

APPENDIX 'A'

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 AMRITPAL KAOR (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 ZAMBAR RESTURANT

Postal address of premises or, if none, ordnance survey map reference or description
26 HIGH STREET
BURTON LATIMER
Post town KETTERING Post code NN15 5LB

Telephone number at premises (if any)
Non-domestic rateable value of premises £ 5815.00. £13,500

12/01/2011

Part 2 - Applicant Details

Please state whether you are applying for a premises licence as
Please tick yes

- 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)
- 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 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 checked="" type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)
Surname KAUR			First names AMRITPAL	
I am 18 years old or over				<input checked="" type="checkbox"/> Please tick yes
Current postal address if different from premises address		26 HIGH STREET BURTON LATMER		
Post Town	KETTERING		Postcode	NN15 5LB
Daytime contact telephone number				
E-mail address (optional)				

SECOND INDIVIDUAL APPLICANT (if applicable)

N/A

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
Address
Registered number (where applicable)
Description of applicant (for example, partnership, company, unincorporated association etc.)
Telephone number (if any)
E-mail address (optional)

Part 3 Operating Schedule

When do you want the premises licence to start?

ASAP

Day			Month			Year		
0	1	1	2	2	0	1	1	

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

Day			Month			Year		

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

THE PREMISES IS A RESTURANT LOCATED ON THE HIGH STREET IN THE BURTON LATIMER VILLAGE OF KETTERING TOWN.

THE PURPOSE IS TO PROVIDE FOOD AND REFRESHMENT TO THE PUBLIC AND THE SALE BY RETAIL OF ALCOHOL.

THE PREMISES WILL BE USED AS A CAFE, TAKEAWAY / RESTURANT.

If 5,000 or more people are expected to attend the premises at any one time, please state the number expected to attend.

N/A

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 yes

- 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 entertainment facilities:

- i) making music (if ticking yes, fill in box I)
- j) dancing (if ticking yes, fill in box J)
- k) entertainment of a similar description to that falling within (i) or (j) (if ticking yes, fill in box K)

Provision of late night refreshment (if ticking yes, fill in box L)

Supply of alcohol (if ticking yes, fill in box M)

In all cases complete boxes N, O and P

N/A

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"/>
				Both <input type="checkbox"/>
Mon			<u>Please give further details here</u> (please read guidance note 3)	
Tue				
Wed				
Thur			<u>State any seasonal variations for performing plays</u> (please read guidance note 4)	
Fri				
Sat			<u>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</u> (please read guidance note 5)	
Sun				

B

N/A

Films Standard days and timings (please read guidance note 6)			Will the exhibition of films 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 the exhibition of films (please read guidance note 4)		
Thur					
Fri			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 (please read guidance note 5)		
Sat					
Sun					

C

NIA

Indoor sporting events Standard days and timings (please read guidance note 6)			<u>Please give further details</u> (please read guidance note 3)
Day	Start	Finish	
Mon			<u>State any seasonal variations for indoor sporting events</u> (please read guidance note 4)
Tue			
Wed			
Thur			<u>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</u> (please read guidance note 5)
Fri			
Sat			
Sun			

D

N/A

Boxing or wrestling entertainments Standard days and timings (please read guidance note 6)			Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick (please read guidance note 2)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 3)		
Mon					
Tue					
Wed			State any seasonal variations for boxing or wrestling entertainment (please read guidance note 4)		
Thur					
Fri			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 (please read guidance note 5)		
Sat					
Sun					

E

N/A

Live music Standard days and timings (please read guidance note 6)			Will the performance of live music take place indoors or outdoors or both – please tick (please read guidance note 2)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 3)		
Mon					
Tue					
Wed			State any seasonal variations for the performance of live music (please read guidance note 4)		
Thur					
Fri					
Sat					
Sun					

