

**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 JOHNNY SINGH

(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 AM 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 GROUND FLOOR & LOWER GROUND FLOOR THE OLD BANK BUILDINGS COVENTRY STREET			
Post town	STOURBRIDGE	Post code	DY8 2HR

Telephone number at premises (if any)	
Non-domestic rateable value of premises	£35,500.00

Part 2 - Applicant Details

Please state whether you are applying for a premises licence as

Please tick yes

- | | | |
|---|-------------------------------------|-----------------------------|
| a) an individual or individuals * | <input checked="" type="checkbox"/> | please complete section (A) |
| b) a person other than an individual * | | |
| i. as a limited company | <input 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 ☐ 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)

M r	<input type="checkbox"/>	Mr s	<input checked="" type="checkbox"/>	Mis s	<input type="checkbox"/>	M s	<input type="checkbox"/>	Other Title (for example, Rev)	
Surname SINGH						First names JOHNNY			
I am 18 years old or over								<input type="checkbox"/>	Please tick yes
Current postal address if different from premises address			138 CODSALL ROAD TETTENHALL						
Post Town		WOLVERHAMPTON					Postcode		WV6 9QH
Daytime contact telephone number									
E-mail address (optional)									

SECOND INDIVIDUAL APPLICANT (if applicable)

M r	<input type="checkbox"/>	Mr s	<input type="checkbox"/>	Mis s	<input type="checkbox"/>	M s	<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
Address
Registered number (where applicable)
Description of applicant (for example, partnership, company, unincorporated association etc.)
Telephone number (if any)
E-mail address (optional)

Part 3 Operating Schedule

When do you want the premises licence to start?

Day		Month		Year	
A	S	A	P		

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

Day		Month		Year	

Please give a general description of the premises (please read guidance note1)
 A CONVERTED BANK ON THE CORNER OF HIGH STREET. THE BUILDING IS SPLIT BETWEEN THE GROUND FLOOR AND MEZANNINE FLOOR. THE GROUND FLOOR WILL HOUSE A LAOUNGE BAR AND RESTURANT WHICH WILL PROVIDE COVER FOR 70 TABLES. THE MEZZANINE WILL PROVIDE COVER FOR 20 TABLES.

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 of the Licensing Act 2003 and Schedules 1 and 2 to the Licensing Act 2003)

Provision of regulated entertainment

Please tick yes

- | | |
|--|-------------------------------------|
| a) plays (if ticking yes, fill in box A) | <input type="checkbox"/> |
| b) films (if ticking yes, fill in box B) | <input type="checkbox"/> |
| c) indoor sporting events (if ticking yes, fill in box C) | <input type="checkbox"/> |
| d) boxing or wrestling entertainment (if ticking yes, fill in box D) | <input type="checkbox"/> |
| e) live music (if ticking yes, fill in box E) | <input type="checkbox"/> |
| f) recorded music (if ticking yes, fill in box F) | <input checked="" type="checkbox"/> |
| g) performances of dance (if ticking yes, fill in box G) | <input type="checkbox"/> |
| h) anything of a similar description to that falling within (e), (f) or (g)
(if ticking yes, fill in box H) | <input type="checkbox"/> |

Provision of entertainment facilities:

- | | |
|--|--------------------------|
| i) making music (if ticking yes, fill in box I) | <input type="checkbox"/> |
| j) dancing (if ticking yes, fill in box J) | <input type="checkbox"/> |
| k) entertainment of a similar description to that falling within (i) or (j)
(if ticking yes, fill in box K) | <input type="checkbox"/> |

<u>Provision of late night refreshment</u> (if ticking yes, fill in box L)	<input type="checkbox"/>
---	--------------------------

<u>Supply of alcohol</u> (if ticking yes, fill in box M)	<input checked="" type="checkbox"/>
---	-------------------------------------

In all cases complete boxes N, O and P

A

Plays Standard days and timings (please read guidance note 6)			Will the performance of a play take place indoors or outdoors or both – please tick (please read guidance note 2)	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 3)		
Tue					
Wed			<u>State any seasonal variations for performing plays</u> (please read guidance note 4)		
Thur					
Fri			<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 5)		
Sat					
Sun					

