

14 NOV 2018

**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 NAAM LTD (Trading as Papa Johns.) -----

*(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 Papa John Pizza 49 Baxter Gate,, Loughborough			
<b>Post town</b>	Loughborough	<b>Postcode</b>	<b>LE11 1TH</b>

Telephone number at premises (if any)	01509217171
Non-domestic rateable value of premises	£ 11,250. 00p <b>Band B</b>

**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/limited liability partnership       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 <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)
<b>Surname</b>		<b>First names</b>	
<b>Date of birth</b>		I am 18 years old or over <input type="checkbox"/> Please tick yes	
<b>Nationality</b>			
Current residential address if different from premises address			
Post town		Postcode	
<b>Daytime contact telephone number</b>			
<b>E-mail address (optional)</b>			

**SECOND INDIVIDUAL APPLICANT (if applicable)**

Mr Mrs <input type="checkbox"/>		Miss <input type="checkbox"/>		Ms <input type="checkbox"/>		Other Title (for example, Rev)		
<b>Surname</b>				<b>First names</b>				
<b>Date of birth</b>		I am 18 years old or over		<input type="checkbox"/>		Please tick yes		
<b>Nationality</b>								
Current postal address if different from premises address								
Post town					Postcode			
<b>Daytime contact telephone number</b>								
<b>E-mail address (optional)</b>								

**(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.**

<b>Name</b> NAAM LTD
<b>Address</b> 49 Baxter Gate,, Loughborough,  LE11 1TH,
<b>Registered number (where applicable)</b> 10789553
<b>Description of applicant (for example, partnership, company, unincorporated association etc.)</b> Limited company
<b>Telephone number (if any)</b> 01509217171
<b>E-mail address (optional)</b>

**Part 3 Operating Schedule**

When do you want the premises licence to start? **On Granting**

DD	MM	YYYY
<input type="text"/>	<input type="text"/>	<input type="text"/>

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

DD	MM	YYYY
<input type="text"/>	<input type="text"/>	<input type="text"/>

Please give a general description of the premises (please read guidance note 1)  
**The business premises are a fast food retail outlet located within a mixed retail and residential area.**  
**We trade under the franchise of Papa John's (GB) and currently operate from 11.30 to 23.00 hrs Monday to Sunday. We offer hand made, high quality fresh Pizza's and take orders for both on premise collection and home delivery to customers. Our application for a late night refreshment licence is to enable us to trade from 23.00hrs until 0400 each day of the week. (ie) Monday to Sunday with no variation.**  
**There is an upstairs apartment to this property which is unoccupied and used as a store room for the business.**

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 and Schedules 1 and 2 to the Licensing Act 2003)

Provision of regulated entertainment (please read guidance note 2)

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)
- 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

<b>Plays</b> Standard days and timings (please read guidance note 7)			<b>Will the performance of a play take place indoors or outdoors or both – please tick</b> (please read guidance note 3)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<b>Please give further details here</b> (please read guidance note 4)		
Mon					
Tue			<b>State any seasonal variations for performing plays</b> (please read guidance note 5)		
Wed					
Thur			<b>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</b> (please read guidance note 6)		
Fri					
Sat					
Sun					

## B

<b>Films</b> Standard days and timings (please read guidance note 7)			<b>Will the exhibition of films take place indoors or outdoors or both – please tick</b> (please read guidance note 3)	
			Indoors	<input type="checkbox"/>
			Outdoors	<input type="checkbox"/>
			Both	<input type="checkbox"/>
Day	Start	Finish	<b>Please give further details here</b> (please read guidance note 4)	
Mon				
Tue				
Wed			<b>State any seasonal variations for the exhibition of films</b> (please read guidance note 5)	
Thur				
Fri				
			<b>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</b> (please read guidance note 6)	
Sat				
Sun				

C

<b>Indoor sporting events</b> Standard days and timings (please read guidance note 7)			<b>Please give further details</b> (please read guidance note 4)
Day	Start	Finish	
Mon			
Tue			<b>State any seasonal variations for indoor sporting events</b> (please read guidance note 5)
Wed			
Thur			<b>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</b> (please read guidance note 6)
Fri			
Sat			
Sun			



