and disorder

CCTV System installed to monitor entrances, exits, and other parts of the premises in order to address the prevention of crime objective.

c) Public safety

The premises will be maintained in a safe manner at all times. All exits will be clear of hazards. Well trained staff adherence to environmental health requirements.

d) The prevention of public nuisance

The external area will be regularly monitored.

e) The protection of children from harm

There will be no more than 2 children allowed in the premises without occupied by their parents.

| |
|--|
| |
|--|

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 | <i>[Handwritten Signature]</i> |
| Date | <i>16/09/2015</i> |
| Capacity | <i>Director</i> |

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 | |
| 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

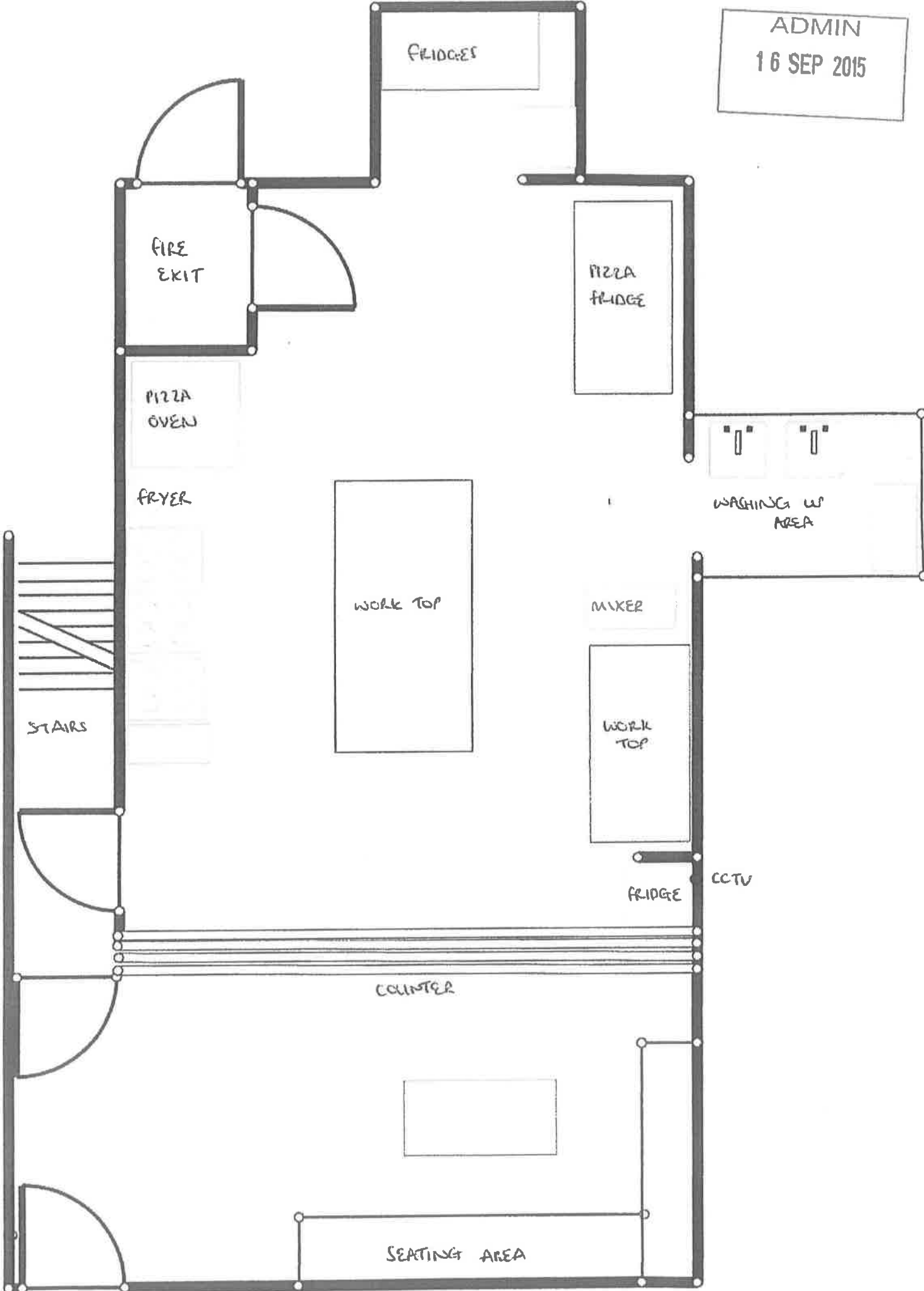
Telephone number (if any)

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.

