

**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 FLAME KEBAB HOUSE 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
**11 WIND STREET,
GROUND FLOOR,
SWANSEA**

Post town	SWANSEA	Postcode	SA1 1DP
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Telephone number at premises (if any)	01792 950513
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Non-domestic rateable value of premises	£ 21,000
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Part 2 - Applicant details

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

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 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 <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 residential address if different from premises address				
Post town		Postcode		
Daytime contact telephone number				

E-mail address (optional)	
Where applicable (if demonstrating a right to work via the Home Office online right to work checking service), the 9 digit 'share code' provided to the applicant by that service (please see note 15 for information)	

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				
Where applicable (if demonstrating a right to work via the Home Office online right to work checking service), the 9 digit 'share code' provided to the applicant by that service (please see note 15 for information)				
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 FLAME KEBAB HOUSE LTD

Address 11 WIND STREET, GROUND FLOOR, SWANSEA, SA1 1DP
Registered number (where applicable) 13964463
Description of applicant (for example, partnership, company, unincorporated association etc.) LTD
Telephone number (if any) 01222 514
E-mail address (optional) ...@...com

Part 3 Operating Schedule

When do you want the premises licence to start?

DD	MM	YYYY
01	06	2022

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

DD	MM	YYYY

<p>Please give a general description of the premises (please read guidance note 1)</p> <ul style="list-style-type: none"> - KEBAB TAKE AWAY - LATE NIGHT REFRESHMENTS (HOT FOOD) - NO ALCOHOL SALE - RETAIL AREA OF ROUGHLY 24M² - NO PUBLIC TOILETS - MEMBERS OF PUBLIC WILL NOT BE PERMITTED BEHIND BAR
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If 5,000 or more people are expected to attend the premises at any one time, please state the number expected to attend.

Type text here

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)

X

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)			<u>Will the performance of a play 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	-----	-----	<u>State any seasonal variations for performing plays</u> (please read guidance note 5)		
Thur	-----	-----			
Fri	-----	-----			
Sat	-----	-----			
Sun	-----	-----	<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 6)		

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"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 4)		
Mon	-----	-----			
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	-----	-----	
Tue	-----	-----	
Wed	-----	-----	
Thur	-----	-----	
Fri	-----	-----	
Sat	-----	-----	
Sun	-----	-----	<u>State any seasonal variations for indoor sporting events</u> (please read guidance note 5)
			<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)

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"/>
Day	Start	Finish	Both <input type="checkbox"/>			
Mon	-----	-----	<u>Please give further details here</u> (please read guidance note 4)			
Tue	-----	-----				
Wed	-----	-----	<u>State any seasonal variations for boxing or wrestling entertainment</u> (please read guidance note 5)			
Thur	-----	-----				
Fri	-----	-----	<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)			
Sat	-----	-----				
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	-----	-----			
Wed	-----	-----	State any seasonal variations for the performance of live music (please read guidance note 5)		
Thur	-----	-----			
Fri	-----	-----	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)		
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	Please give further details here (please read guidance note 4)		
Mon	-----	-----			
Tue	-----	-----			
Wed	-----	-----	State any seasonal variations for the playing of recorded music (please read guidance note 5)		
Thur	-----	-----			
Fri	-----	-----	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 (please read guidance note 6)		
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	-----	-----			
Tue	-----	-----	<u>State any seasonal variations for the performance of dance</u> (please read guidance note 5)		
Wed	-----	-----			
Thur	-----	-----	<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)		
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	Will this entertainment take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors	<input type="checkbox"/>
Mon	-----	-----		Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Tue	-----	-----	Please give further details here (please read guidance note 4)		
Wed	-----	-----			
Thur	-----	-----			
Fri	-----	-----	State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g) (please read guidance note 5)		
Sat	-----	-----			
Sun	-----	-----			
			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 6)		

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 checked="" type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish			
Mon	23:00	05:00	Please give further details here (please read guidance note 4) ONLY ACTIVITY PROVIDED IS THE PROVISION OF LATE NIGHT REFRESHMENTS		
Tue	23:00	05:00			
Wed	23:00	05:00	State any seasonal variations for the provision of late night refreshment (please read guidance note 5) N/A		
Thur	23:00	05:00			
Fri	23:00	05:00	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 6) N/A		
Sat	23:00	05:00			
Sun	23:00	05:00			

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)	On the premises	<input type="checkbox"/>
				Off the premises	<input 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)		
Mon	-----	-----			
Tue	-----	-----			
Wed	-----	-----			
Thur	-----	-----			
Fri	-----	-----			
Sat	-----	-----			
Sun	-----	-----			

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).

