

WIK 20034 8139

# Epping Forest District 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 KHALID BOKHARI 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	
ROYAL RIBS 252B LOUGHTON HIGH ROAD LOUGHTON, ESSEX	
Post town	Post code
LOUGHTON	IG10 1RB

Telephone number at premises (if any)

0208 532 0283

Non-domestic rateable value of premises

£ 190,000

### Part 2 - Applicant details

Please state whether you are applying for a premises licence as

Please tick ✓ yes

- a) an individual or individuals\*  please complete section (A)
- b) a person other than an individual\*
  - i. as a limited company  please complete section (B)
  - ii. as a partnership  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  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  Mrs  Miss  Ms  Other title (for example, Rev)

Surname  First names

I am 18 years old or over

Current postal address if different from premises address

Post Town  Postcode

Daytime contact telephone number

E-mail address (optional)

**Part 3 Operating Schedule**

When do you want the premises licence to start?

Day	Month	Year
23	12	2005

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

Day	Month	Year

If 5,000 or more people are expected to attend the premises at any one time, please state the number expected to attend.

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

Royal Ribs 252b High Road Loughton  
is a take away fast food shop  
There is no supplies of Alcohol and  
no sitting arrangement for public  
in the premises.

What licensable activities do you intend to carry on from the premises?  
(Please see sections 1 and 14 of the Licensing Act 2003 and Schedule 1 and 2 to the Licensing Act 2003)

Please tick  yes

**Provision of regulated entertainment**

- 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 entertainment facilities for:**

- i) making music (if ticking yes, fill in box I)
- j) dancing (if ticking yes, fill in box J)
- k) entertainment of a similar description to that falling within (i) or (j)  
(if ticking yes, fill in box K)

**Provision of late night refreshment** (if ticking yes, fill in box L)

**Supply of alcohol** (if ticking yes, fill in box M)

In all cases complete boxes N, O and P

**L**

Late night refreshment Standard days and timings (please read guidance note 6)			Will the provision of late night refreshment take place indoors or outdoors or both - please tick [Y] (please read guidance note 2)	Indoors	Y
Day	Start	Finish		Outdoors	N
Mon	10am	01am	Please give further details here (please read guidance note 3)	Both	
Tue	10am	01am			
Wed	10am	01am		State any seasonal variations for the provision of late night refreshment (please read guidance note 4)	
Thur	10am	01am			N/A
Fri	10am	01am		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 5)	
Sat	10am	01am			
Sun	10am	01am			N/A

**M**

Supply of alcohol Standard days and timings (please read guidance note 6)			Will the sale of alcohol be for consumption (Please tick box Y) (please read guidance note 7)	On the premises	
Day	Start	Finish		Off the premises	
Mon			State any seasonal variations for the supply of alcohol (please read guidance note 4)	Both	
Tue					
Wed					
Thur				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 5)	
Fri					
Sat					

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

Name.....

Address.....

Postcode.....

Personal Licence number(if known) .....

Issuing licensing authority (if known).....

**N**

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)

No adult entertainment

**O**

Hours premises are open to the public Standard timings (please read guidance note 6)			State any seasonal variation (please read guidance note 4)	
Day	Start	Finish		
Mon	See	Box L.	Premises only available to paying customers. Same times as indicated in Box L.	
	10 AM	1 AM		
Tue	10 AM	1 AM		
Wed	10 AM	1 AM		
Thur	10 AM	1 AM		
Fri	10 AM	1 AM		
Sat	10 AM	1 AM		
Sun	10 AM	1 AM		
				Non standard timings. Where you intend to use 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)

**P**

Describe the steps you intend to take to promote the four licensing objectives:

a) General – all four licensing objectives (b,c,d,e) (please read guidance note 9)

CCTV Surveillance.  
Effective and responsible management  
of premises.  
Adoption of best practices guidance  
Training of staff.

b) The prevention of crime and disorder

CCTV

c) Public safety

CCTV

d) The prevention of public nuisance

CCTV

e) The protection of children from harm

CCTV

Please tick ✓ yes

- 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 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 CONVICTION TO A FINE UP TO 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 S. K. [Signature]

Date 23-12-2005

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)

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



To: Consumer Protection Team - FAO Kim Tuckey/  
Jim Nolan  
From: Planning Services - John Evans  
Date: 13/01/2006  
Your ref:  
Our ref: PL/1757/JE



**Epping Forest  
District Council**

**RE: Royal Ribs, 252b High Road, Loughton**

I refer to the above application which Planning Services received on 20/12/2005 as a Responsible Authority.

The application seeks for this late night takeaway premises to open and provide late night refreshment from 10.00 to 01.00 every night.

The premises are situated on High Road, Loughton close to other shops and services.

**Conclusion:** Planning consent granted in 1976 states that these premises should be closed between the hours of 22.00 and 08.00, (EPF/350/76). On this basis, Planning Services wish to make representations with concerns that the hours requested are not consistent with the planning permission.

I am writing to the applicant and would suggest that either a planning application is submitted to change this condition, or the hours requested are altered to those of the planning consent, ie the premises are open no later than 22.00 each night.

Without prejudice to any planning application submitted, opening until 00.00 may well be acceptable although any later is likely to be unacceptable given the residential flats above.

Please contact me on x4112 if you have any queries on the above,

  
John Evans  
Planning Assistant

*m e m o*