

**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 MR JEEVANRAJ GNANARATNAM  
(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 <b>TASTY CHICKEN MITCHAM LTD. 173 LONDON ROAD.</b>			
Post town	<b>MITCHAM</b>	Postcode	<b>CR4 2JB</b>
Telephone number at premises (if any)			
Non-domestic rateable value of premises		£ <b>0.00</b>	

**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                           | <input checked="" type="checkbox"/> | please complete section (B) |
| ii. as a partnership                              | <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                          | <input type="checkbox"/>            | 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:

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 type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
<b>Surname</b>			<b>First names</b>		
I am 18 years old or over				<input type="checkbox"/>	Please tick yes
Current postal 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)	
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	TASTY CHICKEN MITCHAM LTD .
Address	173 LONDON ROAD, MITCHAM, CR4 2JB.
Registered number (where applicable)	8702322
Description of applicant (for example, partnership, company, unincorporated association etc.)	LTD COMPANY
Telephone number (if any)	07802639111
E-mail address (optional)	JEEVAN_12@MSN.COM



**Part 3 Operating Schedule**

When do you want the premises licence to start?

DD	MM	YYYY
24	09	2014

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)

THE PREMISES IS A FAST FOOD CHICKEN + CHIPS TAKE AWAY SHOP. THE PREMISES SELL ONLY HOT FOOD AND NO ALCOHOL. THE PREMISES HAS SEATING FOR UPTO FOUR PEOPLE ONLY.

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 any 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**

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

**B**

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

**C**

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

**D**

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



**E**

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

**F**

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

## G

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

## H

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



**I**

<b>Late night refreshment</b> Standard days and timings (please read guidance note 6)			<b>Will the provision of late night refreshment take place indoors or outdoors or both – please tick</b> (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	<b>Please give further details here</b> (please read guidance note 3) <b>TO SELL HOT FOOD (CHICKEN &amp; CHIPS) ONLY. NO ALCOHOL WILL BE SOLD. ALSO, NO MUSIC WILL BE PLAYED.</b>		
Tue	23:00	01:00			
Wed	23:00	01:00	<b>State any seasonal variations for the provision of late night refreshment</b> (please read guidance note 4) <b>N/A</b>		
Thur	23:00	01:00			
Fri	23:00	03:00	<b>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</b> (please read guidance note 5) <b>N/A</b>		
Sat	23:00	03:00			
Sun	23:00	01:00			

**J**

<b>Supply of alcohol</b> Standard days and timings (please read guidance note 6)			<b>Will the supply of alcohol be for consumption – please tick</b> (please read guidance note 7)	On the premises	<input type="checkbox"/>
				Off the premises	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish			
Mon			<b>State any seasonal variations for the supply of alcohol</b> (please read guidance note 4)		
Tue					
Wed					
Thur			<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 5)		
Fri					
Sat					
Sun					

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

Name	
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 8).

N/A

**L**

<b>Hours premises are open to the public</b> Standard days and timings (please read guidance note 6)			<b>State any seasonal variations</b> (please read guidance note 4)  N/A
Day	Start	Finish	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)  N/A
Mon	11:00	23:00	
	23:00	01:00	
Tue	11:00	23:00	
	23:00	01:00	
Wed	11:00	23:00	
	23:00	01:00	
Thur	11:00	23:00	
	23:00	01:00	
Fri	11:00	23:00	
	23:00	03:00	
Sat	11:00	23:00	
	23:00	03:00	
Sun	12:00	23:00	
	23:00	01:00	

**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 9)**

ADD EXTRA CCTV IF NEEDED TO THE PREMISES TO PREVENT CRIME AND DISORDER.  
KEEP NOISE LEVEL TO THE MINIMUM.  
TAKE EXTRA CARE WHEN CHILDREN ARE IN THE PREMISES.

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

THE PREMISES HAS A FULL CCTV SYSTEM INSTALLED IN PLACE FOR PREVENTION OF CRIME + DISORDER.

**c) Public safety**

- THE PREMISES HAS CCTV INSTALLED IN PLACE FOR PUBLIC SAFETY.
- FIRE EXITS ARE CLEARLY MARKED.
- WET FLOOR SIGNS + MATS ARE AVAILABLE WHEN NEEDED FOR PUBLIC SAFETY.

**d) The prevention of public nuisance**

- KEEP LEVEL NOISE LEVEL TO THE MINIMAL AND ALSO ENSURE CUSTOMERS FOLLOW THE SAME.
- NO MUSIC WILL BE PLAYED.

