

Guildford Application for a premises licence Licensing Act 2003

For help contact

<u>licensing@guildford.gov.uk</u> Telephone: 01483 444371

Section 1 of 19		
You can save the form at a	ny time and resume it later. You do not need to	be logged in when you resume.
System reference	Not Currently In Use	This is the unique reference for this application generated by the system.
Your reference		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 or	• •	Put "no" if you are applying on your own behalf or on behalf of a business you own or
• Yes	No No	work for.
Applicant Details		
* First name	IBRAHIM	
* Family name	YAQUBI	
* E-mail		
Main telephone number		Include country code.
Other telephone number		
·	pplicant would prefer not to be contacted by te	lephone
Is the applicant:		
Applying as a busine	ess or organisation, including as a sole trader	A sole trader is a business owned by one
 Applying as an indiv 	idual	person without any special legal structure. Applying as an individual means the applicant is applying so the applicant can be employed, or for some other personal reason, such as following a hobby.
Applicant Business		
* Is the applicant's busines registered in the UK with Companies House?	s C Yes No	
* Is the applicant's busines registered outside the UK?		
* Business name	GUILDFORD CHARCOAL GRILL	If the applicant's business is registered, use its registered name.
* VAT number GB	196825164	Put "none" if the applicant is not registered for VAT.

Continued from previous page		_
* Legal status	Sole Trader	
* Applicant's position in the business	OWNER	
Home country	United Kingdom	The country where the applicant's headquarters are.
Applicant Business Address		If the applicant has one, this should be the
* Building number or name	15 Park Street, ,	applicant's official address - that is an address required of the applicant by law for receiving communications.
* Street	City Centre	receiving communications.
District		
* City or town	Guildford	
County or administrative area		
* Postcode	GU1 4XB	
* Country	United Kingdom	
Agent Details * First name	LEVENT	
]
* Family name	KUBILAY]
* E-mail		
Main telephone number		Include country code.
Other telephone number		
☐ Indicate here if you wou	ld prefer not to be contacted by telephone	
Are you:		
An agent that is a busine	ess or organisation, including a sole trader	A sole trader is a business owned by one person without any special legal structure.
 A private individual actir 	ng as an agent	h
Agent Business		
* Is your business registered in the UK with Companies House?	○ Yes	
* Is your business registered outside the UK?		
* Business name	KUBILAY & CO	If your business is registered, use its registered name.
* VAT number GB	201188546	Put "none" if you are not registered for VAT.
* Legal status Private Limited Company		

Continued from previous page			
* Your position in the business	DIRECTOR		
·		The country where the headquarters of your	
Home country	United Kingdom	business is located.	
Agent Business Address		If you have one, this should be your official address - that is an address required of you	
* Building number or name	10	by law for receiving communications.	
* Street	HARLOW ROAD		
District	PALMERS GREEN		
* City or town	LONDON		
County or administrative area			
* Postcode	N13 5QT		
* Country	United Kingdom		
Section 2 of 19			
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?			
AddressOS map	p reference O Description		
Postal Address Of Premises			
Building number or name	15		
Street	PARK STREET		
District	CITY CENTRE		
City or town	GUILDFORD		
County or administrative area			
Postcode	GU1 4XB		
Country	United Kingdom		
Further Details			
Telephone number	01483 570 235		
Non-domestic rateable value of premises (£)			

Secti	on 3 of 19			
APPL	ICATION DETAILS			
In wh	nat capacity are you applyi	ng for the premises licence	?	
\boxtimes	An individual or individua	als		
	A limited company			
	A partnership			
	An unincorporated assoc	iation		
	A recognised club			
	A charity			
	The proprietor of an educ	cational establishment		
	A health service body			
		ed under part 2 of the Care S n independent hospital in V		
	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)			
Conf	firm The Following			
\boxtimes	I am carrying on or propo the use of the premises for	osing to carry on a business or licensable activities	which involves	
] I am making the application pursuant to a statutory function			
	I am making the applicat virtue of Her Majesty's pr	ion pursuant to a function c erogative	lischarged by	
	on 4 of 19			
INDI	VIDUAL APPLICANT DET	AILS		
	licant Name e name the same as (or sin	nilar to) the details given in	section one?	If "Yes" is selected you can re-use the details
•	Yes	○ No		from section one, or amend them as required Select "No" to enter a completely new set of details.
First	rst name IBRAHIM			
Fami	Family name YAQUBI			
Is the	e applicant 18 years of age	or older?		-
•	Yes	○ No		