F

Recorded music Standard days and timings (please read guidance note 6)			Will the playing of recorded music take place indoors or outdoors or both – please tick (please read guidance note 2)	Indoors	<input checked="" type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish			
Mon	08.00		<u>Please give further details here</u> (please read guidance note 3) 3) <i>Playing of back ground music</i>		
	08.00	23.00			
Tue	08.00	23.00			
Wed	08.00	23.00	<u>State any seasonal variations for the playing of recorded music</u> (please read guidance note 4)		
Thur	08.00	23.00			
Fri	08.00	01.00	<u>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</u> (please read guidance note 5) <i>CHRISTMAS DAY 08.00 - 02.00 VALENTINES DAY 08.00 - 02.00</i> <i>BONING DAY 08.00 - 02.00</i> <i>CHRISTMAS EVE 08.00 - 02.00</i> <i>NEW YEARS EVE 08.00 - 02.00</i> <i>NEW YEARS DAY 08.00 - 02.00</i>		
Sat	08.00	01.00			
Sun	08.00	01.00			

G

N/A

Performances of dance Standard days and timings (please read guidance note 6)			Will the performance of dance take place indoors or outdoors or both – please tick (please read guidance note 2)	Indoors <input type="checkbox"/>
				Outdoors <input type="checkbox"/>
				Both <input type="checkbox"/>
Day	Start	Finish		
Mon			Please give further details here (please read guidance note 3)	
Tue				
Wed			State any seasonal variations for the performance of dance (please read guidance note 4)	
Thur				
Fri			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 (please read guidance note 5)	
Sat				
Sun				

H

N/A

Anything of a similar description to that falling within (e), (f) or (g) Standard days and timings (please read guidance note 6)			<u>Please give a description of the type of entertainment you will be providing</u>		
Day	Start	Finish	<u>Will this entertainment take place indoors or outdoors or both – please tick (please read guidance note 2)</u>	Indoors	<input type="checkbox"/>
Mon				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Tue			<u>Please give further details here (please read guidance note 3)</u>		
Wed					
Thur			<u>State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g) (please read guidance note 4)</u>		
Fri					
Sat			<u>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 5)</u>		
Sun					

NIA

Provision of facilities for making music Standard days and timings (please read guidance note 6)			Please give a description of the facilities for making music you will be providing		
			Will the facilities for making music be indoors or outdoors or both – please tick (please read guidance note 2)		Indoors <input type="checkbox"/>
			Outdoors <input type="checkbox"/>		
			Both <input type="checkbox"/>		
Day	Start	Finish	Please give further details here (please read guidance note 3)		
Mon					
Tue			State any seasonal variations for the provision of facilities for making music (please read guidance note 4)		
Wed					
Thur			Non standard timings. Where you intend to use the premises for provision of facilities for making music at different times to those listed in the column on the left, please list (please read guidance note 5)		
Fri					
Sat					
Sun					

N/A

Provision of facilities for dancing Standard days and timings (please read guidance note 6)			Will the facilities for dancing be indoors or outdoors or both – please tick (see guidance note 2)	Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Both <input type="checkbox"/>
			<u>Please give a description of the facilities for dancing you will be providing</u>	
Day	Start	Finish	<u>Please give further details here (please read guidance note 3)</u> <u>State any seasonal variations for providing dancing facilities (please read guidance note 4)</u> <u>Non standard timings. Where you intend to use the premises for the provision of facilities for dancing entertainment at different times to those listed in the column on the left, please list (please read guidance note 5)</u>	
Mon				
Tue				
Wed				
Thur				
Fri				
Sat				
Sun				

