

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 SALAR MENAREH  
(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 <u>24 BARLOW MOOR ROAD</u>			
Post town	<u>MANCHESTER</u>	Postcode	<u>M21 7QL</u>
Telephone number at premises (if any)	[REDACTED]		
Non-domestic rateable value of premises	<u>£15,000</u>		

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)

- d) 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)	Mr
Surname First names <b>Henareh Salar</b>					
Date of birth [REDACTED]		I am 18 years old or over <input checked="" type="checkbox"/>			
Please tick yes					
Nationality [REDACTED]					
Current residential address if different from premises address [REDACTED]					
Post town [REDACTED]			Postcode [REDACTED]		
Daytime contact telephone number [REDACTED]					
E-mail address [REDACTED]					
<b>(optional)</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)					

Post town		Postcode	
<b>Daytime contact telephone number</b>			
<b>E-mail address</b>			
<b>(optional)</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)			

**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</b>					
<b>(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.**

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?

DD	MM	YYYY
3	0	05 2023

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

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Please give a general description of the premises (please read guidance note 1)  
 This will become a Licenced Turkish Restaurant which will provide hot, grilled, standard sized deep fried and cold foods. Opening hours will be from 11.00 am to 11.00 pm. There are 150 seatings.



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 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)

**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) Non	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 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>Films</b> Standard days and timings (please read guidance note 7)			<b><u>Will the exhibition of films 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					

**B**

Wed			<b><u>State any seasonal variations for the exhibition of films</u></b> (please read guidance note 5)
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 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)  Non
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			

**C**

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

		Indoors	<input type="checkbox"/>
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## D

Live music Standard days and timings (please read guidance note 7)			<b>Will the performance of live music take place indoors or outdoors or both – please tick</b> (please read guidance note 3) Non	Outdoors	<input type="checkbox"/>
Day	Start	Finish		Both	<input type="checkbox"/>
Mon			<b>Please give further details here</b> (please read guidance note 4)		
Tue			<b>Please give further details here</b> (please read guidance note 4)		
Wed			<b>State any seasonal variations for the performance of live music</b> (please read guidance note 5)		
Thur			<b>State any seasonal variations for the performance of live music</b> (please read guidance note 5)		
Fri			<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 6)		
Sat			<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 6)		
Sun			<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 6)		
Recorded music Standard days and timings (please read guidance note 7)			<b>Will the playing of recorded music take place indoors or outdoors or both – please tick</b> (please read guidance note 3)	Indoors	X <input type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
			Both	<input type="checkbox"/>	
Mon	11.00am	11.00pm	<b>Please give further details here</b> (please read guidance note 4)		
Tue			Recorded music will be played only during opening hours, indoors only.		

# RECORDED MUSIC

9

read guidance note 7)			<b>place indoors or outdoors or both – please tick</b> (please read guidance note 3)	<input type="checkbox"/>
Day	Start	Finish		Outdoors <input type="checkbox"/>
Mon	11.00am	11.00pm	<b>Please give further details here</b> (please read guidance note 4) Recorded music will be played only during opening hours, indoors only.	Both <input type="checkbox"/>
Tue	11:00am	11:00pm		
Wed	11:00am	11:00pm	<b>State any seasonal variations for the playing of recorded music</b> (please read guidance note 5)	
Thur	11:00am	11:00pm		
Fri	11:00am	11:00pm	<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 6)	
Sat	11:00am	11:00pm		
Sun	11:00am	11:00pm		

Performances of dance Standard days and timings (please read guidance note 7)			<b>Will the performance of dance take place indoors or outdoors or both – please tick</b> (please read guidance note 3) Non	Indoors <input type="checkbox"/>
Day	Start	Finish		Outdoors <input type="checkbox"/>
Mon			<b>Please give further details here</b> (please read guidance note 4)	Both <input type="checkbox"/>
Tue				
Wed			<b>State any seasonal variations for the performance of dance</b> (please read guidance note 5)	
Thur				
Fri			<b>Non standard timings. Where you intend to use the premises</b>	

**F**

Sun		

<p><b>Anything of a similar description to that falling within (e), (f) or (g)</b> Standard days and timings (please read guidance note 7)</p>			<p>Please give a description of the type of entertainment you will be providing</p> <p>Non</p>		
Day	Start	Finish	<p><b><u>Will this entertainment take place indoors or outdoors or both – please tick</u></b> (please read guidance note 3)</p> <p>Indoors <input type="checkbox"/></p> <p>Outdoors <input type="checkbox"/></p> <p>Both <input type="checkbox"/></p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Mon					
Tue			<p><b><u>Please give further details here</u></b> (please read guidance note 4)</p>		
Wed					
Thur					
Fri			<p><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)</p>		
Sat					
Sun					
<p><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)</p>					

<p><b>Late night refreshment Standard</b></p>		Indoors <input type="checkbox"/>
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# G

days and timings (please read guidance note 7)			<b>Will the provision of late night refreshment take place indoors or outdoors or both – please tick</b> (please read guidance note 3) Non	Outdoors	<input type="checkbox"/>
Day	Start	Finish		Both	<input type="checkbox"/>
Mon			<b><u>Please give further details here</u></b> (please read guidance note 4)		
Tue			<b><u>State any seasonal variations for the provision of late night refreshment</u></b> (please read guidance note 5)		
Wed			<b><u>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</u></b> (please read guidance note 6)		
Thur					
Fri					
Sat					
Sun					

