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	Racheal Tapomwa.	8 9 °
	(Insert name(s) of applicant)	4
apply	y for a premises licence under section 17	of the Licensing Act 2003 for the
prem	nises described in Part 1 below (the premi	ses) and I/we are making this
appli	ication to you as the relevant licensing au	thority in accordance with section 12
of the	e Licensing Act 2003	

Part 1 - Premises details

Postal address of premises or, if none, ordnance surve	y map referenc	e or description
346-348 Meadon lane		
,	9	
	9	
*		
70		
*		
Post town Nottingnam	Postcode	NG23GL

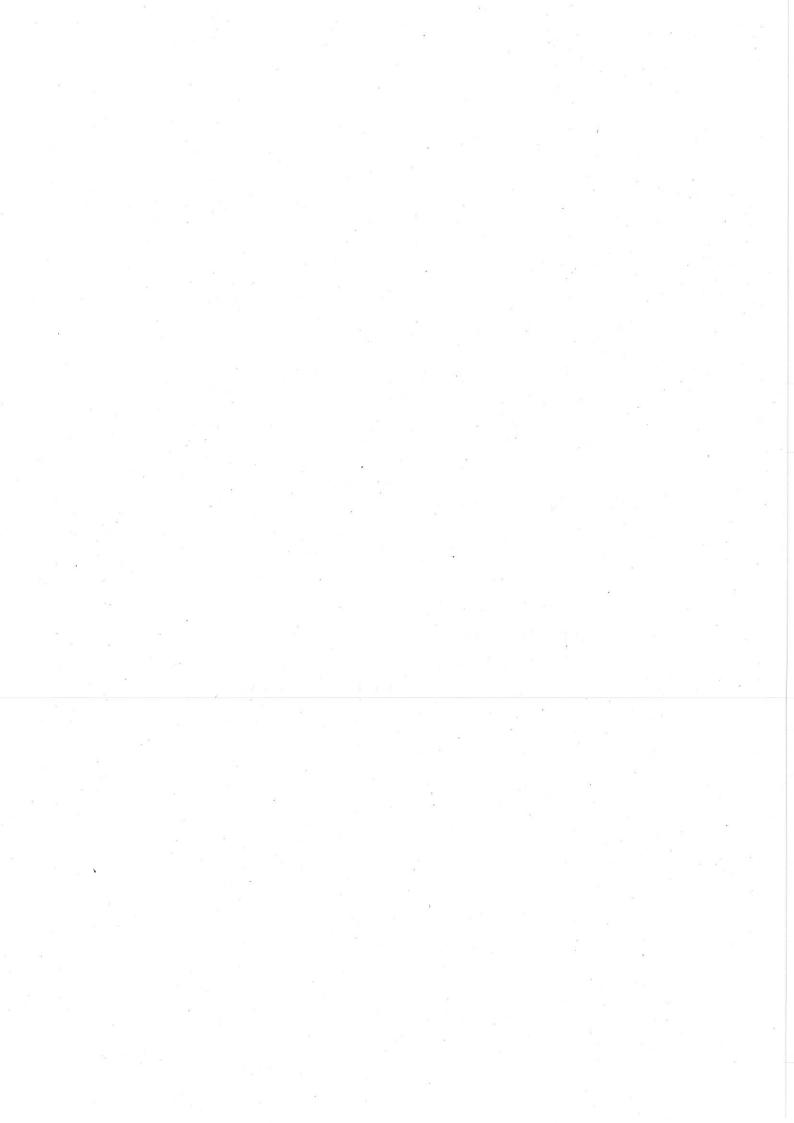
Telephone number at premises (if any)	07748826976
Non-domestic rateable value of premises	£6,800

Part 2 - Applicant details

Please state whether you are applying for a premises licence as appropriate

Please tick as

			/	
a)	an	individual or individuals *	/	please complete section (A)
b)	a person other than an individual *			7
	İ	as a limited company/limited liability partnership	20	please complete section (B)
	ii	as a partnership (other than limited liability)		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)



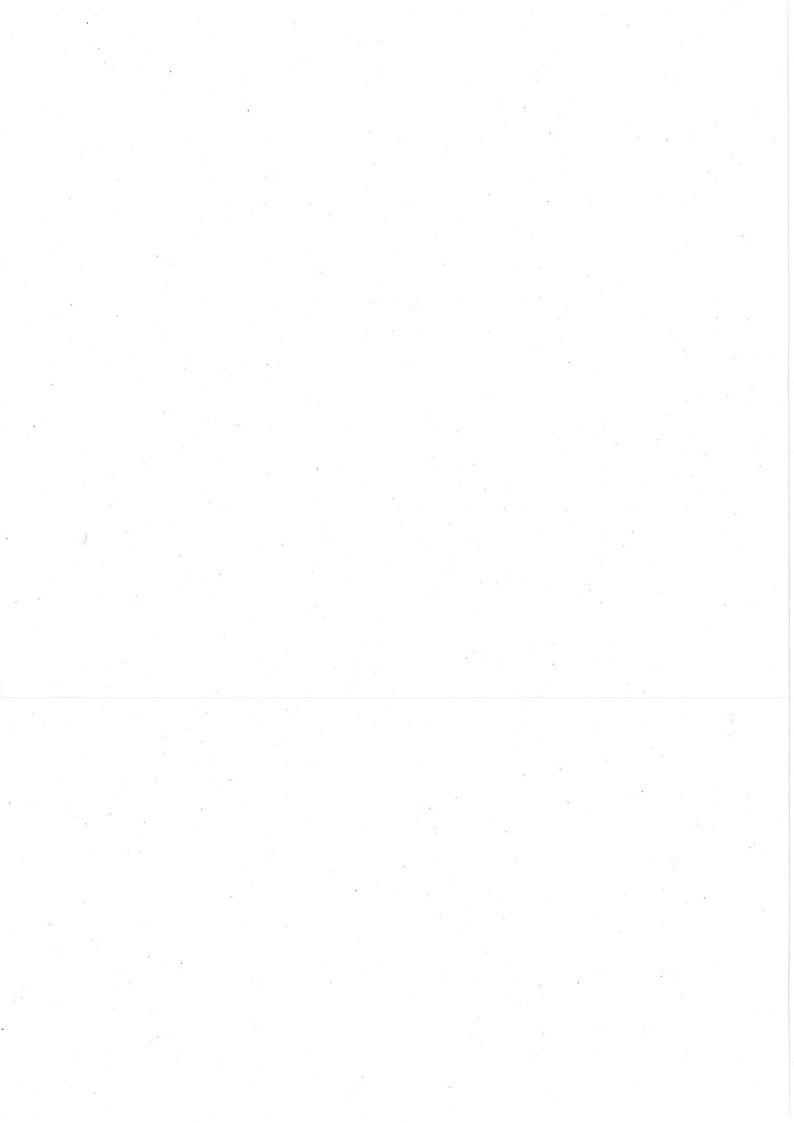
c)	a recognised club	please complete section (B)
d)	a charity	please complete section (B)
e)	the proprietor of an educational establishment	please complete section (B)
f)	a health service body	please complete section (B)
g)	a person who is registered under Part 2 of the Care Standards Act 2000 (c14) 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 (by ticking yes to one box below):