K

N/A

Provision of facilities for entertainment of a similar description to that falling within i or j Standard days and timings (please read guidance note 6)			<u>Please give a description of the type of entertainment facility you will be providing</u>		
Day	Start	Finish	<u>Will the entertainment facility be indoors or outdoors or both – please tick (please read guidance note 2)</u>	Indoors	<input type="checkbox"/>
Mon				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Tue			<u>Please give further details here (please read guidance note 3)</u>		
Wed					
Thur			<u>State any seasonal variations for the provision of facilities for entertainment of a similar description to that falling within i or j (please read guidance note 4)</u>		
Fri					
Sat			<u>Non standard timings. Where you intend to use the premises for the provision of facilities for entertainment of a similar description to that falling within i or j at different times to those listed in the column on the left, please list (please read guidance note 5)</u>		
Sun					
			CHRISTMAS DAY 08.00 - VALENTINES DAY 05.00 - BOXING DAY 08.00 - CHRISTMAS EVE 00.00 - NA NEW YEARS EVE 08.00 - NEW YEARS DAY 08.00 -		

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 checked="" type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish			
Mon	23.00	01.00	Please give further details here (please read guidance note 3)		
Tue	23.00	01.00			
Wed	23.00	01.00	State any seasonal variations for the provision of late night refreshment (please read guidance note 4)		
Thur	23.00	01.00			
Fri	23.00	02.00	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) CHRISTMAS DAY 23.00- 03.00 VALENTINES DAY 23.00 - 03.00 BOXING DAY 23.00 - 03.00 CHRISTMAS EVE 23.00 03.00 NEW YEARS EVE 23.00 - 03.00 NEW YEARS DAY 23.00 03.00		
Sat	23.00	02.00			
Sun	23.00	01.00			

Supply of alcohol Standard days and timings (please read guidance note 6)			Will the supply of alcohol be for consumption (Please tick box) (please read guidance note 7)	On the premises	<input type="checkbox"/>
				Off the premises	<input type="checkbox"/>
Day	Start	Finish		Both	<input checked="" type="checkbox"/>
Mon	10.00	01.00	State any seasonal variations for the supply of alcohol (please read guidance note 4)		
Tue	10.00	01.00			
Wed	10.00	01.00			
Thur	10.00	01.00			
Fri	10.00	01.00			
Sat	10.00	01.00			
Sun	10.00	01.00			
			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 (please read guidance note 5)		
			CHRISTMAS DAY 08.00 - 03.00 CHRISTMAS EVE 08.00 - 03.00 BOXING DAY 08.00 - 03.00 NEW YEARS EVE 08.00 - 03.00 NEW YEARS DAY 08.00 - 03.00 VALENTINES DAY 08.00 - 03.00		

State the name and details of the individual whom you wish to specify on the licence as premises supervisor

Name AMRITPAL KAUR	
Address 26 HIGH STREET BURTON LATIMER KETTERING	
Postcode NN15 5LB	
Contact Telephone Numbers	(daytime) (evening) (mobile)
Personal Licence number (if known)	
Issuing licensing authority (if known) KETTERING	

N

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)

NA

O

Hours premises are open to the public Standard days and timings (please read guidance note 6) <input checked="" type="checkbox"/>			State any seasonal variations (please read guidance note 4)
Day	Start	Finish	
Mon	06.00	23.00	<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> <p>CHRISTMAS DAY 23.00 - 03.00 BOXING DAY 23.00 - 03.00 CHRISTMAS EVE 23.00 - 03.00 NEW YEARS EVE 23.00 - 03.00 NEW YEARS DAY 23.00 - 03.00 VALENTINES DAY 23.00 - 03.00</p>
Tue	06.00	23.00	
Wed	06.00	23.00	
Thur	06.00	23.00	
Fri	06.00	01.00	
Sat	06.00	01.00	
Sun	06.00	01.00	

SEE ATTACHED SHEET

P Describe the steps you intend to take to promote the four licensing objectives:

a) General – all four licensing objectives (b,c,d,e) (please read guidance note 9)

To WO

b) The prevention of crime and disorder

c) Public safety

d) The prevention of public nuisance

e) The protection of children from harm

(P)

- A
- To work in partnership with the local key authorities including police and fire.
- To consider the acts listed below to promote the four objectives:
- Crime and Disorder Act 1998, Health and Safety Act at work 1944, Violent Crime Reduction Act 2003, Environmental Protection Act 1990, The Anti Social Behaviour Act 2005
- Private Security Industry Act 2001, Building Regulations, Regulatory Reform (fire Safety) order 2005, Disability Discrimination Act 1995, The European Convention on
- Human Rights Act 1998, Race Relations Act 1976 (amended 2000), Sex Discrimination Act 1975, Health Act 2006, Gambling Act 2005.

