

## Kettering Application for a premises licence Licensing Act 2003

For help contact licensingunit@east-northamptonshire.gov.uk

Telephone: 01832 742102

\* required information

		required information	
Section 1 of 19			
You can save the form at any	time and resume it later. You do not need to b	e 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 on b	ehalf of the applicant? 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	SHAMILA		
* Family name	CHAUDHRY		
* E-mail	dcschaudhry@aol.com		
Main telephone number 07588564938		Include country code.	
Other telephone number 07862258090			
☐ Indicate here if you wou	uld prefer not to be contacted by telephone		
Are you:			
<ul><li>Applying as a business</li></ul>	or organisation, including as a sole trader	A sole trader is a business owned by one person without any special legal structure.	
C Applying as an individu	al	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?			
* Registration number	4066680		
* Business name	DELICIOUS PIZZA (KETTERING) LTD	If your business is registered, use its registered name.	
* VAT number -	763722029	Put "none" if you are not registered for VAT.	
* Legal status	Private Limited Company	7	
		_	

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* Your position in the business	DIRECTOR	
Home country	United Kingdom	The country where the headquarters of your business is located.
Registered Address		Address registered with Companies House.
* Building number or name	72	
* Street	CARDIGAN STREET	
District		
* City or town	LUTON	
County or administrative area	BEDFORDSHIRE	
* Postcode	LU1 1RR	
* Country	United Kingdom	
Section 2 of 19		
PREMISES DETAILS		
	ply for a premises licence under section 17 of the premises) and I/we are making this application of the Licensing Act 2003.	
Premises Address		
Are you able to provide a post	al address, OS map reference or description of t	he premises?
♠ Address	p reference C Description	
Postal Address Of Premises		
Building number or name	58	
Street	ROCKINGHAM ROAD	
District		
City or town	KETTERING	
County or administrative area	NORTHANTS	
Postcode	NN16 8JT	
Country	United Kingdom	
Further Details		
Telephone number	07588564938	
Non-domestic rateable value of premises (£)	15,000	

Sect	on 3 of 19				
APPI	LICATION DETAILS				
In wh	nat capacity are you appl	ying for the premises licence?			
	An individual or individ	uals			
	A limited company				
	A partnership				
	An unincorporated asso	ociation			
	A recognised club				
	A charity				
	The proprietor of an edu	ucational establishment			
	A health service body				
		red under part 2 of the Care Standards Act an independent hospital in Wales			
	Social Care Act 2008 in r	red under Chapter 2 of Part 1 of the Health and respect of the carrying on of a regulated ning of that Part) in an independent hospital in			
	The chief officer of polic	e of a police force in England and Wales			
	Other (for example a sta	tutory corporation)			
Conf	irm The Following				
	I am carrying on or prop the use of the premises	osing to carry on a business which involves for licensable activities			
	I am making the applica	tion pursuant to a statutory function			
	l am making the applicativitue of Her Majesty's p	tion pursuant to a function discharged by rerogative			
Section	on 4 of 19				
NON	NDIVIDUAL APPLICAN	TS			
Provid partn	de name and registered a ership or other joint vent	address of applicant in full. Where appropriate give any registered number. In the case of a ture (other than a body corporate), give the name and address of each party concerned.			
Non I	ndividual Applicant's N	lame			
Name		DELICIOUS PIZZA (KETTERING) LTD			
Detai	ls				
Regist applic	ered number (where able)	4066680			
Descri	Description of applicant (for example partnership, company, unincorporated association etc)				