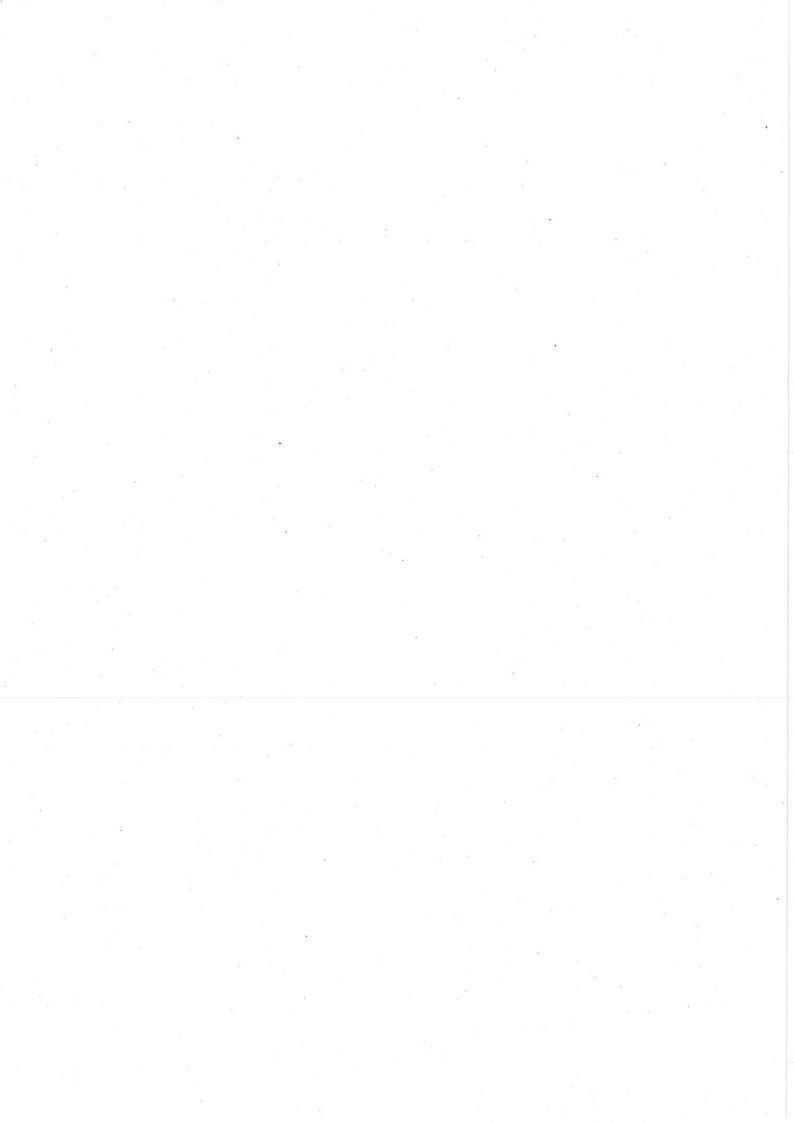
- I am carrying on or proposing to carry on a business which involves the use of the premises for licensable activities; or
- I am making the application pursuant to a
- statutory function or
- a function discharged by virtue of Her Majesty's prerogative

(A) individual applicants (fill in as applicable)

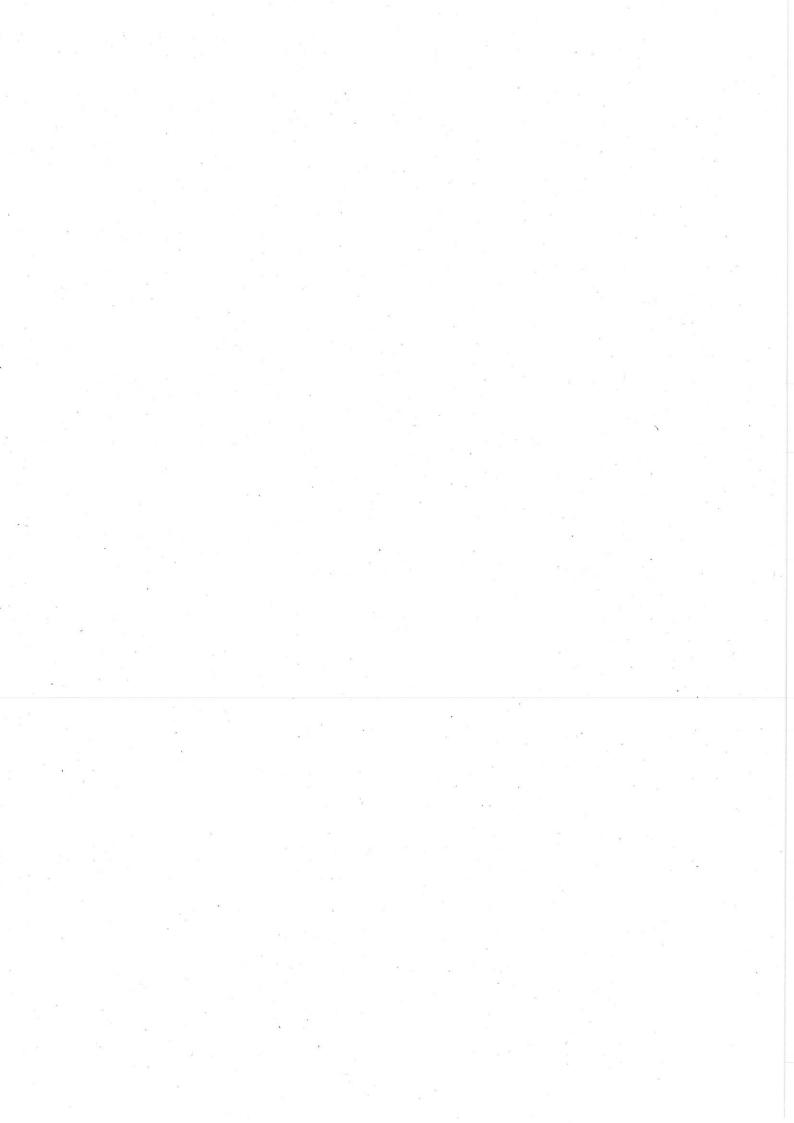
Mr	Mrs	Miss	Ms	Other Title (for example, Rev)	n e	
Surname	Tapo	em Ma	First names Racheal			
Date of bir	th	I am 18	I am 18 years old or over Please tick yes			
Nationality				•		
Current res address if of from premis address	lifferent		Lord Creste	THE WEST	,	
Post town	NOt	aingham		Postcode	NGZ 2FS	
Daytime co	ontact t	elephone	07748826976.			
E-mail add		mpotura				
Where applicable (if demonstrating a right to work via the Home Office online right to work checking service), the 'share code' provided to the applicant by that service (please see note 15 for information)						



			*			
					_	· .
Second individual a	ipplicant (if a	pplicable)				87
Mr Mrs	Miss	. N	1s		er Title example, v)	
Surname	*	×	First na	ames		Б
Date of birth or over		I am 1	8 years o	old	Ple	ase tick yes
Nationality		8				
		N.	e 3		8	8
Current residential address if different from premises address		e				
address		# E				
Post town			5		Postcode	
Daytime contact te	lephone			đ		. ,
E-mail address (optional)	e e			`		
Where applicable (if demonstrating a right to work via the Home Office online right to work checking service), the 'share code' provided to the applicant by that service: (please see note 15 for information)						
	N.		50		1	
B) Other applicant	S					
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				*	60	
		±				