<b>Supply of alcohol</b> Standard days and timings (please read guidance note 7)			<b><u>Will the supply of alcohol be for consumption – please tick</u></b> (please read guidance note 8) Only for consumption indoors, during opening hours.	On the premises	<input checked="" type="checkbox"/>
Day	Start	Finish		Off the premises	<input type="checkbox"/>
			Both	<input type="checkbox"/>	
Mon	11.00am	11.00pm	<b><u>State any seasonal variations for the supply of alcohol</u></b> (please read guidance note 5)		
Tue					

**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 checked="" type="checkbox"/>
Day	Start	Finish		Off the premises	<input type="checkbox"/>
Mon	11:00 am	11:00 pm	State any seasonal variations for the supply of alcohol (please read guidance note 5)  N/A	Both	<input type="checkbox"/>
Tue	11:00 am	11:00 pm			
Wed	11:00 am	11:00 pm			
Thur	11:00 am	11:00 pm		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)  N/A	
Fri	11:00 am	11:00 pm			
Sat	11:00 am	11:00 pm			
Sun	11:00 am	11:00 pm			

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		MR EHSAN AFRODGH
Date of birth		[REDACTED]
Address		[REDACTED]
Postcode	[REDACTED]	
Personal licence number (if known)		[REDACTED]
Issuing licensing authority (if known)		SHEFFIELD CITY COUNCIL

L - HOURS PREMISES ARE OPEN TO THE PUBLIC

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Sat	11:00am	11:00pm
Sun	11:00am	11:00pm

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	[REDACTED]	MR EHSAN AFRIDI
Date of birth	[REDACTED]	
Address	[REDACTED]	
Postcode	[REDACTED]	
Personal licence number (if known)	[REDACTED]	
Issuing licensing authority (if known)	SHEFFIELD CITY COUNCIL	

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).  Yes  No

L

Hours premises are open to the public	State any seasonal variations (please read guidance note 5)
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**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).

None

**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	11 am	11 pm
Tue	11 am	11 pm
Wed	11 am	11 pm
Thur	11 am	11 pm
Fri	11 am	11 pm
Sat	11 am	11 pm
Sun	11 am	11 pm

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 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)**

The premises will be staffed with trained staff on all aspects of restaurant management and services. CCTV is available and in use. All mandatory signs will be displayed and clearly visible.

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

CCTV is available and in use. Trained staff will be able to handle all situations to control incidents in an effective manner.

**c) Public safety**

CCTV are in use on the premises. All mandatory signs will be visible and on display. Everything is served by trained staff. In cases of emergencies, staff are fully aware of procedures to take and who to contact. The manager will always be on site. Risk assessments will be carried out, and everything will be supervised and managed thoroughly.

**d) The prevention of public nuisance**

Alcohol will only be consumed on the premises strictly, served by trained staff only. No alcohol will be served to under 18's. Alcohol is served only with purchased foods and at tables, served by staff.

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



CCTV is in use on site. Children are not allowed on site without adults. Under 18's are not served alcohol. All mandatory signs are displayed. Children will never be left unsupervised.

**Checklist:**

<b>Please tick to indicate agreement</b>		
•	I have made or enclosed payment of the fee.	<input checked="" type="checkbox"/>
•	I have enclosed the plan of the premises.	<input checked="" type="checkbox"/>
•	I have sent copies of this application and the plan to responsible authorities and others where applicable.	<input type="checkbox"/>
•	I have enclosed the consent form completed by the individual I wish to be designated premises supervisor, if applicable.	<input type="checkbox"/>
•	I understand that I must now advertise my application.	<input checked="" type="checkbox"/>
•	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).	<input type="checkbox"/>
•		<input checked="" 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

### DECLARATION I UNDERSTAND I

	<p>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).</p> <ul style="list-style-type: none"> <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 service which confirmed their right to work (please see note 15)</li> </ul>
Signature	Salar Henarch
Date	27.4.23
Capacity	Owner

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	[REDACTED]
Date	25/5/2023
Capacity	OWNER

Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 14) SALAR HENARCH [REDACTED]	
Post town	[REDACTED] Postcode [REDACTED]
Telephone number (if any)	[REDACTED]
If you would prefer us to correspond with you by e-mail, your e-mail address (optional) [REDACTED]	

Telephone number (if any)	
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. In terms of specific regulated entertainments please note that:
  - Plays: no licence is required for performances between 08:00 and 23.00 on any day, provided that the audience does not exceed 500.
  - Films: no licence is required for 'not-for-profit' film exhibition held in community premises between 08.00 and 23.00 on any day provided that the audience does not exceed 500 and the organiser (a) gets consent to the screening from a person who is responsible for the premises; and (b) ensures that each such screening abides by age classification ratings.
  - Indoor sporting events: no licence is required for performances between 08.00 and 23.00 on any day, provided that the audience does not exceed 1000.
  - Boxing or Wrestling Entertainment: no licence is required for a contest, exhibition or display of Greco-Roman wrestling, or freestyle wrestling between 08.00 and 23.00 on any day, provided that the audience does not exceed 1000. Combined fighting sports – defined as a contest, exhibition or display which combines boxing or wrestling with one or more martial arts – are licensable as a boxing or wrestling entertainment rather than an indoor sporting event.
  - Live music: no licence permission is required for:
    - a performance of unamplified live music between 08.00 and 23.00 on any day, on any premises.