B The Prevention of Crime and Disorder

- To participate with key authorities any Watch Schemes e.g Neighbour hood watch
- To ensure staff are competent and trained in managing any bad behaviour.
- Ensure all areas of the premises are well lit.
- Removal of glass or dangerous objects deemed of damage to the public.
- Use plastic non glass bottles where possible.
- We will not tolerate drugs on the premises and ask individuals to leave, and call the police if necessary.
- Not leave any money in cash tills when closed.
- We will keep a record of staff training.

C. Public Safety

- Promote sensible behaviour.
- We will not tolerate drugs on the premises and ask individuals to leave, and call the police if necessary.
- Encourage anti discriminatory behaviour.
- Keep noise levels managed.
- Clean premises and toilet areas regularly.

D. The prevention of public nuisance

- To manage the nature of activities and the location of the premises with regards to noise sensitivity.
- To deal with queuing if necessary.
- Ensure staff are competent to manage issues in an orderly manner
- Display no smoking signs where appropriate.
- Collect litter around the vicinity of the premises.

E. The protection of children from harm

- To remove any dangerous items from the premises e.g. glass, hazardous items
- To ensure children are kept safe from harm
- To ensure children are accompanied by an adult
- To check IDs for age and pass requirements if there is any suspicion on individuals under age
- Put a sign up stating "no alcohol to be served to under 18's"
- We will not tolerate drugs on the premises and ask individuals to leave, and call the police if necessary.
- Protect children from strong language
- We will not accept violence on the premises and ask individuals to leave, and call the police if necessary.
- Keep a register of refusals of any known under age children asking for alcohol

200001

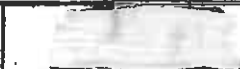
Please tick yes

- 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 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 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

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.

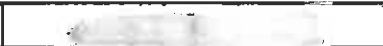

Signature	
Date	24 th November 2011
Capacity	

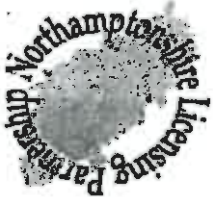
For joint applications signature of 2nd applicant or 2nd applicant's solicitor or other authorised agent. (please read guidance note 12). If signing on behalf of the applicant please state in what capacity.

Signature	
Date	
Capacity	

Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 13)

Mrs Anredpal Kaur

Post town	<i>Kettering</i>	Post code	
Telephone number (if any)			
If you would prefer us to correspond with you by e-mail your e-mail address (optional)			
			



Part A

Consent of individual to being specified as premises supervisor

I AMRITPAL KAUR [full name of prospective premises supervisor]

of 26 HIGH STREET, BURTON LATIMER, KETTERING, NN15 5LB
[home address of prospective premises supervisor]

KETTERING, NORTHANTS
[daytime phone number] [evening phone number] [mobile]

hereby confirm that I give my consent to be specified as the designated premises supervisor in

relation to the application for RESTURANT, CAFE, TAKEAWAY, SALE OF RETAIL OF Alcohol [type of application]

by AMRITPAL KAUR [name of applicant]

relating to the premises licence [number of existing licence if any]

for 26 HIGH STREET, BURTON LATIMER, KETTERING, NN15 5LB
[name and address of premises to which the application relates]

and any premises licence to be granted or varied in respect of this application made by

AMRITPAL KAUR [name of applicant]

concerning the supply of alcohol at

26 HIGH STREET, BURTON LATIMER, KETTERING, NN15 5LB
[name and address of the premises to application relates]

I also confirm that I am applying for, intend to apply for or currently hold a personal licence, details of which I set out below.

Personal licence number [REDACTED] [insert Personal licence number, if any]

Personal licence issuing authority KETTERING
[insert name and address and telephone number of personal licence issuing authority, if any]

..... Signed

AMRITPAL KAUR Name (please print)

15.11.2011 Date

Rita Groves

From: Amrit Mann

Sent: 16 December 2011 11:54

To: Rita Groves

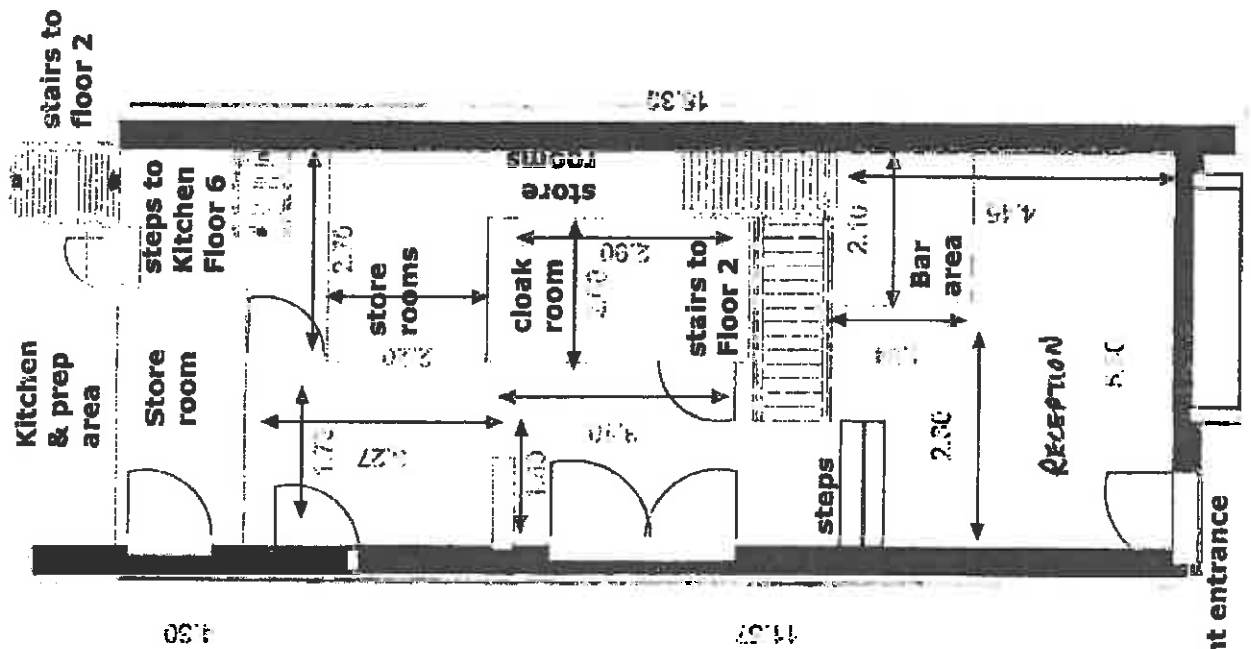
Subject: ref: Mrs Kaur Zambar - Burton Latimer

Dear Ms Groves

I write to confirm that the non standard opening times is as follows: 6am.