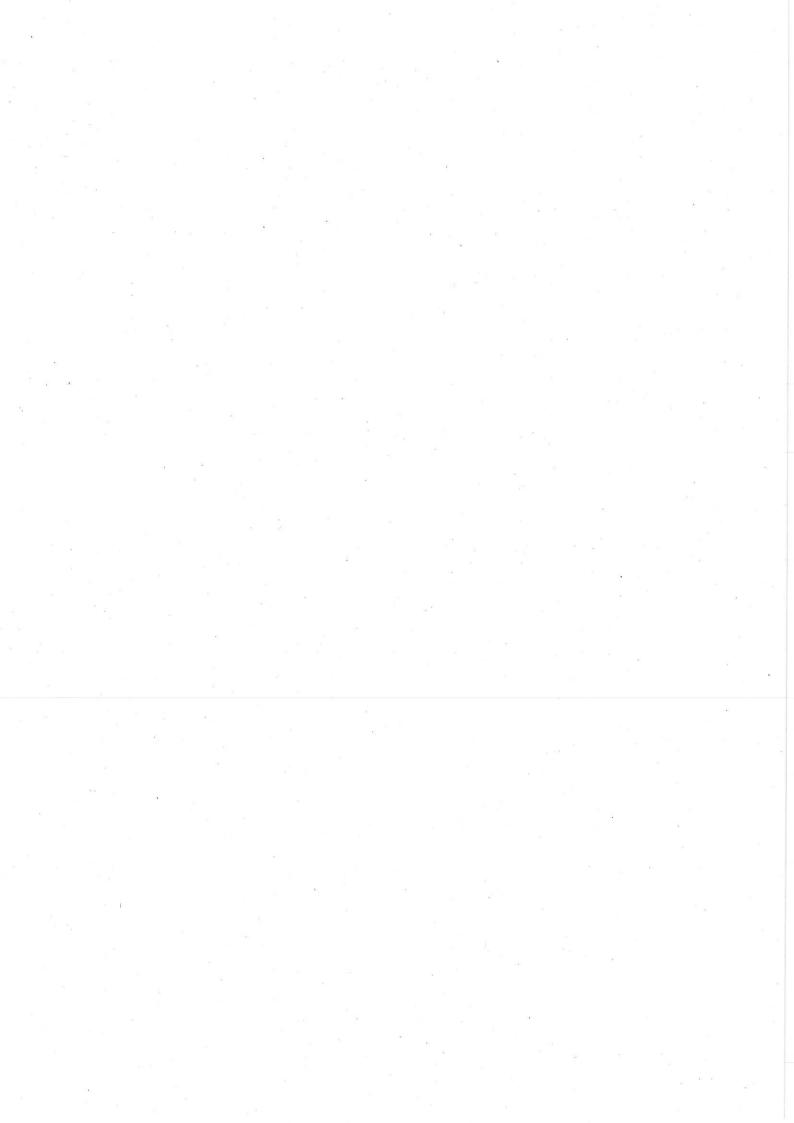
	*				
Reg	gistered number (where applicable)				
	scription of applicant (for example, partnership, company, uninco ociation etc.)	rporated			
		9,			
Tel	ephone number (if any)				
E-m	nail address (optional)	a 4			
Part	3 Operating Schedule	¥			
Wh	en do you want the premises licence to start?	MM YYYY			
	ou wish the licence to be valid only for a limited period, en do you want it to end?	MM YYYY			
The with per area esponding burness	ase give a general description of the premises (please read guide premise will be a resturant including a being an an inside seating area; that will serve approphe as well as an enclosed sound proof our a; that will not cause disturbance for the opecially as we are situated mainly around conditionings. Which operate during the day, and work which areas we estimate that this outdoorn not discontinuous people.	er andig rill, eximately 30 thick seating yeneral public, nmercial care not next			
	000 or more people are expected to attend the premises ny one time, please state the number expected to attend.				
Wha	t licensable activities do you intend to carry on from the premise	s?			
(please see sections 1 and 14 and Schedules 1 and 2 to the Licensing Act 2003)					
Pro 2)	vision of regulated entertainment (please read guidance note	Please tick all 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)	8			
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)	V
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)	,

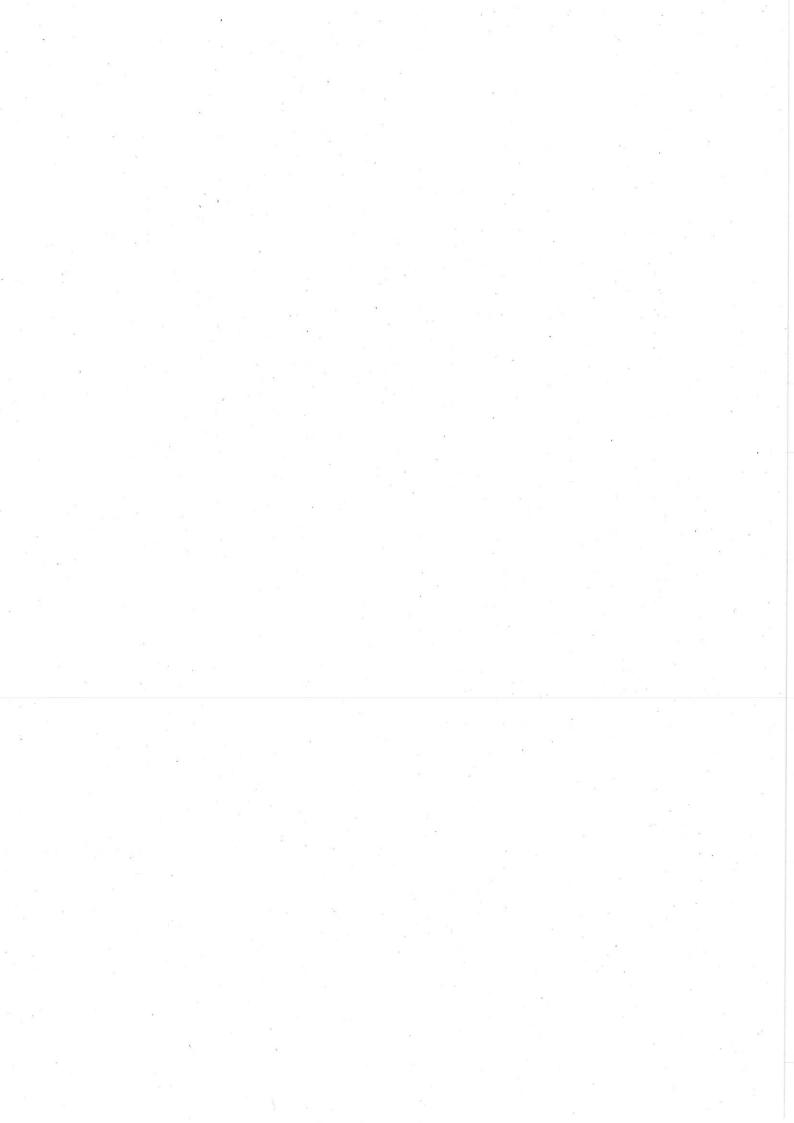
Provision of late night refreshment (if ticking yes, fill in box I)	
Supply of alcohol (if ticking yes, fill in box J)	V