**D**

<b>Boxing or wrestling entertainments</b> Standard days and timings (please read guidance note 7)			<b>Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick</b> (please read guidance note 3)	Indoors <input type="checkbox"/>		
				Outdoors <input type="checkbox"/>		
				Both <input type="checkbox"/>		
Day	Start	Finish	<b>Please give further details here</b> (please read guidance note 4)			
Mon	-----	-----				
Tue	-----	-----				
Wed	-----	-----			<b>State any seasonal variations for boxing or wrestling entertainment</b> (please read guidance note 5)	
Thur	-----	-----				
Fri	-----	-----			<b>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</b> (please read guidance note 6)	
Sat	-----	-----				
Sun	-----	-----				

**E**

<b>Live music</b> Standard days and timings (please read guidance note 7)			<b>Will the performance of live music take place indoors or outdoors or both – please tick</b> (please read guidance note 3)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<b>Please give further details here</b> (please read guidance note 4)		
Mon					
Tue			<b>State any seasonal variations for the performance of live music</b> (please read guidance note 5)		
Wed					
Thur					
Fri			<b>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</b> (please read guidance note 6)		
Sat					
Sun					

**F**

<b>Recorded music</b> Standard days and timings (please read guidance note 7)			<b>Will the playing of recorded music take place indoors or outdoors or both – please tick</b> (please read guidance note 3)		Indoors	<input type="checkbox"/>
					Outdoors	<input type="checkbox"/>
					Both	<input type="checkbox"/>
<b>Day</b>	<b>Start</b>	<b>Finish</b>	<b>Please give further details here</b> (please read guidance note 4)			
Mon						
Tue						
Wed			<b>State any seasonal variations for the playing of recorded music</b> (please read guidance note 5)			
Thur						
Fri			<b>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</b> (please read guidance note 6)			
Sat						
Sun						

# G

Performances of dance Standard days and timings (please read guidance note 7)			Will the performance of dance take place <u>indoors or outdoors or both – please tick</u> (please read guidance note 3)	Indoors	<input type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon			<b>Please give further details here</b> (please read guidance note 4)	Both	<input type="checkbox"/>
Tue					
Wed			<b>State any seasonal variations for the performance of dance</b> (please read guidance note 5)		
Thur					
Fri			<b>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</b> (please read guidance note 6)		
Sat					
Sun					

# H

<b>Anything of a similar description to that falling within (e), (f) or (g)</b> Standard days and timings (please read guidance note 7)			Please give a description of the type of entertainment you will be providing		
Day	Start	Finish	<b>Will this entertainment take place indoors or outdoors or both – please tick</b> (please read guidance note 3)	Indoors	<input type="checkbox"/>
Mon				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Tue			<b>Please give further details here</b> (please read guidance note 4)		
Wed					
Thur			<b>State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g)</b> (please read guidance note 5)		
Fri					
Sat			<b>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</b> (please read guidance note 6)		
Sun					

**I**

<b>Late night refreshment</b> Standard days and timings (please read guidance note 7)			<b>Will the provision of late night refreshment take place indoors or outdoors or both – please tick</b> (please read guidance note 3)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input checked="" type="checkbox"/>
<b>Day</b>	<b>Start</b>	<b>Finish</b>	<b>Please give further details here</b> (please read guidance note 4) We are requesting hours of 23.00hrs until 0400hrs seven days a week with no variation.		
Mon	23.00	04.00			
	-----	-----			
Tue	23.00	04.00			
	-----	-----			
Wed	23.00	04.00	<b>State any seasonal variations for the provision of late night refreshment</b> (please read guidance note 5) None		
	-----	-----			
Thur	23.00	04.00			
	-----	-----			
Fri	23.00	04.00	<b>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</b> (please read guidance note 6) None		
	-----	-----			
Sat	23.00	0400			
	-----	-----			
Sun	23.00	0400			
	-----	-----			

**J**

<b>Supply of alcohol</b> Standard days and timings (please read guidance note 7)			<b>Will the supply of alcohol be for consumption – please tick</b> (please read guidance note 8)	On the premises	<input type="checkbox"/>
				Off the premises	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<b>State any seasonal variations for the supply of alcohol</b> (please read guidance note 5) None		
Mon					
Tue					
Wed					
Thur					
Fri					
Sat					
Sun					
			<b>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</b> (please read guidance note 6) None		

**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	
Date of birth	
Address	
Postcode	
Personal licence number (if known)	
Issuing licensing authority (if known)	

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 9).**

None

L

<b>Hours premises are open to the public</b> Standard days and timings (please read guidance note 7)			<b>State any seasonal variations</b> (please read guidance note 5)
			None
Day	Start	Finish	
Mon	11.00	04.00	
	-----		
Tue	11.00	04.00	
	-----		
Wed	11.00	04.00	
	-----		
Thur	11.00	04.00	<b>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</b> (please read guidance note 6)
	-----		
Fri	11.00	04.00	None
	-----		
Sat	11.00	04.00	
	-----		
Sun	11.00	04.00	
	-----		



**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 10)**

The management of the premises is to be the responsibility of the Premises Licence Holder supported by a store manager and all members of staff.