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Applicant Postal Address Is the address the same as (or s	imilar to) the address given in section one?	If "Yes" is selected you can re-use the details	
Yes	○ No	from section one, or amend them as required. Select "No" to enter a completely new set of details.	
Building number or name	15 Park Street, ,		
Street	City Centre		
District			
City or town	Guildford		
County or administrative area			
Postcode	GU1 4XB		
Country	United Kingdom		
Applicant Contact Details			
Are the contact details the sam	ne as (or similar to) those given in section one?	If "Yes" is selected you can re-use the details	
Yes	○ No	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			
	Add another applicant		
Section 5 of 19			
OPERATING SCHEDULE			
When do you want the premises licence to start?	01 / 02 / 2014 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			
Provide a general description of	of the premises		
licensing objectives. Where you	ses, its general situation and layout and any oth ur application includes off-supplies of alcohol a plies you must include a description of where th	nd you intend to provide a place for	

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 Section 6 of 19	
PROVISION OF PLAYS	
Will you be providing plays?	
○ Yes	No
Section 7 of 19	
PROVISION OF FILMS	
Will you be providing films?	
○ Yes	No
Section 8 of 19	
PROVISION OF INDOOR SPOR	RTING EVENTS
Will you be providing indoor s	porting events?
○ Yes	No
Section 9 of 19	
PROVISION OF BOXING OR W	RESTLING ENTERTAINMENTS
Will you be providing boxing of	or wrestling entertainments?
○ Yes	No
Section 10 of 19	
PROVISION OF LIVE MUSIC	
Will you be providing live mus	ic?
○ Yes	No
Section 11 of 19	
PROVISION OF RECORDED M	USIC
Will you be providing recorded	d music?
○ Yes	No
Section 12 of 19	
PROVISION OF PERFORMANO	ES OF DANCE
Will you be providing perform	ances of dance?
○ Yes	No
Section 13 of 19	
PROVISION OF ANYTHING OF DANCE	A SIMILAR DESCRIPTION TO LIVE MUSIC, RECORDED MUSIC OR PERFORMANCES OF
Will you be providing anything performances of dance?	g similar to live music, recorded music or
○ Yes	No

Continued from previous page.	••			
Section 14 of 19				
LATE NIGHT REFRESHMENT				
Will you be providing late ni	ght refreshment?			
Yes	○ No			
Standard Days And Timing	S			
MONDAY				Give timings in 24 hour clock.
Sta	t 23:00	End	03:00	(e.g., 16:00) and only give details for the days
Sta	rt	End		of the week when you intend the premises to be used for the activity.
TUESDAY				,
Sta	t 23:00	End	03:00	
Sta		End		
		EHU		
WEDNESDAY				
Sta	rt 23:00	End	03:00	
Sta	t	End		
THURSDAY				
Sta	t 23:00	End	03:00	
Sta	rt	End		
FRIDAY				
Sta	t 23:00	End	03:00	
Sta		End		
		2.10		
SATURDAY	+ 22.00	F., .1	02.00	
Sta		End	03:00	
Sta	t [End		
SUNDAY				
Sta	t 23:00	End	01:00	
Sta	rt	End		
Will the provision of late nig both?	nt refreshment take place	e indoors or o	utdoors or	
Indoors	Outdoors	○ Both		Where taking place in a building or other structure tick as appropriate. Indoors may include a tent.
State type of activity to be a exclusively) whether or not r		-		urther details, for example (but not

Continued from previous page	
State any seasonal variations	
For example (but not exclusively) where the activity will occur on additional da	ys during the summer months.
Non-standard timings. Where the premises will be used for the supply of late n those listed in the column on the left, list below	ight refreshments at different times from
For example (but not exclusively), where you wish the activity to go on longer	on a particular day e.g. Christmas Eve.
Section 15 of 19	
SUPPLY OF ALCOHOL	
Will you be selling or supplying alcohol?	
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	
Reference number for consent	If the consent form is already submitted, ask
form (if known)	the proposed designated premises supervisor for its 'system reference' or 'your
	reference'.
Section 16 of 19	
ADULT ENTERTAINMENT	
Highlight any adult entertainment or services, activities, or other entertainmer premises that may give rise to concern in respect of children	nt or matters ancillary to the use of the
Give information about anything intended to occur at the premises or ancillary rise to concern in respect of children, regardless of whether you intend children (but not exclusively) nudity or semi-nudity, films for restricted age groups etc.	n to have access to the premises, for example
WE HAVE NOT SUBMITTED THE SITE PLANS AS THERE HAS BEEN NO CHANGES AS BEFORE AS NO CHANGES HAVE BEEN MADE ONLY OWNERSHIP HAS DEAD ONLY OWNERSHIP	
Section 17 of 19	
HOURS PREMISES ARE OPEN TO THE PUBLIC	