ADMIN
16 SEP 2015



FRIDGES

FIRE
EXIT

PIZZA
FRIDGE

PIZZA
OVEN

FRYER

WORK TOP

WASHING W
AREA

MIXER

WORK
TOP

STAIRS

FRIDGE

CCTV

COUNTER

SEATING AREA

MAIN ENTRANCE

Appendix B

19 OCT 2015

To the local residents of Union rd, Rhydings Street and Lord Street.

I'm writing to submit a petition regarding the late hours license applied for by the Taste of Italy, 202 Union road, Oswaldtwistle. The proposal states that they would like to extend their closing time from 11pm until 2am. I am a local resident and I myself would like to dispute this as well as many of my local residents who are also against this.

The reasons many local residents and my self are against this is because:

- This will lead to more youths and teenagers hanging around the area late at night
- The noise level late at night will increase with other take aways already open in the area and too many people will be gathering late at night
- Late night revellers will attend after the pubs have closed, which will lead to aggressive behaviour, potential damage, litter and further anti social behaviour
- The traffic another take away would cause would be hazardous and more disruption late at night for residents
- There are too many late night take aways already in the area we do not need another one.

| NAME | ADDRESS | SIGNATURE |
|------------------------------|--|--------------------------|
| CRISS. TAVON HRIS DOHERTY | 84. Ribbling St - ossy Tesco | CRISS. C Dany |
| Ibrahim Hussain | Tesco | Ibrahim |
| Jean Lyne Susan Smith | TESCO Milton St, ossy | Jean Lyne Susan Smith |
| Mullan | TESCO | Mullan |
| Sean Redmond | 23 Worsley Court Sawalderoth, Worsley | Sean Redmond |
| Shaw | 230 th Union Rd ossy | L Shaw. |
| Power | CO-OPERATIVE | Power |
| Ahmed. | Co-Operative. | Ahmed |
| T-Singh | Pantry | T-Singh |
| Slybo | Cross St | Slybo |
| Zohdi | Garden St. OSW. | Zohdi |
| A. W. A. | Luro St OSW | A. Carter |
| Brian James | 5th handum SW2. | Brian J |
| T. NAWAZ | 117 Charter St ACC BISSOSTA | T. Nawaz |
| Rahi | 43 Mill St | Rahi |
| YEN KARETT UNDAK | 206 Union. Road. OSSY. | Yen Kattyl |
| AFRI LOWE | 78 Edleston St Springhill | Afri Lowe |
| Ms Metcalfe | 11 Norfolk gr church | Ms Metcalfe |
| Sarahtha - | 223 Union Rd. OSSY. | Sarahtha |
| Rezwan - | 1. Chapel. Street OSSY. | Rezwan |
| John Coggill | 147 Roe greave rd | John Coggill |
| Ms Davies | 11 Mill st OSSY. | Ms Davies |

| NAME | ADDRESS | SIGNATURE |
|------------------|-----------------------------------|-----------|
| ZANYA SHEARS | 56 Countess St, Accrington | |
| GRAENE HOLDEN | 19 MAWSEY ST, ACCRINGTON | |
| Adam Iqbal | 206 union rd, ossy | |
| NAVEED PARVEZ | 208 UNION Rd ossy | N. |
| amron Khan | 210 Union Rd OSWALDTWISTLE | |
| KIK SHAW | 19 th RHYDDING ST OSSY | |
| Justin Botterill | 204A UNION RD | |
| Jordan Saffron | 212 Union Rd | |
| lane fairweather | 68 Spring St S/hill | |
| Hane | 9 Rhyddings street | |
| L. McIlrath | 13 Rhyddings St | |
| P. McIlrath | 23 Rhyddings St | |
| T. McIlrath | 27 Rhyddings Str. | |
| BARNES | 29 CHIDDINGS STREET | |
| H. T. Gyl | 31 Conroy Dr. OSW | |
| elissa | 49 Rhyddings St | |
| Dina | 53 Rhyddings St | |
| | 57 Rhyddings St | |
| T. W. Gyl | 63 RHYDDINGS | |
| FRANZ | 189 Union Road Accrington | |
| FRANK BARNES | 16 chapel St OSWALDTWISTLE | |
| | MAYFIELD GARDENS | |
| AMES TURNER | 161 UNION RD | |
| ANDREW | 200 UNION RD | |