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

- TAKE EXTRA CARE WHEN CHILDREN ARE IN THE PREMISES.



**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.

**IT IS AN OFFENCE, LIABLE ON SUMMARY CONVICTION TO A FINE NOT EXCEEDING 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	J. Gnanaratnam
Date	24/09/2014
Capacity	

**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 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)

JEEVANRAJ GNANARATNAM.  
 68 ALBERT ROAD.

Post town	MITCHAM	Postcode	CR4 4AH
Telephone number (if any)	07802639111		
If you would prefer us to correspond with you by e-mail, your e-mail address (optional)			
JEEVAN_12@HOTMAIL.MSN.COM			

General Notes

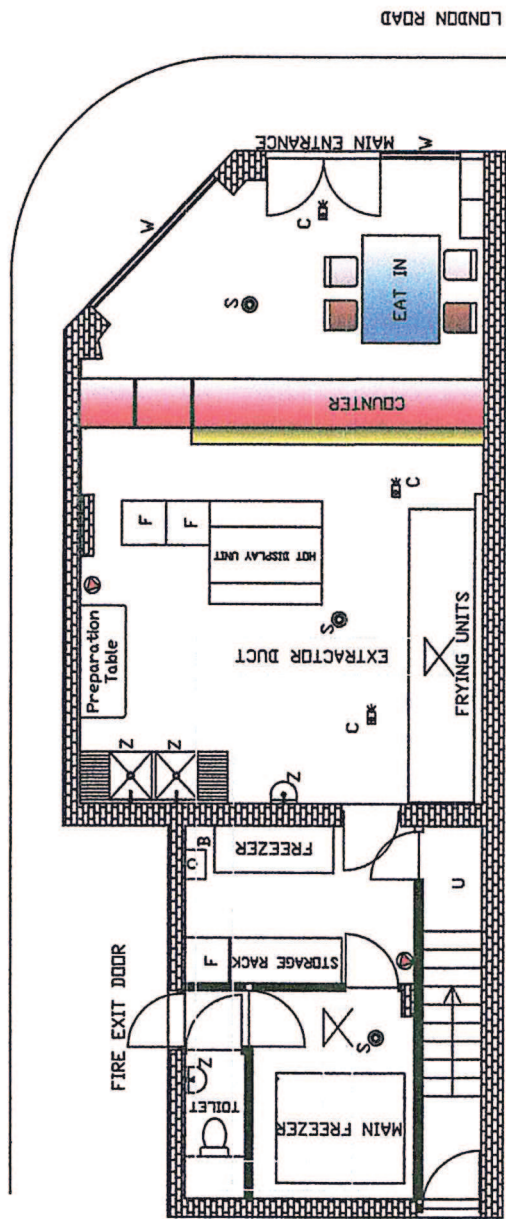
- C-CCTV
- W-WINDOW
- S-SMOKE ALARM
- F-FRIDGE
- U-UTILITY ROOM
- B-BOILER
- Z-SINK
- FIRE EXTING-

Drawn by:  
Harans  
07403919666

Project  
TASTY CHICKEN

173, London Rd,  
Mitcham CR42JB

Date	28/06/2014
Scale	1:100
DIMENSIONS IN mm	





**CERTIFICATE OF INCORPORATION  
OF A  
PRIVATE LIMITED COMPANY**

**Company Number 8702322**

The Registrar of Companies for England and Wales, hereby certifies that

**TASTY CHICKEN MITCHAM LTD LIMITED**

is this day incorporated under the Companies Act 2006 as a private company, that the company is limited by shares, and the situation of its registered office is in England and Wales.

Given at Companies House, Cardiff, on **23rd September 2013**.



THE OFFICIAL SEAL OF THE  
REGISTRAR OF COMPANIES



Companies House

The above information was communicated by electronic means and authenticated by the Registrar of Companies under section 1115 of the Companies Act 2006



201406029

TO. PREMISES LICENCE

THE PREMISES IS NOW OPERATING MON-SAT 11:00 TO 23:00  
SUN - 12:00 - 23:00. WE WISH TO EXTEND OUR LICENCING HOURS.  
MON-THURS. 11:00 TO 01:00 HRS. FRI-SAT 11:00-03:00 HRS.  
SUN 12:00 - 01:00 HRS..

KIND REGARDS.

TASTY CHICKEN MITCHAM LTD.

173 LONDON ROAD

MITCHAM,

SURREY,

CR4 2JB.

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