In all cases complete boxes K, L and M

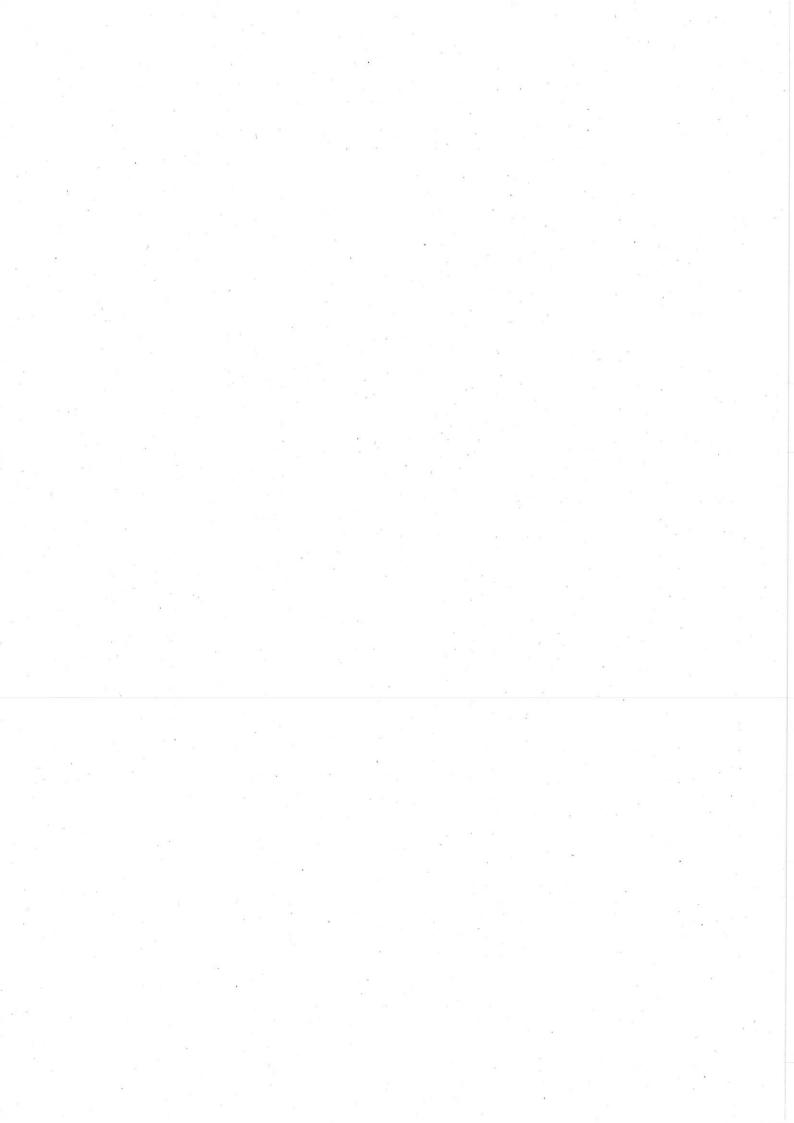


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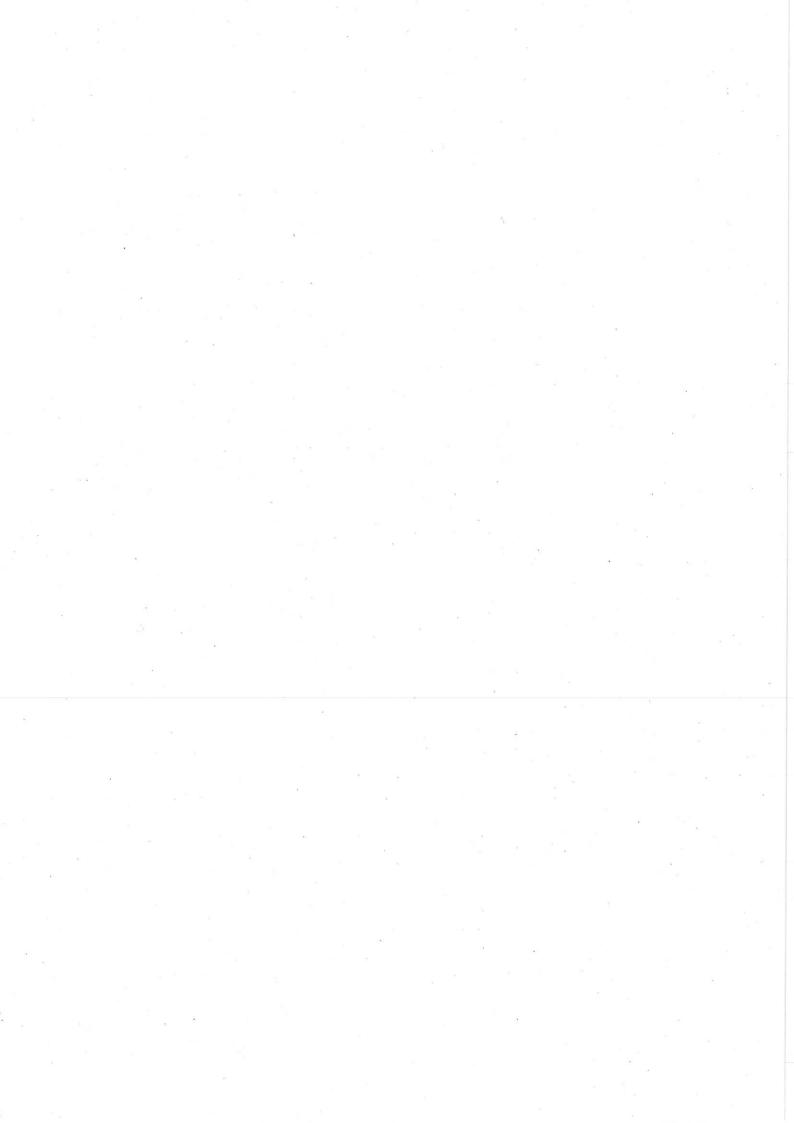
Plays Standard days and timings (please read guidance note 7)		read	Will the performance of a play take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors
	·	L		
Day	Start	Finis h	/	Both
Mon			Please give further details here (please rea	ad guidance note
× ×		,	(4)	
Tue				
Wed			State any seasonal variations for perform	ing plays
			(please read guidance note 5)	
Thur				£1
				8 5
Fri		/-	Non standard timings. Where you intend	
		/	premises for the performance of plays at to those listed in the column on the left, p	
Sat	/		(please read guidance note 6)	F = 8 F
				9 9 W
Sun	1			= 28
		40		