It is noted that customers using the premises particularly towards late evening are, by a vast majority, mature people not prone to causing problems.

**b) The prevention of crime and disorder**

Any incident of crime and disorder will be reported to the Police and a record of any incident will be recorded in an incident book which will be maintained on the premises with integrity and monitored by the premise licence holder. The incident report book will be made available to the Police or any other authorised officer on request.

The premises are to provide a modern Digital Data system of recorded CCTV images to an acceptable evidential value. There is also camera coverage of the customer service area together with a CCTV coverage of the immediate external frontage of the premises. There is a ~CCTV monitor on display with the Public Area.

The system is to be well maintained and record for a minimum of 31 days recorded history. All staff are to be trained to download images on demand and such images will be made available to the statutory agencies as required.

In the interests of this licensing objective SIA door security staff will be on duty each Friday Saturday and Sunday from 23.00hrs until Closing

**c) Public safety**

The applicant is adequately knowledgeable to ensure the safe evacuation of customers from the premises in the event of an emergency.

All fire escape routes shall be kept unobstructed and will be clearly identifiable

All escape doors and routes will be checked before premises are open for trading to the public and a record of checks shall be maintained

All fire exit doors shall be capable of being opened without the use of any key, card code or similar means.

All fire fighting equipment will be maintained in good working order and shall be available for immediate use

All emergency lighting and fire safety signage will be maintained in good order and will not be altered without the approval of the Fire Authority.

The premises, entrance and shop aisles are of acceptable width and are well illuminated.

**d) The prevention of public nuisance**

All members of staff will monitor the customers to the premises, arriving, ordering, collecting food and leaving the premises to ensure no undue nuisance is caused to local residents. Notices shall be displayed in a prominent position asking for customers to respect the needs of the local residents.

All external extraction equipment is of modern design with low noise emission.

Delivery vehicles will operate to and from the premises and each of the delivery drivers are trained to minimise any likely possible impact of their presence on local residents.

The premise licence holder will adopt a litter policy in the immediate vicinity and provide suitable receptacles fit for purpose.

**e) The protection of children from harm**

Not applicable

**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.
- ✓ [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 (please read note 15).

**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.**

<b>Declaration</b>	<ul style="list-style-type: none"> <li>• [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).</li> <li>• 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, if appropriate (please see note 15)</li> </ul>
Signature	 David Lester (Agent)
Date	12 <sup>th</sup> November 2018
Capacity	Agent D&B Licensing Consultants

**For joint applications, signature of 2<sup>nd</sup> applicant or 2<sup>nd</sup> applicant's solicitor or other authorised agent (please read guidance note 13). 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 14) Mr David Lester. D&B Licensing Consultants. The Cottage. Over Dinsdale Hall, Near Neasham.			
Post town	<b>Darlington</b>	Postcode	<b>DL2 1PW</b>
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. In terms of specific regulated entertainments please note that:
  - Plays: no licence is required for performances between 08:00 and 23.00 on any day, provided that the audience does not exceed 500.
  - Films: no licence is required for 'not-for-profit' film exhibition held in community premises between 08.00 and 23.00 on any day provided that the audience does not exceed 500 and the organiser (a) gets consent to the screening from a person who is responsible for the premises; and (b) ensures that each such screening abides by age classification ratings.
  - Indoor sporting events: no licence is required for performances between 08.00 and 23.00 on any day, provided that the audience does not exceed 1000.
  - Boxing or Wrestling Entertainment: no licence is required for a contest, exhibition or display of Greco-Roman wrestling, or freestyle wrestling between 08.00 and 23.00 on any day, provided that the audience does not exceed 1000. Combined fighting sports – defined as a contest, exhibition or display which combines boxing or wrestling with one or more martial arts – are licensable as a boxing or wrestling entertainment rather than an indoor sporting event.
  - Live music: no licence permission is required for:
    - a performance of unamplified live music between 08.00 and 23.00 on any day, on any premises.
    - a performance of amplified live music between 08.00 and 23.00 on any day on premises authorised to sell alcohol for consumption on those premises, provided that the audience does not exceed 500.