B

Films Standard days and timings (please read guidance note 6)			<u>Will the exhibition of films take place indoors or outdoors or both – please tick</u> (please read guidance note 2)		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 3)			
Mon						
Tue						
			<u>State any seasonal variations for the exhibition of films</u> (please read guidance note 4)			
Wed						
Thur						
			<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> (please read guidance note 5)			
Fri						
Sat						
Sun						

C

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

D

Boxing or wrestling entertainments Standard days and timings (please read guidance note 6)			<u>Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick</u> (please read guidance note 2)	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 3)		
Mon					
Tue					
Wed			<u>State any seasonal variations for boxing or wrestling entertainment</u> (please read guidance note 4)		
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 5)		
Sat					
Sun					

E

Live music Standard days and timings (please read guidance note 6)			<u>Will the performance of live music take place indoors or outdoors or both – please tick</u> (please read guidance note 2)	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 3)		
Tue					
Wed			<u>State any seasonal variations for the performance of live music</u> (please read guidance note 4)		
Thur					
Fri			<u>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</u> (please read guidance note 5)		
Sat					
Sun					

F

Recorded music Standard days and timings (please read guidance note 6)			<u>Will the playing of recorded music take place indoors or outdoors or both – please tick</u> (please read guidance note 2)	Indoors	<input checked="" type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<u>Please give further details here</u> (please read guidance note 3)		
Mon	10.00	02.00			
Tue	10.00	02.00			
			<u>State any seasonal variations for the playing of recorded music</u> (please read guidance note 4)		
Wed	10.00	02.00			
Thur	10.00	02.00			
			<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 5) ALL PUBLIC BANK HOLIDAYS 10.00-02.00 CHRISTMAS EVE 10.00-02.00 CHRISTMAS DAY 10.00-02.00 NEW YEARS EVE 10.00-04.00		
Fri	10.00	02.00			
Sat	10.00	02.00			
Sun	10.00	24.00			

G

Performances of dance Standard days and timings (please read guidance note 6)			<u>Will the performance of dance take place indoors or outdoors or both – please tick</u> (please read guidance note 2)	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 3)		
Mon					
Tue					
Wed			<u>State any seasonal variations for the performance of dance</u> (please read guidance note 4)		
Thur					
Fri			<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 5)		
Sat					
Sun					

H

Anything of a similar description to that falling within (e), (f) or (g) Standard days and timings (please read guidance note 6)			<u>Please give a description of the type of entertainment you will be providing</u>		
Day	Start	Finish	<u>Will this entertainment take place indoors or outdoors or both – please tick</u> (please read guidance note 2)	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 3)		
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 4)		
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 5)		
Sun					

I

Provision of facilities for making music Standard days and timings (please read guidance note 6)			<u>Please give a description of the facilities for making music you will be providing</u>	
			<u>Will the facilities for making music be indoors or outdoors or both – please tick</u> (please read guidance note 2)	
			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 3)	
Tue				
Wed			<u>State any seasonal variations for the provision of facilities for making music</u> (please read guidance note 4)	
Thur				
Fri			<u>Non standard timings. Where you intend to use the premises for provision of facilities for making music at different times to those listed in the column on the left, please list</u> (please read guidance note 5)	
Sat				
Sun				

J

Provision of facilities for dancing Standard days and timings (please read guidance note 6)			<u>Will the facilities for dancing be indoors or outdoors or both – please tick</u> (see guidance note 2)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
			<u>Please give a description of the facilities for dancing you will be providing</u>		
Day	Start	Finish	<u>Please give further details here</u> (please read guidance note 3)		
Mon					
Tue					
Wed			<u>State any seasonal variations for providing dancing facilities</u> (please read guidance note 4)		
Thur					
Fri			<u>Non standard timings. Where you intend to use the premises for the provision of facilities for dancing entertainment at different times to those listed in the column on the left, please list</u> (please read guidance note 5)		
Sat					
Sun					

K

Provision of facilities for entertainment of a similar description to that falling within i or j Standard days and timings (please read guidance note 6)			<u>Please give a description of the type of entertainment facility you will be providing</u>	
Day	Start	Finish	<u>Will the entertainment facility be indoors or outdoors or both – please tick</u> (please read guidance note 2)	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 3)	
Wed				
Thur			<u>State any seasonal variations for the provision of facilities for entertainment of a similar description to that falling within i or j</u> (please read guidance note 4)	
Fri				
Sat			<u>Non standard timings. Where you intend to use the premises for the provision of facilities for entertainment of a similar description to that falling within i or j at different times to those listed in the column on the left, please list</u> (please read guidance note 5)	
Sun				