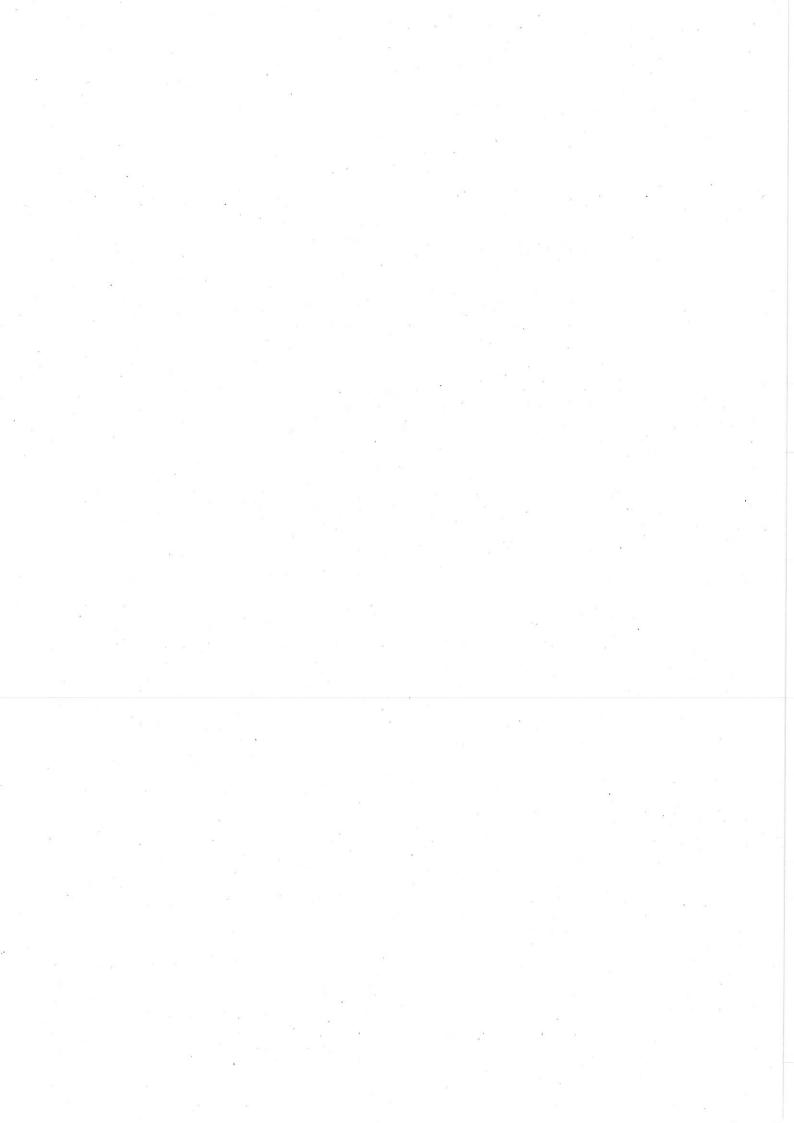
Films Standard days and timings (please read			Will the exhibition of films take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors
guidan	ice note	7)		Outdoors
Day	Start	Finis h		Both
Mon			Please give further details here (please read)	ad guidance note
Tue		5		· · · · · · · · · · · · · · · · · · ·
Wed			State any seasonal variations for the exhi (please read guidance note 5)	bition of films
Thur				, , , , , , , , , , , , , , , , , , ,
Fri			Non standard timings. Where you intend premises for the exhibition of films at diff those listed in the column on the left, please	erent times to
Sat		2 2 2	read guidance note 6)	8
Sun		3		1



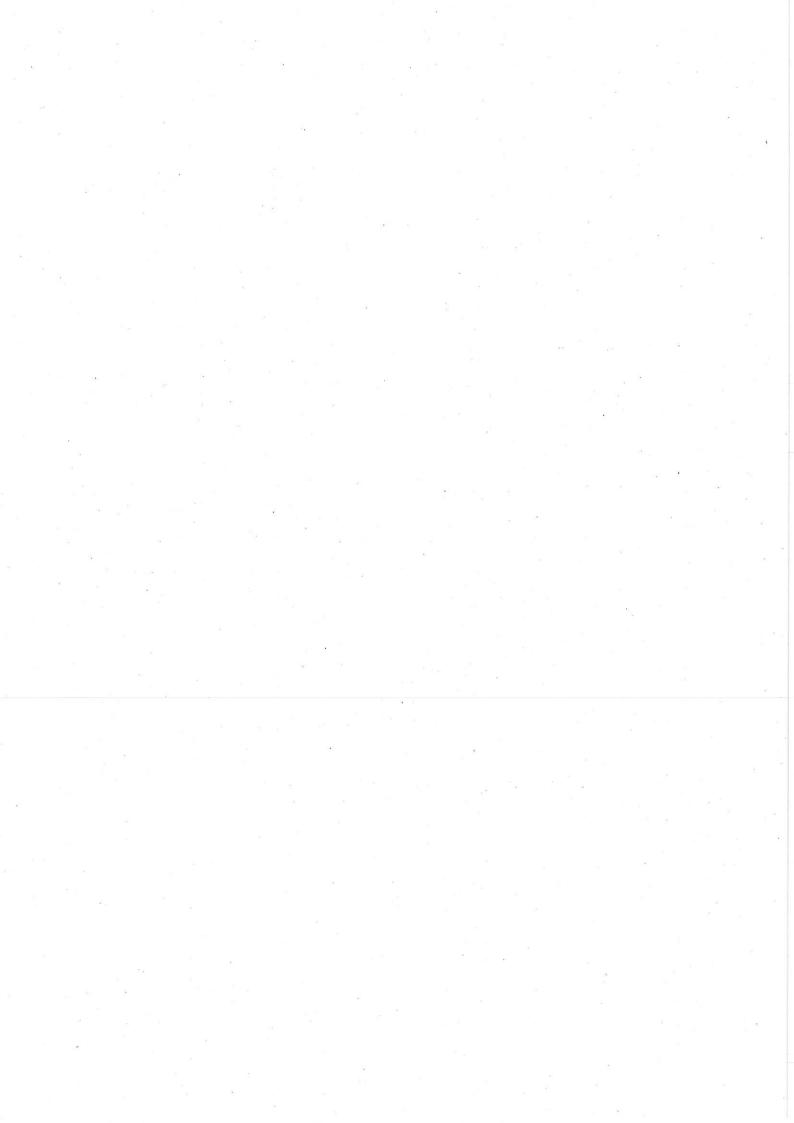
Indoor sporting events Standard days and			Please give further details (please read guidance note 4)
timings	s (please	read	
Day	Start	Finis h	
Mon		5.	* * * * * * * * * * * * * * * * * * *
Tue			State any seasonal variations for indoor sporting events (please read guidance note 5)
Wed			
Thur			Non 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 (please
Fri			read guidance note 6)
Sat		U	
Sun			



Boxing or wrestling entertainments Standard days and		s	Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick (please	Indoors	
timing	s (please	eread	read guidance note 3)	Outdoors	*)
Day	Start	Finis h		Both	5
Mon			Please give further details here (please read)	ad guidance n	ote
Tue				2	
Wed			State any seasonal variations for boxing of entertainment please read guidance note 5		
Thur		T.			
Fri			Non standard timings. Where you intend premises for boxing or wrestling entertain different times to those listed in the column	nment at	
Sat			please list (please read guidance note 6)		
Sun				*	



Live music Standard days and timings (please read guidance note 7)			Will the performance of live music take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors Outdoors
Day	Start	Finis h		Both
Mon			Please give further details here (please read)	ad guidance note
Tue				
Wed			State any seasonal variations for the perfermusic (please read guidance note 5)	ormance of live
Thur		3		la E
Fri			Non standard timings. Where you intend premises for the performance of live musi times to those listed in the column on the	ic at different
Sat			(please read guidance note 6)	* * * * * * * * * * * * * * * * * * *
Sun				





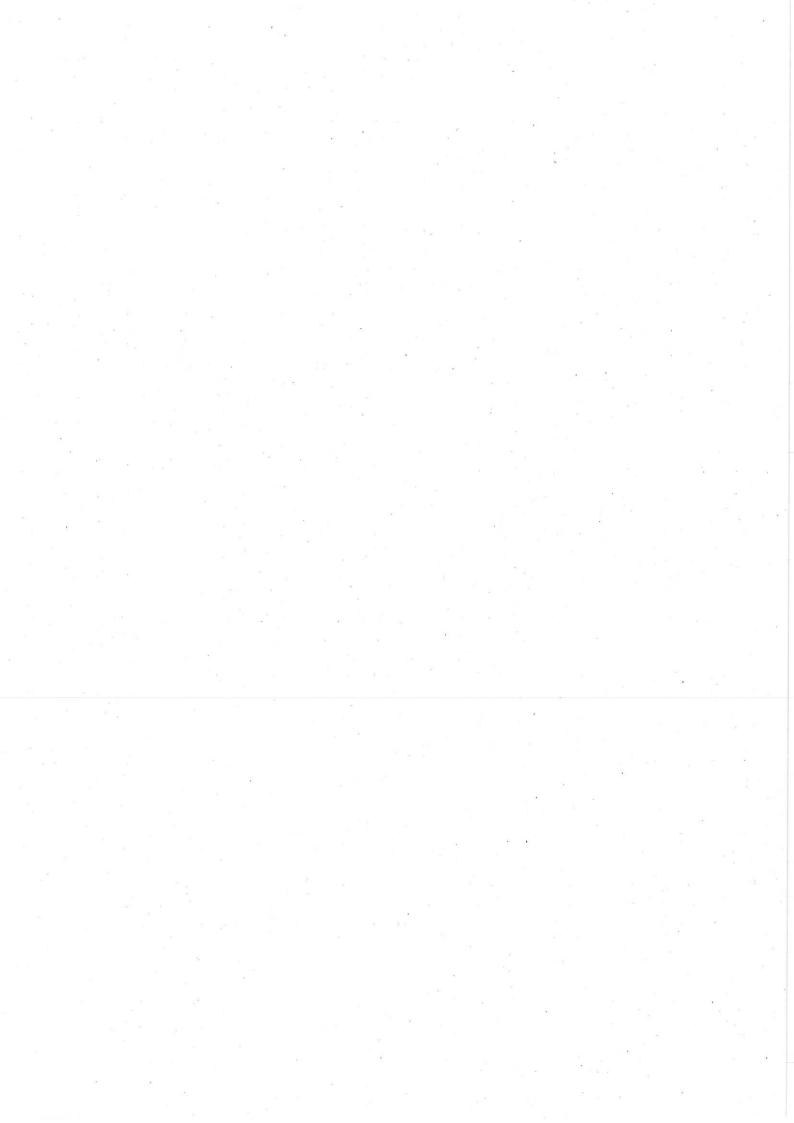
Recorded music Standard days and timings (please read			Will the playing of recorded music take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors	V
	ice note 7)		(produce round guitament store -)	Outdoors	
Day	Start	Finish		Both	
Mon			Please give further details here (please read guidamplified Music	dance note 4)	
Tue	12:00	23.30			
Wed	12.00	23:30	State any seasonal variations for the playing of (please read guidance note 5)	f recorded m	<u>usic</u>
Thur	12.00	23.30		61 61	
Fri ·	12.00	02.30	Non standard timings. Where you intend to us the playing of recorded music at different time the column on the left, please list (please read g	es to those lis	<u>ted in</u>
Sat	12.00	02-30			
Sun	12.00	23.30		* .	



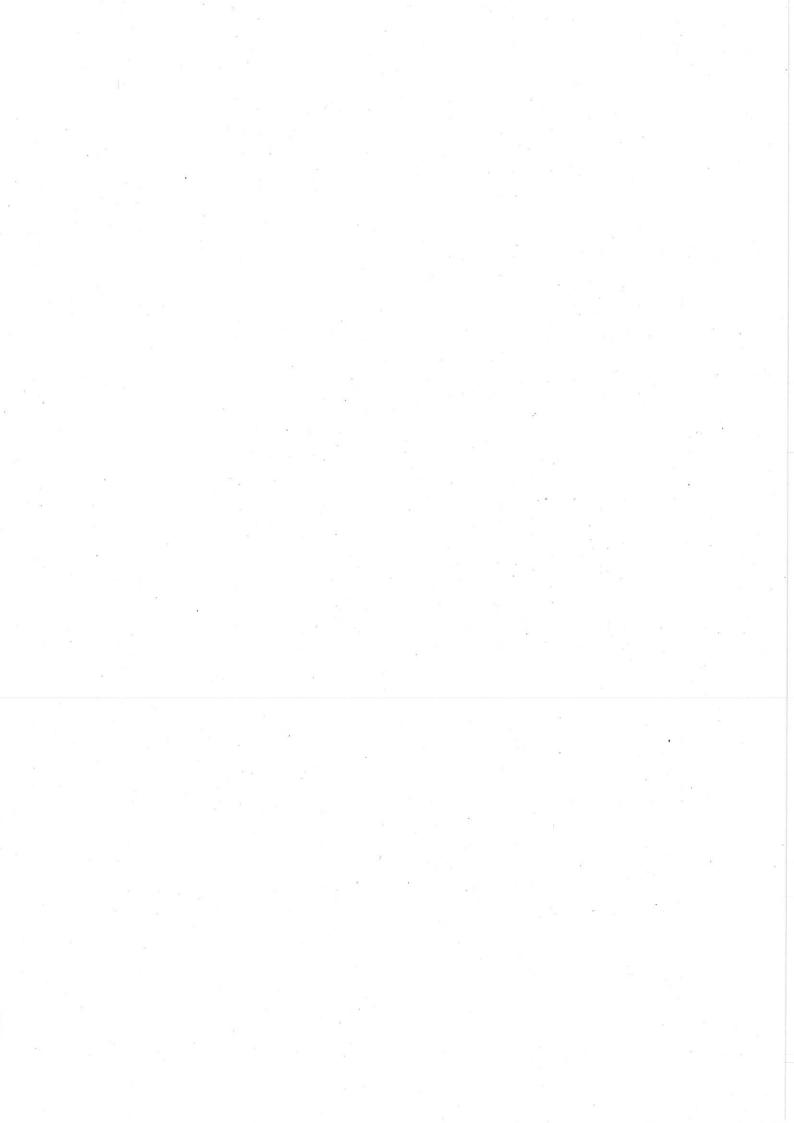
Performances of dance Standard days and timings (please read guidance note 7)			Will the performance of dance take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors Outdoors
Day	Start	Finish		Both
Mon			Please give further details here (please read guid	dance note 4)
Tue		4 (1 ±		
Wed			State any seasonal variations for the performant (please read guidance note 5)	nce of dance
Thur				
Fri			Non standard timings. Where you intend to us the performance of dance at different times to t column on the left, please list (please read guidan	those listed in the
Sat //				
Sun				

Performances of dance Standard days and			Will the performance of dance take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors	
timings	s (please nce note	read		Outdoors	
Day	Start	Finis h		Both	
Mon	V		Please give further details here (please read)	ad guidance note	Э
Tue					
Wed		1	State any seasonal variations for the perfection dance (please read guidance note 5)	ormance of	
Thur				· · · · · · · · · · · · · · · · · · ·	
Fri			Non standard timings. Where you intend premises for the performance of dance at to those listed in the column on the left, p	different times	<u> </u>
Sat			(please read guidance note 6)		
_e Sún				*	

Anything of a similar description to that falling within (e), (f) or (g) Standard days and timings (please read guidance note 7)		within and read	Please give a description of the type of enterbe providing	tainment you	will
Day	Start	Finis h	Will this entertainment take place indoors or outdoors or both – please	Indoors	
Mon			tick (please read guidance note 3)	Outdoors	Ň
				Both	
Tue	ī.		Please give further details here (please read guidance r		
Wed	,				
Thur			State any seasonal variations for entertain similar description to that falling within (e) (please read guidance note 5)		
Fŗi	k -				- 7
Sat			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 (please read guidance note 6)		se
Sun					



