

**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 Taman Barzinji

*(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>First Time Pizza, 8 Lane End Road Burnage</b>			
<b>Post town</b>	<b>Manchester</b>	<b>Postcode</b>	<b>M19 1WA</b>

Telephone number at premises (if any)	
Non-domestic rateable value of premises	<b>£9,500</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 \*  please complete section (A)
- b) a person other than an individual \*
  - i as a limited company/limited liability partnership  please complete section (B)
  - ii as a partnership (other than limited liability)  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 checked="" type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
<b>Surname</b> Barzinji			<b>First names</b> Taman		
<b>Date of birth</b> [REDACTED]		I am 18 years old or over <input checked="" type="checkbox"/> Please tick yes			
<b>Nationality</b> British					
Current residential address if different from premises address		[REDACTED]			
Post town	[REDACTED]	Postcode	[REDACTED]		
<b>Daytime contact telephone number</b>		[REDACTED]			
<b>E-mail address (optional)</b>	[REDACTED]				
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)					
N/A copy passport enclosed with application.					

~~**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) _____
<b>Surname</b> _____		<b>First names</b> _____		
<b>Date of birth</b> _____ I am 18 years old or over <input type="checkbox"/> Please tick yes				
<b>Nationality</b> _____				
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 residential address if different from premises address _____		_____		
Post town	_____	Postcode	_____	
<b>Daytime contact telephone number</b>		_____		
<b>E-mail address (optional)</b>	_____			

**~~(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.~~

<b>Name</b> _____
<b>Address</b> _____  _____
<b>Registered number (where applicable)</b> _____
<b>Description of applicant (for example, partnership, company, unincorporated association etc.)</b> _____  _____
<b>Telephone number (if any)</b> _____

E-mail address (optional)

### Part 3 Operating Schedule

When do you want the premises licence to start?

DD	MM	YYYY
1	2	072023

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 will operate as a takeaway facility whose licensable activities will be limited to late night refreshment only, between the hours of 23:00 and 01:00.

The premises will trade as First Time Pizza.

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

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



€

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

**D**

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

**E**

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

**F**

<b>Recorded music</b> Standard days and timings (please read guidance note 7)			<b><u>Will the playing of recorded music take place indoors or outdoors or both — please tick</u></b> (please read guidance note 3)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish			
Mon	_____	_____	<b><u>Please give further details here</u></b> (please read guidance note 4) _____		
	_____	_____			
Tue	_____	_____			
	_____	_____			
Wed	_____	_____	<b><u>State any seasonal variations for the playing of recorded music</u></b> (please read guidance note 5) _____		
	_____	_____			
Thur	_____	_____			
	_____	_____			
Fri	_____	_____	<b><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></b> (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"/>
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 the performance of dance</u> (please read guidance note 5) _____		
	-----	-----			
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 6) _____		
	-----	-----			
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 7)			Please give a description of the type of entertainment you will be providing _____		
Day	Start	Finish	<b><u>Will this entertainment take place indoors or outdoors or both — please tick</u></b> (please read guidance note 3)	Indoors	<input type="checkbox"/>
Mon	_____	_____		Outdoors	<input type="checkbox"/>
	_____	_____		Both	<input type="checkbox"/>
Tue	_____	_____	<b><u>Please give further details here</u></b> (please read guidance note 4) _____		
Wed	_____	_____			
Thur	_____	_____	<b><u>State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g)</u></b> (please read guidance note 5) _____		
Fri	_____	_____			
Sat	_____	_____	<b><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></b> (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 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 4)		
	-----	-----			
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 5)		
	-----	-----			
Thur	23:00	01:00			
	-----	-----			
Fri	23:00	01:00	<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 6) <ul style="list-style-type: none"> <li>• From the end of permitted hours on New Year's Eve to the start of permitted hours on New Year's Day.</li> <li>• An additional hour on the evenings preceding a Bank Holiday.</li> </ul>		
Sat	23:00	01:00			
Sun	23:00	01:00			
	-----	-----			

