

**Application for a premises licence to be granted  
under the Licensing Act 2003**

RECEIVED AT S.H.B.C.  
18 JAN 2018  
POST ROOM

**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~~ MRS SIMABAHEN NILESH KUMAR PATEL  
(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			
CANDY MIX 200 FRIMLEY GREEN ROAD SURREY			
<b>Post town</b>	FRIMLEY GREEN	<b>Postcode</b>	GU16 6LL

SURREY HEATH BOROUGH COUNCIL  18 JAN 2018  COMMUNITY SERVICES - LICENSING
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Telephone number at premises (if any)	01276 501421
Non-domestic rateable value of premises	£ 9500.00

**Part 2 - Applicant details**

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

- |  |                                     |                             |
|--|-------------------------------------|-----------------------------|
| a) an individual or individuals *                    | <input type="checkbox"/>            | please complete section (A) |
| b) a person other than an individual *               |                                     |                             |
| i as a limited company/limited liability partnership | <input checked="" type="checkbox"/> | please complete section (B) |
| ii as a partnership (other than limited liability)   | <input type="checkbox"/>            | please complete section (B) |
| iii as an unincorporated association or              | <input type="checkbox"/>            | please complete section (B) |
| iv other (for example a statutory corporation)       | <input type="checkbox"/>            | please complete section (B) |
| c) a recognised club                                 | <input type="checkbox"/>            | please complete section (B) |
| d) a charity   | <input type="checkbox"/>            | 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 <input type="checkbox"/>	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 <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
<b>Surname</b>			<b>First names</b>		

Date of birth		I am 18 years old or over <input type="checkbox"/> Please tick yes	
Nationality			
Current residential 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	KRISHNA CTW LTD
Address	200 FRIMLEY GREEN ROAD FRIMLEY GREEN SURREY GU16 6LL
Registered number (where applicable)	8802969
Description of applicant (for example, partnership, company, unincorporated association etc.)	Company
Telephone number (if any)	01276 501421
E-mail address (optional)	

**Part 3 Operating Schedule**

When do you want the premises licence to start?

DD MM YYYY  
01 03 2018

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

DD	MM	YYYY

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

A LOCAL POST OFFICE IN FRIMLEY GREEN, AS WELL AS NEWSAGENCY, DRINKS (NON-ALCOHOLIC), SNACKS, TOBACCO, GROCERY & GREETING CARDS ARE SOLD HERE.

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**

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 checked="" 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)		
Mon	06:00	18:00			
Tue	06:00	18:00			
Wed	06:00	18:00			
Thur	06:00	18:00			
Fri	06:00	18:00			
Sat	06:00	16:00			
Sun	06:00	12:00			
			<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)		
			BANK HOLIDAYS- 06:00 to 12:00.		

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	MRS SIMABAHEN NILESH KUMAR PATEL
Date of birth	30/07/1980
Address	200 FRIMLEY GREEN ROAD <del>200</del> FRIMLEY GREEN SURREY
Postcode	GU16 6LL
Personal licence number (if known)	LN 2012 2654
Issuing licensing authority (if known)	Merton

□□□□

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

Hours premises are open to the public Standard days and timings (please read guidance note 7)			State any seasonal variations (please read guidance note 5)
Day	Start	Finish	
Mon	06:00	18:00	<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 (please read guidance note 6)</b>  BANK HOLIDAYS - 06:00 to 12:00.
Tue	06:00	18:00	
Wed	06:00	18:00	
Thur	06:00	18:00	
Fri	06:00	18:00	
Sat	06:00	16:00	
Sun	06:00	12:00	

**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)**

- Prevention of Crime and disorder
- Public Safety
- The Prevention of Public nuisance
- The Protection of children from harm

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

CCTV will be installed to the premises for safety and crime prevention. Will not serve alcohol who already drunk in the premises. All staff that makes sale of alcohol receives regular training. Monitoring of the Refusals Records and record that is being done. CCTV meet the standards in UK Police Requirements and will be returned 31 days.

**c) Public safety**

Fire Extinguishers will be installed. An Incident log shall be kept at the premises and made available on request to an authorised officer, and will record the following:  
(a) all crimes reported to the Vendors  
(b) any complaints received regarding crime and disorder  
(c) any Refusal of the Sale of Alcohol

**d) The prevention of public nuisance**

On occasions when person have been refused service will be recorded in a Refusal book, which shall be kept at the premises for not less than 12 months. Suitable signage will be displayed at the point of exit advising customers leave the premises. Delivery of Alcohol shall only be made during Normal Working hours.

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

We will be very strict to not sell alcohol to children and under age. Any alcohol must be sold by DPs or person authorised, all staff who sells alcohol will be trained in the role with regular training, Record of training will be kept and made available for Examine Office, where a person appears to be under the age 25, identification in the form of passport, photo driving licence or a proof of age card bearing the Pass hologram, Suitable signage will be displayed at the point of entry.



**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	S. Pugh
Date	15-01-2018
Capacity	Owner — <del>Director</del> Director

**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)			
Post town		Postcode	
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:

