



\* required information

## Section 1 of 19

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  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

\* Family name

\* 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  If your business is registered, use its registered name.

\* VAT number   Put "none" if you are not registered for VAT.

\* Legal status

Continued from previous page...

\* 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

**Section 2 of 19**

**PREMISES DETAILS**

I/we, as named in section 1, apply for a provisional statement under section 29 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

Non-domestic rateable value of premises (£)

### Section 3 of 19

#### 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 19

#### INDIVIDUAL APPLICANT DETAILS

##### Applicant Name

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

- Yes       No

First name

Rajan

Family name

Musha

Is the applicant 18 years of age or older?

- 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.

Continued from previous page...

### 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	<input type="text" value="156"/>
Street	<input type="text" value="Park Road"/>
District	<input type="text"/>
City or town	<input type="text" value="Sittingbourne"/>
County or administrative area	<input type="text"/>
Postcode	<input type="text" value="ME101EW"/>
Country	<input type="text" value="United Kingdom"/>

### 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	<input type="text" value="[REDACTED]"/>
Telephone number	<input type="text" value="[REDACTED]"/>
Other telephone number	<input type="text"/>
<input type="button" value="Add another applicant"/>	

What is your nature of interest in the premises?

### Section 5 of 19

#### SCHEDULE OF WORK

Is the premises:

- About to be constructed  
 Being extended or altered

Give details of the work and attach plans of the work being done or about to be done at the premises

*Continued from previous page...*

Give particulars of the premises to which the application relates. For example the type of premises, its general situation and layout and any other information which could be relevant to the licensing objectives. Where you are completing section 16 and 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.

The shisha bar is behind an Indian restaurant (in the back garden), however the supply of the alcohol will only be available at the shisha bar. The shisha bar will be separate from the Indian restaurant

**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 SPORTING EVENTS**

Will you be providing indoor sporting events?

Yes  No

**Section 9 of 19**

**PROVISION OF BOXING OR WRESTLING ENTERTAINMENTS**

Will you be providing boxing or wrestling entertainments?

Yes  No

**Section 10 of 19**

**PROVISION OF LIVE MUSIC**

Will you be providing live music?

Yes  No

**Section 11 of 19**

**PROVISION OF RECORDED MUSIC**

Will you be providing recorded music?

Yes  No

**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.

Continued from previous page...

TUESDAY

Start	<input type="text" value="18:00"/>	End	<input type="text" value="22:00"/>
Start	<input type="text"/>	End	<input type="text"/>

WEDNESDAY

Start	<input type="text" value="18:00"/>	End	<input type="text" value="22:00"/>
Start	<input type="text"/>	End	<input type="text"/>

THURSDAY

Start	<input type="text" value="18:00"/>	End	<input type="text" value="22:00"/>
Start	<input type="text"/>	End	<input type="text"/>

FRIDAY

Start	<input type="text" value="18:00"/>	End	<input type="text" value="23:00"/>
Start	<input type="text"/>	End	<input type="text"/>

SATURDAY

Start	<input type="text" value="18:00"/>	End	<input type="text" value="23:00"/>
Start	<input type="text"/>	End	<input type="text"/>

SUNDAY

Start	<input type="text" value="18:00"/>	End	<input type="text" value="22:00"/>
Start	<input type="text"/>	End	<input type="text"/>

Will the playing of recorded music take place indoors or outdoors or both?

- Indoors       Outdoors       Both

Where taking place in a building or other structure tick as appropriate. Indoors may include a tent.

Give further details here

State 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.

unamplified, just low music in the background to make a romantic atmosphere

State any seasonal variations for playing recorded music

For example (but not exclusively) where the activity will occur on additional days during the summer months.

none

Continued from previous page...

Non-standard timings. Where the premises will be used for the playing of recorded music 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.

none

**Section 12 of 19**

**PROVISION OF PERFORMANCES OF DANCE**

Will you be providing performances of dance?

Yes  No

**Section 13 of 19**

**PROVISION OF ANYTHING SIMILAR 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 19**

**PROVISION OF LATE NIGHT REFRESHMENT**

Will you be providing late night refreshment?

Yes  No

**Section 15 of 19**

**SUPPLY OF ALCOHOL**

Will you be supplying alcohol?

Yes  No

**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

Continued from previous page...

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 you wish people to be able to consume alcohol on the premises, tick 'on the premises'. If you wish people to be able to purchase alcohol to consume away from the premises, tick 'off the premises'. If you wish people to be able to do both, tick 'both'

State any seasonal variations for the supply of alcohol

For example (but not exclusively) where the activity will occur on additional days during the summer months.

none

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.

none

**Section 16 of 19**

**ADULT ENTERTAINMENT**

Please 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, gambling machines etc.

none



Continued from previous page...

**Section 17 of 19**

**HOURS PREMISES ARE OPEN TO THE PUBLIC**

**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.

none

**Continued from previous page...**

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.

none

**Section 18 of 19**

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

Il have a strong management of control, effecyive training of all staff so there aware of the licensing requirements the four objectives that need to at their attention

b) The prevention of crime and disorder

having security at the door and around the premise to watch customers to prevent crime. Staff will be well trained in asking customers to use premises in an orderly and respectful manner and prevent drinking alcohol at the retail unit

c) Public safety

on a weekly basis with check all areas of the premise for safety hazards. tell my staff to inform me of any potential risk as soon as possible.

d) The prevention of public nuisance

Our local area will be at our best interest. Any complaints will be solved as soon as possible. Our cleanness will be the shisha bar priority as it represent our business. After closing hours, customers will be encourage to move from the area or be told not to speak loudly.

e) The protection of children from harm

no children permitted in the shisha bar, strictly over 18 only.  
"Challenge 25" sign which is a retailing strategy that encourages anyone who is over 18 but looks under 25 to carry acceptable ID (a card bearing the PASS hologram, a photographic driving license or a passport) if they wish to buy alcohol. Log Book will be kept upon the premises all the time of people trying to attend under 18.

**Section 19 of 19**

Continued from previous page...

## 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.

This formality requires a fixed fee of £315

## 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

Rajan musha

\* Capacity

owner

\* Date

28 / 06 / 2016  
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/swale/apply-2> to upload this file and continue with your application.

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

An applicant's agent (for example solicitor) may sign the form on their behalf provided that they have actual authority to do so.

**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	permit 1
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	<input type="checkbox"/>

< Previous 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 Next >