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 (please read guidance note 2)		Indoors	<input type="checkbox"/>
					Outdoors	<input type="checkbox"/>
					Both	<input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 3)			
Mon						
Tue						
			State any seasonal variations for the provision of late night refreshment (please read guidance note 4)			
Wed						
Thur						
			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)			
Fri						
Sat						
Sun						

M

Supply of alcohol Standard days and timings (please read guidance note 6)			<u>Will the supply of alcohol be for consumption</u> <u>(Please tick box)</u> (please read guidance note 7)	On the premises	<input checked="" type="checkbox"/>
				Off the premises	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<u>State any seasonal variations for the supply of alcohol</u> (please read guidance note 4)		
Mon	10.00	01.30			
Tue	10.00	01.30			
Wed	10.00	01.30			
Thur	10.00	01.30			
Fri	10.00	01.30	<u>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</u> (please read guidance note 5) ALL PUBLIC BANK HOLIDAYS 10.00-01.30 CHRISTMAS EVE 10.00-01.30 CHRISTMAS DAY 10.00-01.30 NEW YEARS EVE 10.00-03.30		
Sat	10.00	01.30			
Sun	10.00	23.30			

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

Name JOHNNY SINGH	
Address 138 CODSALL ROAD TETTENHALL WOLVERHAMPTON	
Postcode	WV6 9QH
Personal Licence number (if known) WN05005266	
Issuing licensing authority (if known) WOLVERHAMPTON	

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)

N/A

O

Hours premises are open to the public Standard days and timings (please read guidance note 6)			State any seasonal variations (please read guidance note 4)
Day	Start	Finish	
Mon	10.00	02.00	
Tue	10.00	02.00	
Wed	10.00	02.00	
Thur	10.00	02.00	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) ALL PUBLIC BANK HOLIDAYS 10.00-02.00 CHRISTMAS EVE 10.00-02.00 CHRISTMAS DAY 10.00-02.00 NEW YEARS EVE 10.00-04.00
Fri	10.00	02.00	
Sat	10.00	02.00	
Sun	10.00	24.00	

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)

PLEASE SEE ATTACHED OPERATING SCHEDULE

b) The prevention of crime and disorder

PLEASE SEE ATTACHED OPERATING SCHEDULE

c) Public safety

PLEASE SEE ATTACHED OPERATING SCHEDULE

d) The prevention of public nuisance

PLEASE SEE ATTACHED OPERATING SCHEDULE

e) The protection of children from harm

PLEASE SEE ATTACHED OPERATING SCHEDULE

Please tick yes

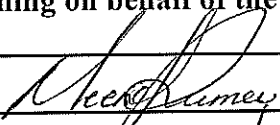
- I have made or enclosed payment of the fee ☒
- I have enclosed the plan of the premises ☒
- I have sent copies of this application and the plan to responsible authorities and others where applicable ☒

- 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	
Date	02/10/09
Capacity	SOLICITOR.

For joint applications signature of 2nd applicant or 2nd 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)

KUMARI-BANGA SOLICITORS
18 CHAPEL ASH

Post town	WOLVERHAMPTON	Post code	WV3 0TN
------------------	---------------	------------------	---------

Telephone number (if any)	01902 423651
----------------------------------	--------------

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. Where taking place in a building or other structure please tick as appropriate. Indoors may

include a tent.