Regards
Mrs Kaur

16/12/2011

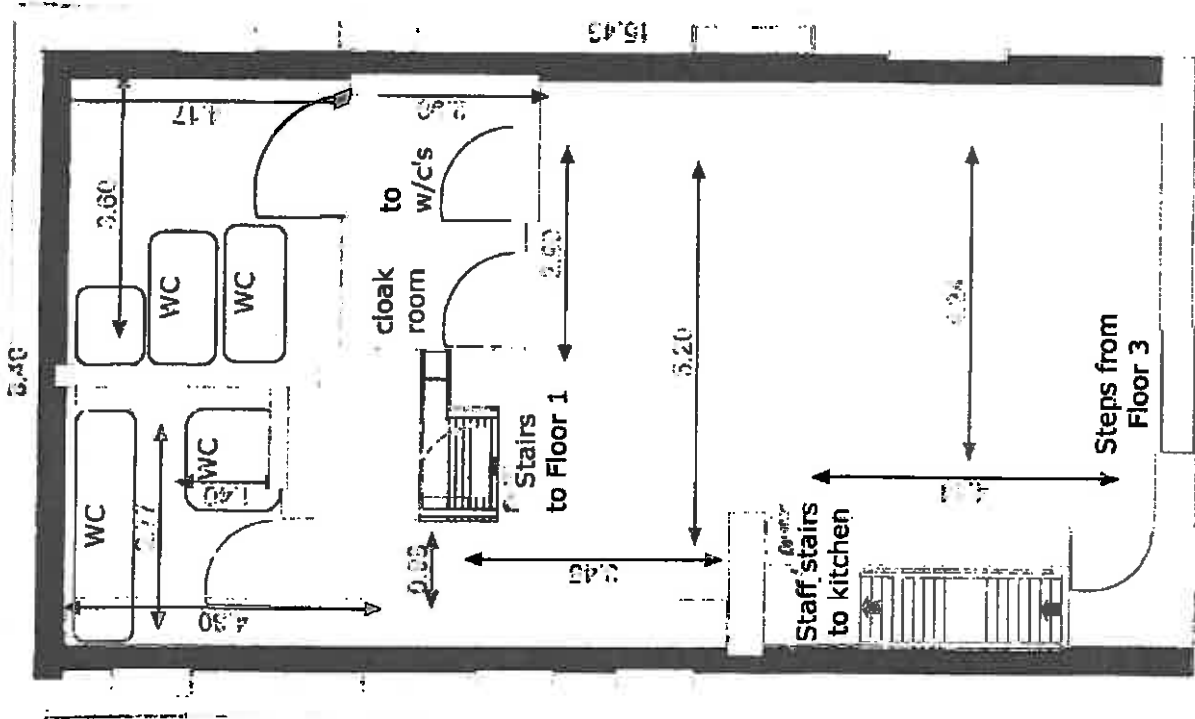


Floor 1
Restaurant entrance

SCALE 1:100

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