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	16:00	05:00	
Tue	16:00	05:00	
Wed	16:00	05:00	
Thur	16:00	05:00	
Fri	16:00	05:00	
Sat	16:00	05:00	
Sun	16:00	05:00	<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)

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)

b) The prevention of crime and disorder

- CCTV will be provided in the form of a recordable system, capable of providing pictures of evidential quality in all lighting conditions, particularly facial recognition. Cameras shall encompass all ingress and egress to the premises, fire exits, all areas where the public have access and any external areas. Equipment must be maintained in good working order, the system must continually record whilst the premises is open for licensable activities and during all times when customers remain at the premises. Recordings must be correctly timed and date stamped and kept in date order, numbered sequentially and kept for a period of 31 days and handed to a Police Officer/Local Authority Officer on demand. The Premises Licence Holder must ensure that at all times a Designated Premises Supervisor (DPS) or appointed member of staff is capable and competent at downloading CCTV footage in a recordable format to a Police Officer/Local Authority Officer on demand. The Recording equipment shall be kept in a secure environment under the control of the DPS or other responsible named individual. An operational daily log must be maintained, endorsed by signature, indicating the system has been checked and is compliant. In the event of any CCTV system failings the actions taken are to be recorded, and the Premises Licence holder/DPS must report the failure to the Police/Local Authority.
 - SIA registered door staff shall be employed on occasions when a requirement is identified by the licence holders written risk assessment. Consideration will be given to events within the local area, public holidays and days considered to be major event days in the city centre.
 - Register of door supervisors will be maintained at all times
 - An incident book, bound in numerical order, shall be maintained at the premises showing details of the date and time of all assaults, injuries, accidents, interventions by staff or ejections, as well as details of the members of staff involved, the nature of the incident and the action/outcome. The book must be kept available for inspection by the Police and authorised officers of the Local Authority.

c) Public safety

- The number of persons permitted in the premises at any one time (including staff) shall not exceed 30 persons
 - Door staff, managers and employees will be instructed to count the number of persons in the premises, especially during busy times
 - The premise shall keep a first aid kit available and ready to use whenever an incident occurs that requires the application of a first aid kit
 - The premise will have at least one employee trained in first aid on duty

d) The prevention of public nuisance

- The premise does not make use of any loudspeakers
- Signs and notices to leave quietly shall be prominently displayed at the exists
- A direct telephone number for the manager at the premises shall be publicly available at all times the premises is open. This telephone number is to be made available to residents in the vicinity.
- Removable seating areas shall be removed from the premise by 23:00 each day
- All external seating will be removed by 2300hrs
- All waste shall be properly presented and placed out for collection no earlier than 30 minutes before the scheduled collection times.
- No rubbish, including bottles, shall be moved, removed or placed in outside areas between 2230 hours and 0900 hours.

e) The protection of children from harm

- Customers will not be served with drinks which are in glass containers or leave the premises with glasses or glass bottles.

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. | X |
| ■ 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 |
| ■ [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). | <input type="checkbox"/> |

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.**

<p>Declaration</p>	<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)
<p>Signature</p>	
<p>Date</p>	<p>05/05/2022</p>
<p>Capacity</p>	<p>Manager</p>

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)			
Post town		Postcode	
Telephone number (if any)			
If you would prefer us to correspond with you by e-mail, your e-mail address (optional)			

Swansea Council is the data controller for the personal information you provide on this form. We are collecting this information as part of our obligation under **Licensing Act 2003**. Your information will be used to help us fulfil our legal obligation and will not be used for any other purpose. We will not share your data with third parties unless we are required or permitted to do so by law.

Data protection law describes the legal basis for our processing your data as necessary for compliance with a legal obligation. For further information about how Swansea Council uses your personal data, including your rights as a data subject, please see our corporate **privacy notice** on our website (www.swansea.gov.uk/privacynotice).