3. For example the type of activity to be authorised, if not already stated, and give relevant further details, for example (but not exclusively) whether or not music will be amplified or unamplified.
4. For example (but not exclusively), where the activity will occur on additional days during the summer months.
5. For example (but not exclusively), where you wish the activity to go on longer on a particular day e.g. Christmas Eve.
6. Please give timings in 24 hour clock (e.g. 16:00) and only give details for the days of the week when you intend the premises to be used for the activity.
7. If you wish people to be able to consume alcohol on the premises please tick on, if you wish people to be able to purchase alcohol to consume away from the premises please tick off. If you wish people to be able to do both please tick both.
8. Please give information about anything intended to occur at the premises or ancillary to the use of the premises which may give rise to concern in respect of children, regardless of whether you intend children to have access to the premises, for example (but not exclusively) nudity or semi-nudity, films for restricted age groups, the presence of gaming machines.
9. Please list here steps you will take to promote all four licensing objectives together.
10. The application form must be signed.
11. An applicant's agent (for example solicitor) may sign the form on their behalf provided that they have actual authority to do so.
12. Where there is more than one applicant, both applicants or their respective agents must sign the application form.
13. This is the address which we shall use to correspond with you about this application.

**Application for a Premises Licence at Ground Floor and Lower Ground Floor, The Old Bank
Buildings, Coventry Street, Stourbridge, DY8 2HQ**
Applicant: Johnny Singh
Operating Schedule

Section PA General Licensing Objectives

We will ensure the promotion of all four objectives through the steps outlined below and these steps will be monitored and reviewed regularly to ensure the effectiveness of the steps of the same and where necessary implement appropriate changes for improvement.

Prevention of Crime and Disorder

CC TV cameras will be installed and will be in use 24 hours. Door security will be employed and all security staff will be adequately qualified. A Bar Manager will always be in attendance whilst the bar is in operation. You will ensure that all staff understand the social responsibilities associated with the sale and supply of alcohol. All sales of alcohol will be authorised by personal licence holder.

All staff will receive the adequate training associated with the sale and supply of alcohol. You will operate an anti drugs policy.

Public Safety

CC TV Cameras will be installed and will be in use for 24 hours. Door security will be employed and all security staff will be adequately qualified. Fire escapes will be clearly marked and signed.

Appropriate employee and public insurance will be in place.

Security

All empty bottles will be securely contained. There will be prompt clearing of empty glasses throughout operating hours.

Occupant's limits will be monitored. Appropriate first aid kits will be installed on the property and first aid trained staff will be employed. Adequate lighting will be in place.

Glasses and bottles will not be allowed outside the premises at any time.

An anti drugs policy will be in place.

Prevention of Public Nuisance

Use of noise assessment to identify measures required to prevent any nuisance.

Measures to be taken to ensure that customers leave quietly and minimise disturbance to residents in the area such as signage and announcements.

The winding down period will be in operation which will result in levels of music being reduced or smooth music being played. Sale of alcohol will be stopped half an hour before closing time and increase lighting levels.

Protection of Children from Harm

Trained staff will ensure compliance with the law in relation to consumption of alcohol by persons under the age of 18 including the prevention of adults buying alcohol for children.

Appropriate signage will be displayed around the bar area and in the property to confirm that you operate a proof of age policy.

We will have a stated policy about who should be challenged for proof of age and anyone who looks under the age of 18. No children will be allowed on the premises after 9:00pm and no children will be allowed on the premises at all unsupervised.

Consent of individual to being specified as premises supervisor

JOHNNY SINGH

I
[full name of prospective premises supervisor]

of 138 GOSALL ROAD TETTENHALL WOLVERHAMPTON
WV6 9QH

[home address of prospective premises supervisor]

hereby confirm that I give my consent to be specified as the designated premises supervisor in relation to the application for

A PREMISE LICENCE

[type of application]

by

JOHNNY SINGH

[name of applicant]

relating to a premises licence

[number of existing licence, if any]

for THE OLD BANK BUILDINGS
COVENTRY STREET
STOLTBRIIDGE
DY8 2HQ

[name and address of premises to which the application relates]

and any premises licence to be granted or varied in respect of this application made by

JOHNNY SINGH

[name of applicant]

concerning the supply of alcohol at

THE OLD BANK BUILDINGS
COVENTRY STREET
STOURBRIDGE
DY8 2HR

[name and address of premises to which application relates]

I also confirm that I am applying for, intend to apply for or currently hold a personal licence, details of which I set out below.

Personal licence number

WN105005266

[insert personal licence number, if any]

Personal licence issuing authority

WOMERHAMPTON

[insert name and address and telephone number of personal licence issuing authority, if any]

Signed

Johnny Singh

Name (please print)

JOHNNY SINGH

Date

23/9/09