

Bury Council

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 Lara Restaurant Ltd

(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			
Mezopotamia Café & Restaurant 6 - 8 Thatch Leach Lane Whitefield			
Post town	Manchester	Postcode	M45 6BE

Telephone number at premises (if any)	07599 222 063 / 07753 360 427
Non-domestic rateable value of premises	Premises not listed on VOA as 6 – 8. Only no 8 is registered. Needs to be re-registered

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 | <input type="checkbox"/> | 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 (c 14) 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)	
Surname			First names		
Date of birth: over		I am 18 years old or		<input checked="" 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)					

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)	
Surname			First names		
Date of birth		I am 18 years old or over		<input type="checkbox"/>	Please tick yes
Nationality					
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 Lara Restaurant Ltd
Address 6a Thatch Leach Lane Whitefield, Manchester, M45 6XE
Registered number (where applicable) 13532575
Description of applicant (for example, partnership, company, unincorporated association etc.) Limited Company
Telephone number (if any) 07599 222 063 / 07753 360 427
E-mail address (optional) lararestaurantltd@outlook.com

Part 3 Operating Schedule

When do you want the premises licence to start?

DD	MM	YYYY
1	9	11 20 21

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)

New restaurant consisting of one main dining area on the ground floor with a small bar; with has approximately 50 chairs.

The premise is situated on a main road in a residential area with a few retail premises within close proximity.

The building already has planning approval for a restaurant for 50 covers and trading hours of 12.00 until 23.00,

A planning application will be submitted in the coming days for a glass enclosed dining area to be built on two of the sides of the building and to request an additional 3 hours in the morning and an additional hour in the evening. The new proposed area will service up to 50 covers. This premises licence has been designed to accommodate the proposed dining area and times.

The applicant understands that if the planning application is not approved then any additional hours approved on this application will be void.

The owners of the premises have already written to all the local residents to explaining and apologising about the possible disruption of a pending refurbishment offering to discuss and address any possible concerns.

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

A

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

B

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

C

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

D

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

E

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	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 4)		
Mon					
Tue			State any seasonal variations for the performance of live music (please read guidance note 5)		
Wed					
Thur			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 (please read guidance note 6)		
Fri					
Sat					
Sun					

F

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

G

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

H

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

I

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

J

Supply of alcohol Standard days and timings (please read guidance note 7)			Will the supply of alcohol be for consumption – please tick (please read guidance note 8) Only alcohol purchased with a substantial meal will be allowed to be removed by customers from the premises	On the premises	<input checked="" type="checkbox"/>
				Off the premises	<input checked="" type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	State any seasonal variations for the supply of alcohol (please read guidance note 5) 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 6) Plus one additional hour on New Years Eve at the end of the terminal hour		
Mon	09.00	23.30			
Tue	09.00	23.30			
Wed	09.00	23.30			
Thur	09.00	23.30			
Fri	09.00	23.30			
Sat	09.00	23.30			
Sun	09.00	23.30			

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 Mr Mevlit CELIT	
Date of birth: 1 st January 1979	
Address Flat above 6 -8 Thatch Leach Lane Whitefield, Manchester	
Postcode	M45 6BE
Personal licence number (if known) In progress...	
Issuing licensing authority (if known) Bury Council	

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)			<u>State any seasonal variations</u> (please read guidance note 5)
Day	Start	Finish	
Mon	09.00	00.00	<p><u>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</u> (please read guidance note 6)</p> <p>Plus one additional hour on New Years Eve at the end of the terminal hour</p>
Tue	09.00	00.00	
Wed	09.00	00.00	
Thur	09.00	00.00	
Fri	09.00	00.00	
Sat	09.00	00.00	
Sun	09.00	00.00	

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 premises has been assessed against the 4 Licensing Objectives as medium risk

1: A tamper-proof digital colour CCTV system shall be installed and maintained on the premises. All recordings will be retained on the premises for 31 days.

b) The prevention of crime and disorder

2: The CCTV system must provide a clear head and shoulders view to an evidential quality on the customers entry.

3: Record footage must be provided within a reasonable time to an authorised responsible Authority Officer upon request.

4. Such footage must be provided in an immediately viewable format and must include any software etc. that is required to view the footage.

5. The Designated Premises Supervisor shall ensure that the CCTV system is checked at least once ever month. This check shall include the operation of the cameras, the recording facilities, the facilities for providing footage and the accuracy of the time and date. A written record of these checks shall be kept on the premises at all times and made available to a representative of any responsible authority on request.

6. Alcohol shall only be supplied to diners ancillary with a substantial food order.

7. A contact number for the Designated Premises Supervisor will be available on the premises when not on duty.

8. Relevant staff will be given the appropriate training on the legislation relating to alcohol and diners under the age of 18.

9. Signage will be displayed in prominent positions as a reminder to staff regarding serving alcohol to under 18's.

c) Public safety

The premises and toilets are situated on the ground floor
A full written Health & Safety assessment will be carried out and fire extinguishers will be in place.

d) The prevention of public nuisance

Noise

9. Prominent, clear and legible notices shall be displayed at all exits and in key areas, requesting the public to respect the needs of the local residents and to leave the premises and the area quickly and quietly.

10. No exterior lighting will be positioned so it will not be an annoyance to any resident

11. The extractor fan will be fitted with special anti-vibration shock absorbers

12. Deliveries of goods will only be permitted between the hours of 08.00 and 18.00

13. All refuse will be stored in suitable industrial containers and will be removed by a reputable waste company between the hours of 08.00 and 18.00.

14. When the premise is open for business, except for access and egress, all doors and windows shall be kept closed at all times to control any noise that may escape from the restaurant.

15. The owners shall conduct regular noise assessments at regular intervals after 21.00 if they believe that noise coming from the premises may be causing a nuisance to local residents and use remedial action to reduce if possible.

16. Prominent signage will be displayed advising customers of the designated smoking area. Customers will be encouraged to use the area.

e) The protection of children from harm

Staff Training

17. Training regarding Challenge 25 and 16 or 17 year old's consuming alcohol on the premises shall be introduced for all staff who are in a position to take food and drink orders, sell or serve customers.

This programme shall be made available for inspection at the request of a Responsible Officer. A written record shall be kept of the content of the training for a minimum of 12 months.

Compliance Logs

18. The premises shall operate a Refusals Log and an Incident Log.

19. A Challenge 25 Scheme shall be in operation at the premises and signage shall be prominently displayed at key areas. The only forms of ID that will be accepted will be valid photographic Driving Licenses, valid Passports, or other reliable photo ID that would be accepted by the Home Office.

20. The DPS or PLH shall conduct six monthly reviews with all members of staff authorised to sell, serve or deliver alcohol in order to reinforce the training and to promote best practice. A written record shall be kept of the content of such reviews.

Checklist:

Please tick to indicate agreement

- I have made or enclosed payment of the fee. **X**
- I have enclosed the plan of the premises. **X**
- 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. **X**
- I understand that I must now advertise my application. **X**
- I understand that if I do not comply with the above requirements my application will be rejected. **X**
- **X**

[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). **X**

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	<ul style="list-style-type: none"> • [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, if appropriate (please see note 15)
Signature	<i>Tony Clarke</i>
Date	21 st October 2021
Capacity	Agent on behalf of the applicant

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.**

Signature	
Date	
Capacity	

Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 14) Tony Clarke JMC Licensing Consultants 540 Antrim Road			
Post town	Belfast	Postcode	BT15 5GJ
Telephone number (if any)	07388 441 720		
If you would prefer us to correspond with you by e-mail, your e-mail address (optional) securelicenses@gmail.com			