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LIMITED COMPANY	
Address	
Building number or name	72
Street	CARDIGAN STREET
District	
City or town	LUTON
County or administrative area	BEDFORDSHIRE
Postcode	LU1 1RR
Country	United Kingdom
Contact Details	
E-mail	dcschaudhry@aol.com
Telephone number	07588564938
Other telephone number	01582 533862
	Add another applicant
Section 5 of 19	
OPERATING SCHEDULE	
When do you want the premises licence to start?	15 / 01 / 2013 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 o	of the premises
licensing objectives. Where you	ses, its general situation and layout and any other information which could be relevant to the ur application includes off-supplies of alcohol and you intend to provide a place for blies you must include a description of where the place will be and its proximity to the
HOT FOOD TAKEAWAY	
If 5,000 or more people are expected to attend the premises at any one time, state the number expected to attend	

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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 SPO	PRTING EVENTS
Will you be providing indoor	sporting events?
○ Yes	No
Section 9 of 19	
PROVISION OF BOXING OR V	WRESTLING ENTERTAINMENTS
Will you be providing boxing	or wrestling entertainments?
C Yes	No     No
Section 10 of 19	
PROVISION OF LIVE MUSIC	
Will you be providing live mu	sic?
○ Yes	No     No
Section 11 of 19	
PROVISION OF RECORDED N	IUSIC
Will you be providing recorde	d music?
	No     No
Section 12 of 19	
PROVISION OF PERFORMAN	CES OF DANCE
Will you be providing perform	ances of dance?
<u>C</u> Yes	No     No
Section 13 of 19	
PROVISION OF ANYTHING O	F A SIMILAR DESCRIPTION TO LIVE MUSIC, RECORDED MUSIC OR PERFORMANCES OF
Will you be providing anythin performances of dance?	g similar to live music, recorded music or
○ Yes	No
Section 14 of 19	
LATE NIGHT REFRESHMENT	
Will you be providing late nigh	nt refreshment?

Continued from previous	s page			⊂ No
Standard Days And T	imings			
MONDAY			Give timings in 24 hour clock	k
	Start 23:00	End 00:00	(e.g., 16:00) and only give de	tails for the days
	Start	End	of the week when you intend to be used for the activity.	d the premises
TUESDAY				
	Start 23:00	End 00:00	]	
	Start	End	]	
WEDNESDAY				
WEDNESDA!	Start 23:00	End 00:00		
	Start	End	]	
THIRCDAY	Start	LIIG		
THURSDAY	St. 1 22.00	F 00.00	1	
	Start 23:00	End 00:00	]	
	Start	End		
FRIDAY			1	
	Start 23:00	End 00:00		
	Start	End		
SATURDAY		_		
	Start 23:00	End 00:00		
	Start	End		
SUNDAY				
	Start 23:00	End 00:00		
	Start	End		
Will the provision of lat both?	e night refreshment take place indoc	ors or outdoors or	Where taking place in a build structure tick as appropriate.	-
<ul><li>Indoors</li></ul>	C Outdoors C	Both	include a tent.	
	be authorised, if not already stated, not music will be amplified or unam		urther details, for example (bu	it not
HOT FOOD TAKEAWAY	·	<u> </u>		
			· · · · · · · · · · · · · · · · · · ·	
State any seasonal varia	ations			
· ·	xclusively) where the activity will occ	ur on additional da	ays during the summer month:	<b>S</b> .
· · ·			·	
				I

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		<u> </u>	
Non-standard timings Who	ere the promises will be used for	or the supply of late	night refreshments at different times from
those listed in the column		or the supply of late	ingricients at unierent times from
   For example (but not exclu	sively) where you wish the act	ivity to go on longer	on a particular day e.g. Christmas Eve.
			on a particular day e.g. Chiristinas Eve.
Section 15 of 19			
SUPPLY OF ALCOHOL			
Will you be selling or supply	ying alcohol?		
	No		
PROPOSED DESIGNATED F	PREMISES SUPERVISOR CONS	ENT	
How will the consent form of be supplied to the authority	of the proposed designated pro y?	emises supervisor	
C Electronically, by the	proposed designated premises	supervisor	
	his application		
Reference number for conse	ent		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			
	inment or services, activities, or to concern in respect of childre		nt or matters ancillary to the use of the
Give information about any	thing intended to occur at the	premises or ancillary	y to the use of the premises which may give
rise to concern in respect of		er you intend childre	n to have access to the premises, for example
NONE			
Section 17 of 19			
HOURS PREMISES ARE OPE	N TO THE PUBLIC		
Standard Days And Timing			
MONDAY			
	-t 11.00	F=4 0000	Give timings in 24 hour clock.
Sta	rt 11:00	End 00:00	(e.g., 16:00) and only give details for the days of the week when you intend the premises
Sta	rt	End	to be used for the activity.

Continued from previous	page		
TUESDAY			
	Start 11:00	End 00	00:00
	Start	End	
WEDNESDAY			
	Start 11:00	End 00	00:00
	Start	End	
THURSDAY			
	Start 11:00	End 00	00:00
	Start	End	
FRIDAY			
	Start 11:00	End <b>0</b> 0	00:00
	Start	End	
SATURDAY			
	Start 11:00	End 00	00:00
	Start	End	
SUNDAY			
	Start 11:00	End 00	00:00
	Start	End	
State any seasonal varia	itions		
For example (but not ex	cclusively) where the activi	ity will occur on add	ditional days during the summer months.
those listed in the colun	nn on the <b>lef</b> t, list below		open to the members and guests at different times from on longer on a particular day e.g. Christmas Eve.
Section 18 of 19			
LICENSING OBJECTIVES	5	· · · · · · · · · · · · · · · · · · ·	
Describe the steps you i	ntend to t <b>ak</b> e to promote	the four licensing of	objectives:
a) General – all four licer	nsing obje <b>ctiv</b> es (b,c,d,e)		

Continued from municipal	
Continued from previous page	
List here steps you will take to	promote all four licensing objectives together.
	& Safety Audits picious activity/ to the local police nity & our customers to ensure they are happy with the services and behavior from our <b>st</b> aff
b) The prevention of crime and	disorder
c) Public safety	
d) The prevention of public nui	sance
e) The protection of children fro	om harm
Section 19 of 19	
PAYMENT DETAILS	
	hority. If you complete the application online, you must pay it by debit or credit card.
	mined by the non domestic rateable value of the premises.
business_rates/index.htm	estic rateable value go to the Valuation Office Agency site at http://www.voa.gov.uk/
business_tates/index.ntm	
Band A - No RV to £4300	£100.00
Band B - £4301 to £33000	£190.00
Band C - £33001 to £8700	£315.00
Band D - £87001 to £12500	£450.00*
Band E - £125001 and over	£635.00*
*If the premises rateable value is	s in Bands D or E and the premises is primarily used for the consumption of alcohol on the
premises then your are required	
D I.D	5000.00
Band D - £87001 to £12500	£900.00
Band E - £125001 and over	£1,905.00

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chapel halls or premises of a si	milar nature, villa	ge halls, p	arish or cor	nmunity	f regulated entertainment at church halls, halls, or other premises of a similar nature. The wever, the licence also authorises the use of
the premises for the supply of					
					authorisation of regulated entertainment he purposes of the school or college.
If you operate a large event yo	u are subject to A	DDITION	AL fees base	ed upon 1	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 30000-39000	£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				
ATTACHMENTS					
AUTHORITY POSTAL ADDRES	S				
Address					
Building number or name					
Street					
District		_			
City or town					
County or administrative area		_			
Postcode					
Country	United Kingdom				
DECLARATION					
<ul> <li>I/we understand it is an offen licensing act 2003, to make a</li> </ul>					n the standard scale, under section 158 of the oplication.
☐ Ticking this box indicate	es you have read	and unde	rstood the a	above de	claration
This section should be complet behalf of the applicant?"	ed by the applica	nt, unless	you answe	red "Yes'	" to the question "Are you an agent acting on
* Full name					
* Capacity				i	
Date (dd/mm/yyyy)					

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## Add another signatory

One you're finished you need to do the folllowing:

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

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