Late night refreshment Standard days and		and	Will the provision of late night refreshment take place indoors or outdoors or both – please tick (please	Indoors	
timing	s (please	read	read guidance note 3)	Outdoors	
Day	Start	Finis h		Both	
Mon			Please give further details here (please read)	ad guidance	note
Tue	11,00	23:30			1
Wed	11:00	23:30	State any seasonal variations for the provinght refreshment (please read guidance no	rision of late ote 5)	2
Thur	11:00	23?30			8
Fri	17:00	2:30	Non standard timings. Where you intend premises for the provision of late night redifferent times, to those listed in the column	freshment a	<u>it</u> eft,
Sat	11:00	2:30	please list (please read guidance note 6)		
Sun	11.00	2330			

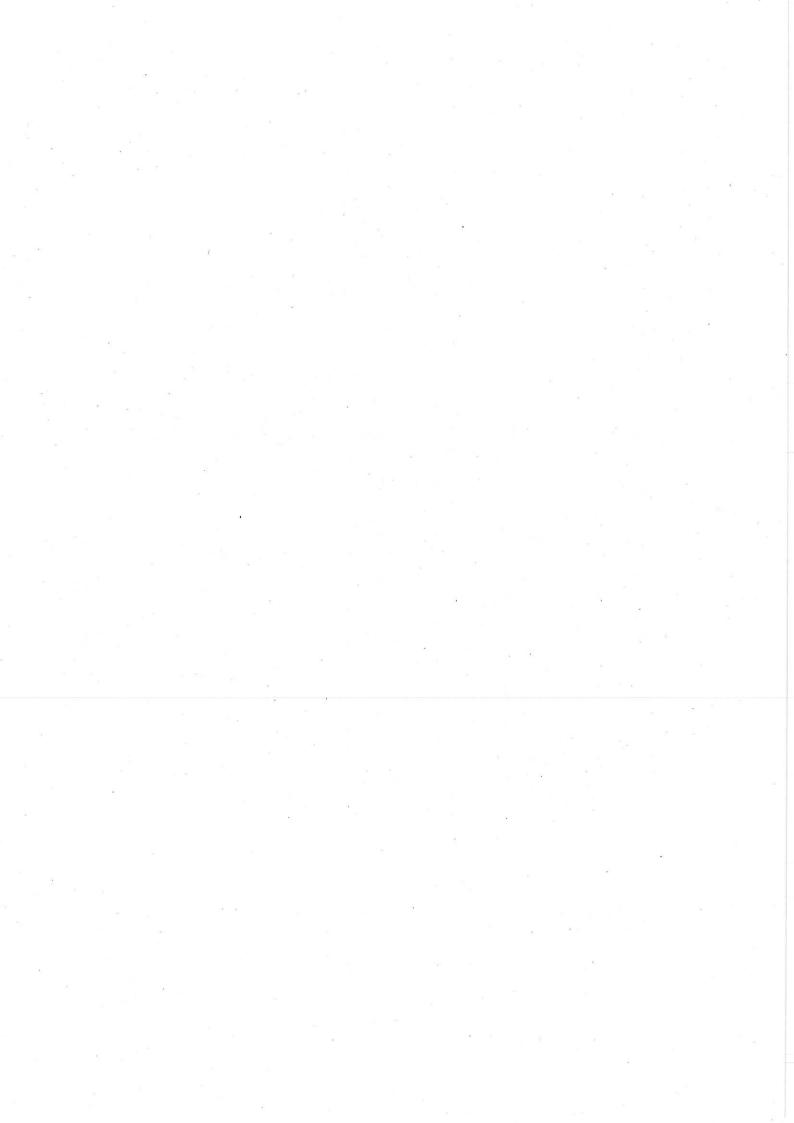


J

				T	
Supply of alcohol Standard days and timings (please read			Will the supply of alcohol be for consumption – please tick (please read quidance note 8)	On the premises	V
	s (piease ice note		guidance note o)	Off the premises	
Day	Start	Finis h		Both	
Mon			State any seasonal variations for the sup (please read guidance note 5)	ply of alcoh	<u>ol</u>
Tue	12pm	23:30			
		¥	, , , , , , , , , , , , , , , , , , ,		
Wed	12pm	23.30			
Thur	12pm	23:30	Non standard timings. Where you intend premises for the supply of alcohol at diffe	erent times	to
0			those listed in the column on the left, ple	ase list (plea	ase
Fri	12 pm	2:30	read guidance note 6)		140
Sat	12pm	2:30			
Sun	12pm	23:30			
			9		

State the name and details of the individual whom you wish to specify on the licence as designated premises supervisor (Please see declaration about the entitlement to work in the checklist at the end of the form):

Name Racheal Tapa	emm9			· ·	
Date of birth					
Address					
	6				4.
0					
		e =	,		4
Postcode	A ()				
Personal licence number	(if known)			,	R
Issuing licensing authori	ty (if known)				

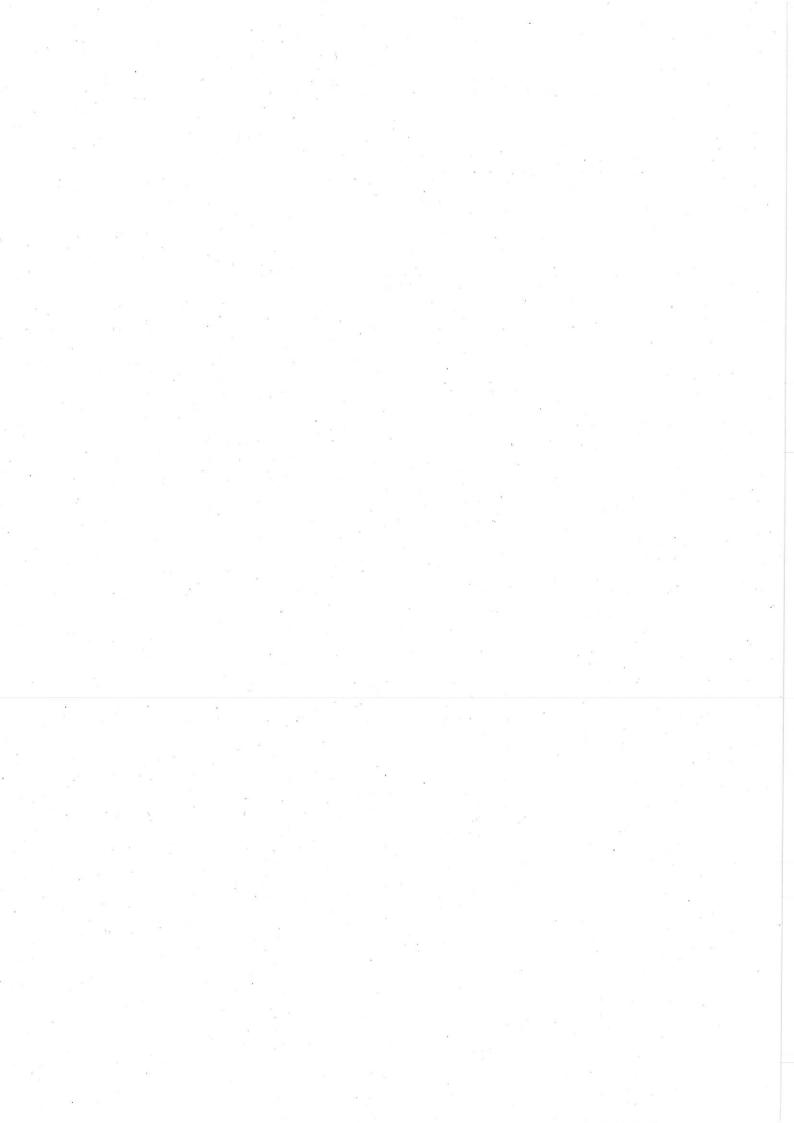


Please highlight any adult entertainment or services, activities, other entertainment or matters ancillary to the use of the premises that may give rise to concern in respect of children (please read guidance note 9).