**J**

<b>Supply of alcohol</b> Standard days and timings (please read guidance note 7)			<b>Will the supply of alcohol be for consumption — please tick</b> (please read guidance note 8)	On the premises	<input type="checkbox"/>
				Off the premises	<input type="checkbox"/>
				Both	<input type="checkbox"/>
<b>Day</b>	<b>Start</b>	<b>Finish</b>	<b>State any seasonal variations for the supply of alcohol</b> (please read guidance note 5) _____		
Mon	_____	_____			
	-----	-----			
	_____	_____			
Tue	_____	_____			
	-----	-----			
	_____	_____			
Wed	_____	_____	<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 6) _____		
	-----	-----			
	_____	_____			
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):

<b>Name</b> _____	
<b>Date of birth</b> _____	
<b>Address</b> _____	
<b>Postcode</b>	_____
<b>Personal licence number (if known)</b> _____	
<b>Issuing licensing authority (if known)</b> _____	

## 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).

N/A

## L

<b>Hours premises are open to the public</b> Standard days and timings (please read guidance note 7)			<b>State any seasonal variations</b> (please read guidance note 5) <ul style="list-style-type: none"> <li>From the end of permitted hours on New Year's Eve to the start of permitted hours on New Year's Day.</li> <li>An additional hour on the evenings preceding a Bank Holiday.</li> </ul>
Day	Start	Finish	<b><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></b> (please read guidance note 6)
Mon	08:00	01:00	
Tue	08:00	01:00	
Wed	08:00	01:00	
Thur	08:00	01:00	
Fri	08:00	01:00	
Sat	08:00	01:00	
Sun	08:00	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 10)**

Please refer to the Operating Schedule attached to this application.

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

Please refer to the Operating Schedule attached to this application.

**c) Public safety**

Please refer to the Operating Schedule attached to this application.

**d) The prevention of public nuisance**

Please refer to the Operating Schedule attached to this application.

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

Please refer to the Operating Schedule attached to this application.

**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.
- 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 or my share code issued by the Home Office online right to work checking service (please read note 15).

**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.**

<b>Declaration</b>	<ul style="list-style-type: none"><li>• [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).</li><li>• 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, or have conducted an online right to work check using the Home Office online right to work checking</li></ul>
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	service which confirmed their right to work (please see note 15)
Signature	Kuit Steinart Levy LLP
Date	13.06.2023
Capacity	Solicitors and Authorised Agent

**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 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)			
Kuit Steinart Levy LLP 3 St Mary's Parsonage			
Post town	<b>Manchester</b>	Postcode	<b>M3 2RD</b>
Telephone number (if any)	[REDACTED]4		
If you would prefer us to correspond with you by e-mail, your e-mail address (optional)			
[REDACTED]			

**Notes for Guidance**

**OPERATING SCHEDULE**  
**First Time Pizza, 8 Lane End Road, Manchester M19 1WA**

1. The premises shall operate a CCTV system that complies with the minimum requirements of the GMP Licensing Team.
2. A CCTV system shall be maintained and operated at the premises with cameras positioned both internally and externally.
3. Recorded CCTV images will be maintained and stored for a period of twenty-eight days and shall be produced to the Police or Licensing Authority upon request.
4. Any person left in charge of the premises must be trained in the use of any such CCTV equipment, and be able to produce CCTV images to an officer from a responsible authority upon request.
5. A first aid box will be available at the premises at all times.
6. Regular safety checks shall be carried out by staff.
7. Management shall liaise with the Fire Authority as necessary to ensure compliance with all necessary fire regulations.
8. The premises shall maintain an Incident Log (which may be kept electronically) and public liability insurance.
9. There shall be no noise or odours caused by the kitchen extraction equipment that gives rise to a nuisance.
10. The exterior of the premises shall be cleared of litter at regular intervals.
11. Where the premises provides late night refreshment for consumption off the premises, sufficient waste bins must be provided at or near the exits to enable the disposal of waste and Patrons should be encouraged to use these.
12. Notices shall be positioned at the exits of the premises requesting customers to leave in a quiet manner.
13. Doors and windows at the premises are to remain closed after 11pm, save for access and egress.
14. Where deliveries are to operate from the premises, the premises licence holder must instruct delivery riders and drivers not to cause a noise nuisance when making deliveries or whilst waiting outside the premises for collections.
15. All takeaway packaging and wrappers shall clearly identify the premises, i.e. by way of company logo or name.
16. The emptying of bins into skips, deliveries to the premises and refuse collections will not take place between 11pm and 7am.