Continued from previous page			
Standard Days And Timing			
MONDAY			
Sta	rt 23:00	Give timings in 24 hour clock. End 03:00 (e.g., 16:00) and only give details for the	he days
Stal		of the week when you intend the prer	
	`	End to be used for the activity.	
TUESDAY	22.00	F., J. 02.00	
Star		End 03:00	
Star	rt [End	
WEDNESDAY			
Sta	rt 23:00	End 03:00	
Star	rt	End	
THURSDAY			
Star	rt 23:00	End 03:00	
Stal	rt	End	
FRIDAY			
Star	rt 23:00	End 03:00	
Sta	rt	End	
SATURDAY			
Stal	rt 23:00	End 03:00	
Stal		End	
		Liid	
SUNDAY	rt 22.00	End 01.00	
Star		End 01:00	
Star	rt [End	
State any seasonal variations	S		
For example (but not exclusi	vely) where the activity will occu	ur on additional days during the summer months.	
Non standard timings. When those listed in the column or		s to be open to the members and guests at different time	s from
For example (but not exclusi	vely), where you wish the activit	ty to go on longer on a particular day e.g. Christmas Eve.	

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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.
NOTICES WILL BE PLACED IN THE SHOP TO BE QUITE WHEN LEAVING THE SHOP AND PLACE WASTE IN THE BINS PROVIDED. JOINING EXPERIENCE GUILDFORD. MAINTAINING THE CCTV ON SITE
b) The prevention of crime and disorder
CCTV HAS BEEN INSTALLED IN THE PREMISES AND WILL BE RECORDED TO GIVE AS EVIDENCE TO POLICE IF NEEDED.
c) Public safety
CCTV HAS BEEN INSTALLED IN THE PREMISES
d) The prevention of public nuisance
NO DRUNK CUSTOMERS WILL BE SERVED, WASTE BINS WILL BE PROVIDED
e) The protection of children from harm
NO ACHOL IS BEING SERVED, STAFF WILL BE TRAINED ON HOW TO DEAL WITH CUSTOMERS SAFELY AND ORDERLY. THE STAFF AREA IS CLOSED OFF AND NO CUSTMOERS CAN PASS INTO THE STAFF AREA/ KITCHEN.
Section 19 of 19
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 determined by the non domestic rateable value of the premises. To find out a premises non domestic rateable value go to the Valuation Office Agency site at http://www.voa.gov.uk/

Band E - £125001 and over £635.00*
*If the premises rateable value is in Bands D or E and the premises is primarily used for the consumption of alcohol on the premises then your are required to pay a higher fee

business_rates/index.htm

Band A - No RV to £4300 £100.00 Band B - £4301 to £33000 £190.00 Band C - £33001 to £87000 £315.00 Band D - £87001 to £125000 £450.00*

Continued from previous page... Band D - £87001 to £125000 £900.00 Band E - £125001 and over £1,905.00 There is an exemption from the payment of fees in relation to the provision of regulated entertainment at church halls, chapel halls or premises of a similar nature, village halls, parish or community halls, or other premises of a similar nature. The costs associated with these licences will be met by central Government. If, however, the licence also authorises the use of the premises for the supply of alcohol or the provision of late night refreshment, a fee will be required. Schools and sixth form colleges are exempt from the fees associated with the authorisation of regulated entertainment where the entertainment is provided by and at the school or college and for the purposes of the school or college. If you operate a large event you are subject to ADDITIONAL fees based upon the number in attendance at any one time Capacity 5000-9999 £1,000.00 Capacity 10000 -14999 £2,000.00 Capacity 15000-19999 £4,000.00 Capacity 20000-29999 £8,000.00 Capacity 30000-39999 £16,000.00 Capacity 40000-49999 £24,000.00 Capacity 50000-59999 £32,000.00 Capacity 60000-69999 £40,000.00 Capacity 70000-79999 £48,000.00 Capacity 80000-89999 £56,000.00 Capacity 90000 and over £64,000.00 * Fee amount (£) 190.00 **DECLARATION**

I/we understand 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.

☐ Ticking this box indicates you have read and understood the above 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	MR IBRAHIM YAQUBI	
* Capacity	OWNER	
* Date	12 / 01 / 2015	
	dd mm yyyy	

Add another signatory

Once you're finished you need to do the following:

- 1. Save this form to your computer by clicking file/save as...
- 2. Go back to https://www.gov.uk/apply-for-a-licence/premises-licence/guildford/apply-1 to upload this file and continue with your application.

Don't forget to make sure you have all your supporting documentation to hand.

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

OFFICE USE ONLY	
Applicant reference number	
Fee paid	
Payment provider reference	
ELMS Payment Reference	
Payment status	
Payment authorisation code	
Payment authorisation date	
Date and time submitted	
Approval deadline	
Error message	
Is Digitally signed	
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