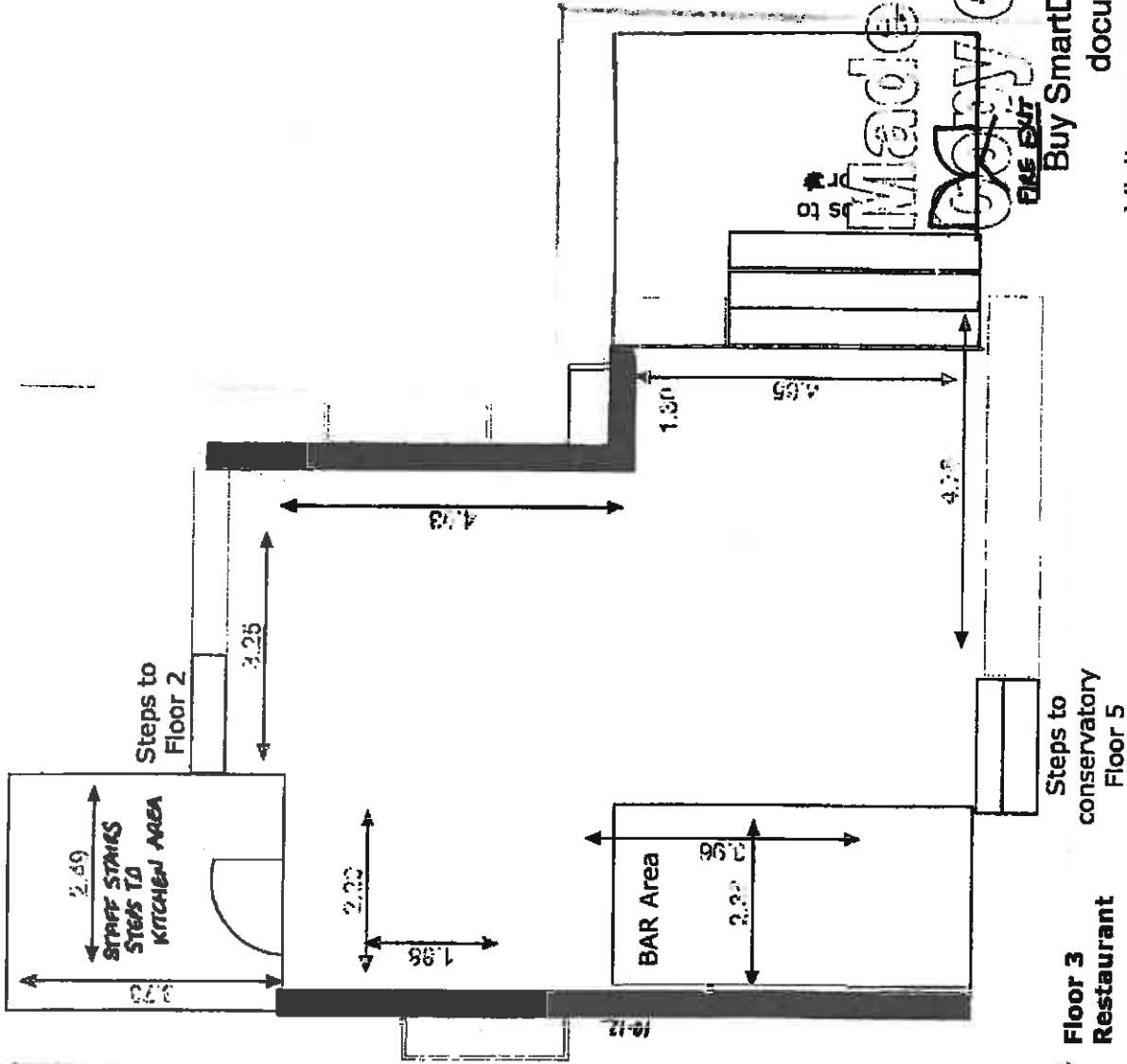


Floor 2
Restaurant

SCALE 1:100

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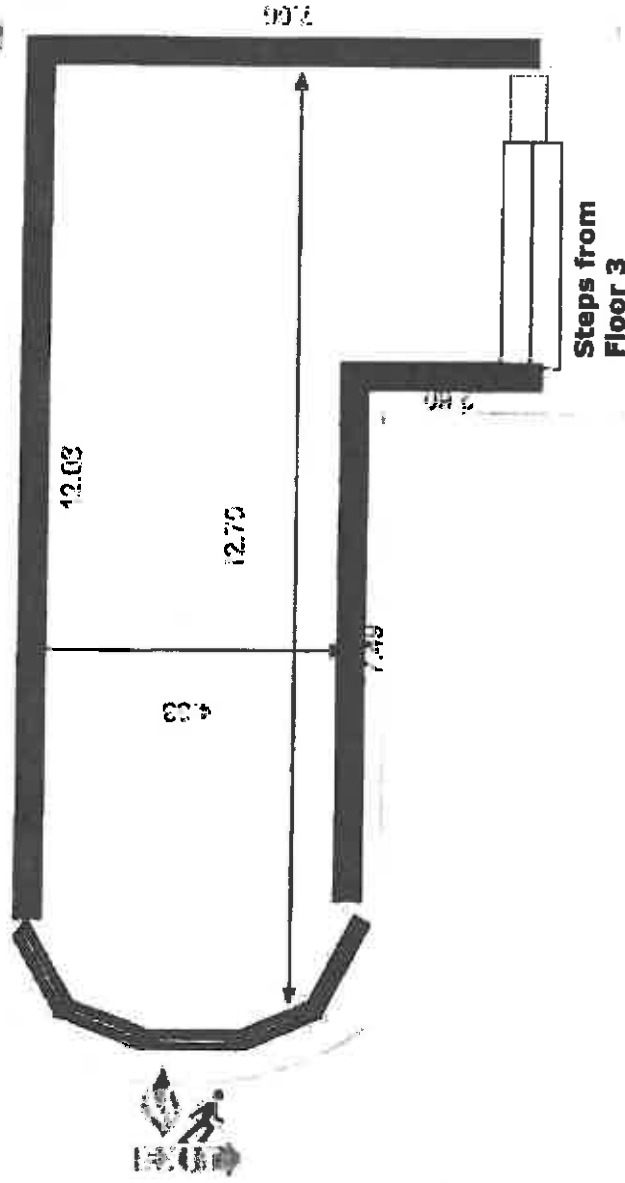