There will be no adult entertainment.

ĭ

open Stand timing	premise to the puard days s (please nce note	iblic and read	State any seasonal variations (please read guidance note 5)
Day	Start	Finis h	
Mon			
Tue	12:00	23:80	
Wed	12:00	23:30	Non standard timings. Where you intend the premises to be open to the public at different times from those listed
Thur	12:00	23:30	in the column on the left, please list (please read guidance note 6)
Fri	12:00	02:30	
Sat	12:00	02:30	
Sun	12:00	23:30	



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

staff trained on the rules of serving alcholol especially in regards to the prevention of selving to minors.

Enough staff to ensure the safety of customers as the ability to have clear knowledge of steps to take in the event of a fire.

b) The prevention of crime and disorder

1. The premise shall have CCTV operating with according to Police Licensing ACt. 2. CCTV operating all through operating hours 3. Customers that look under 2S will be asked to show ID 4. A log of those refused alcohol will be tept to prevent anymisconduct. 5. Information mentioning that CCTV is in place will be displayed on premise.

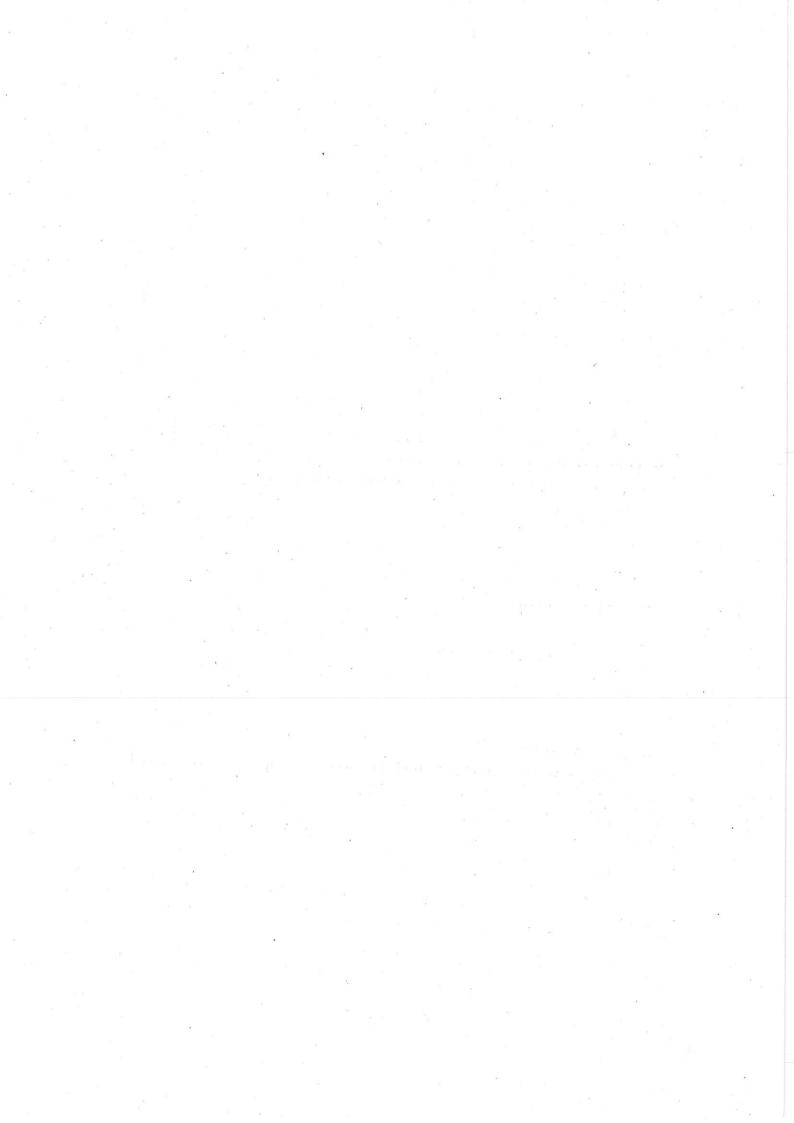
c) Public safety

- 1. Certificates for nearth and safeby will be display in and around the premise
- 2. Posters clearly displaying fire exits will be placed as well as the extinguishers in the appropriate place.

d) The prevention of public nuisance

staff will ensure that no alconol will be supplied to minor. There will be secruity to ensure safety on the bleekends to minor there will be secruity to ensure safety on the bleekends all staff will be trained in this procedure to ask customen causing physical and remail harm to others to exit the premise. As well as those that have exceeded thier limit in the erent of anti-social bendulour police will be called another appropriate crivial be hanced over

e) The protection of children from harm



No alconol will be served to minors In the event staff think a customer looks under 25 they will be asked to provide physical 10 All staff will be trained in this procedure.

Checklist:

Please tick to indicate agreement

		./
0	I have made or enclosed payment of the fee.	V
0	I have enclosed the plan of the premises.	V.
•	I have sent copies of this application and the plan to responsible authorities and others where applicable.	V
•	I have enclosed the consent form completed by the individual I wish to be designated premises supervisor, if applicable.	V
0	I understand that I must now advertise my application.	1
•	I understand that if I do not comply with the above requirements my application will be rejected.	1
	[Applicable to all individual applicants, including those in a partnership which is not a limited liability partnership, but not companies or limited liability partnerships] I have included documents demonstrating my entitlement to work in the United Kingdom or my share code issued by the Home Office online right to work checking service (please read note 15).	V

It is an offence, under Section 158 of the Licensing Act 2003, to make a false statement in or in connection with this application. Those who make a false statement may be liable on summary conviction to a fine of any amount.

It is an offence under Section 24b of the Immigration Act 1971 for a person to work when they know, or have reasonable cause to believe, that they are disqualified from doing so by reason of their immigration status. Those who employ an adult without leave or who is subject to conditions as to employment will be liable to a civil penalty under section 15 of the Immigration, Asylum and Nationality Act 2006 and pursuant to Section 21 of the same act, will be committing an offence where they do so in the knowledge, or with reasonable cause to believe, that the employee is disqualified.

Part 4 – Signatures (please read guidance note 11)

Signature of applicant or applicant's solicitor or other duly authorised agent (see guidance note 12). If signing on behalf of the applicant, please state in what capacity.

Declaration	 [Applicable to individual applicants only, including those in a partnership which is not a limited liability partnership] I understand I am not entitled to be issued with a licence if I do not have the entitlement to live and work in the UK (or if I am subject to a condition preventing me from doing work relating to the carrying on of a licensable activity) and that my licence
	will become invalid if I cease to be entitled to live and work in



	the UK (please read guidance note 15).
	 The DPS named in this application form is entitled to work in the UK (and is not subject to conditions preventing him or her from doing work relating to a licensable activity) and I have seen a copy of his or her proof of entitlement to work, or have conducted an online right to work check using the Home Office online right to work checking service which confirmed their right to work (please see note 15)
Signature	fitpu.
Date	05/09/2024
Capacity	secretary.

For joint applications, signature of 2nd applicant or 2nd applicant's solicitor or other authorised agent (please read guidance note 13). If signing on behalf of the applicant, please state in what capacity.

Date	e		n th	,					
Capacity	*	8	9 ** s	ş (x)					
2	3		4						
Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 14)									
Post town		e II 9		Postcode					
Telephone number (if any)									
If you would prefer us to correspond with you by e-mail, your e-mail address (optional)									

Signature