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Floor 3 Restaurant

SCALE 1:100

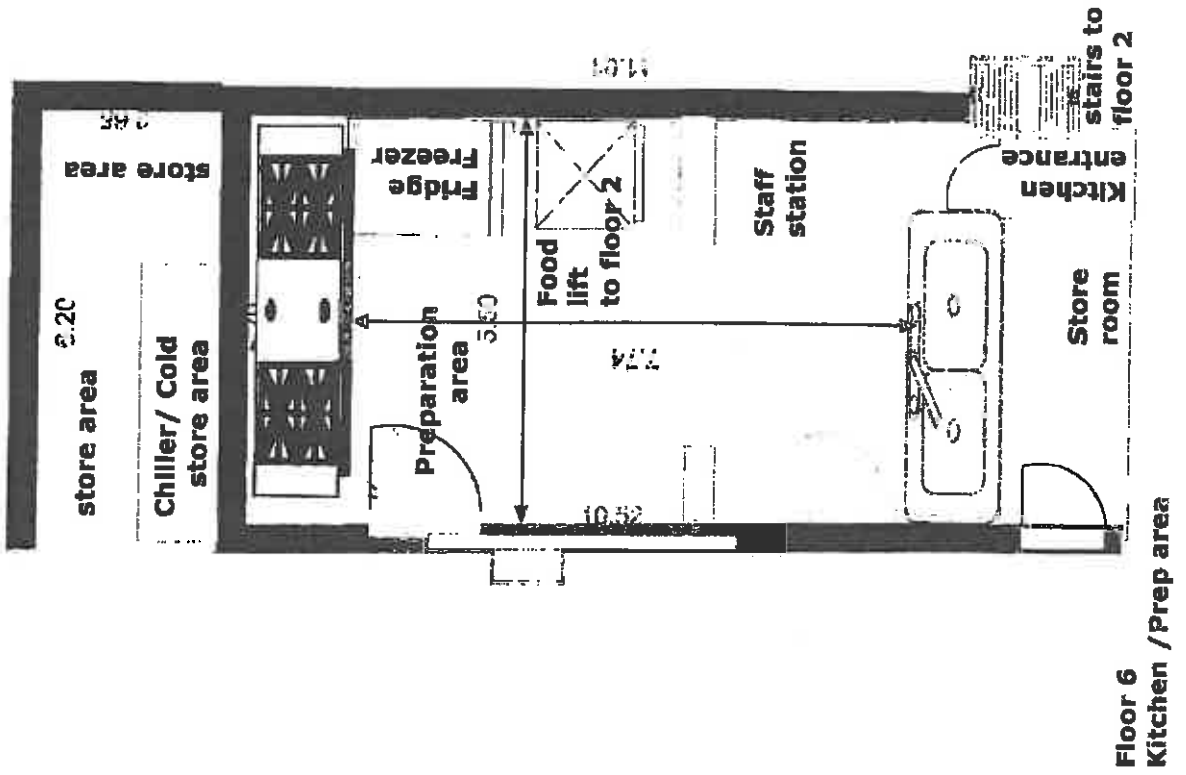


Floor 4 Conservatory/
Restaurant

SCALE 1:100

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