

**Application for a premises licence to be granted  
under the Licensing Act 2003**

**PLEASE READ THE FOLLOWING INSTRUCTIONS FIRST**

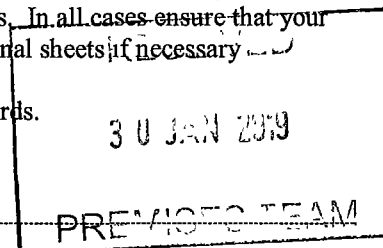
Before completing this form please read the guidance notes at the end of the form. If you are completing this form by hand please write legibly in block capitals. ~~In all cases ensure that your answers are inside the boxes and written in black ink. Use additional sheets if necessary.~~

You may wish to keep a copy of the completed form for your records.

I/We **Nimba François EDI**

*(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

**Q Plus Tropical Taste Restaurant (QPTTR) is a Restaurant and Bar  
On Number 1038, Ashton New Road , Mancheste**

<b>Post town</b>	MANCHESTER	<b>Postcode</b>	M11 4PE
------------------	------------	-----------------	---------

Telephone number at premises (if any)	[REDACTED]
Non-domestic rateable value of premises	<b>£5,000.00</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 *                    | X                        | please complete section (A) |
| b) a person other than an individual *               |                          |                             |
| i as a limited company/limited liability partnership | <input type="checkbox"/> | please complete section (B) |
| ii as a partnership (other than limited liability)   | <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 ☐ 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> EDI			<b>First names</b> NIMBA FRANÇOIS		
<b>Date of birth :</b> [REDACTED] or over		I am 18 years old <input checked="" type="checkbox"/> Please tick yes			
<b>Nationality: French</b>					
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]				

**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>			
Current postal 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.**

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
1	0	03 2 0 1 9

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

DD	MM	YYY

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

The "Q Plus Tropical Taste Restaurant (QPTTR)" with its Internal space average of 50 square metre wide is state on Number 1038 Ashton New Road, remplacing the former Palm's Restaurant recently Closed. We are keeping the same activities as the previous owner Palm's The premises is situated 150 yards from the local shopping center ALDI, Ice Land and the SPAR convenient shop Ashton new road

It is a small sole trader Business, that shall supplys a wide variety of authentic Tropical meals from oversease and also in the sale of Alcohol and none-Acohol drinks to Clayton's local residents and its general public when passing by, and while having their meals.

The Capacity of is 40 people including staff,

The (QPTTR ) is bringing to the area the originality of the Afro-Caribbean Taste that is missing in Northern Clayton area.

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)		Indoors	<input type="checkbox"/>
					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						
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

<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	<b><u>Please give further details here</u></b> (please read guidance note 4)			
Mon						
Tue						
			<b><u>State any seasonal variations for the exhibition of films</u></b> (please read guidance note 5)			
Wed						
Thur						
			<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)			
Fr1						
Sat						
Sun						

C

<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	<b><u>Please give further details here</u></b> (please read guidance note 4)		
Mon					
Tue					
			<b><u>State any seasonal variations for boxing or wrestling entertainment</u></b> (please read guidance note 5)		
Wed					
Thur					
			<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)		
Fri					
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"/>
Day	Start	Finish	<b><u>Please give further details here</u></b> (please read guidance note 4)			
Mon						
Tue						
			<b><u>State any seasonal variations for the performance of live music</u></b> (please read guidance note 5)			
Wed						
Thur						
			<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)			
Fr1						
Sat						
Sun						

# F

<b>Recorded music</b> 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
					Outdoors	<input type="checkbox"/>
					Both	<input type="checkbox"/>
Day	Start	Finish	<b>Please give further details here</b> (please read guidance note 4)			
Mon	10:00	22:30	The Music will be unamplified.			
	AM					
Tue	10:00	22:30				
	AM					
Wed	10:00	22:30	<b>State any seasonal variations for the playing of recorded music</b> (please read guidance note 5)			
	AM		The Licensed activities will take place indoors only			
Thur	10:00	22:30				
	AM					
Fri	10:00	00:30	<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)			
	AM	AM	<b>Seasonal Variations and Non standard Timings</b> <b>CHRISTMAS:</b> From the start of the Christmas Eve to the terminal hour of Christmas day <b>NEW YEAR:</b> From the start of the New Years Eve to the terminal of New Years Day			
Sat	10:00	00:30				
	AM	AM				
Sun	10:00	22:30				
	AM					

# G

<b>Performances of dance</b> Standard days and timings (please read guidance note 7)			<b><u>Will the performance of dance 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	<b><u>Please give further details here</u></b> (please read guidance note 4)			
Mon						
Tue						
			<b><u>State any seasonal variations for the performance of dance</u></b> (please read guidance note 5)			
Wed						
Thur						
			<b><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></b> (please read guidance note 6)			
Fri						
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			<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)		
Thur			<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)		
Fri					
Sat					
Sun					

# I

<b>Late night refreshment</b> Standard 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 (please read guidance note 3)</b>		Indoors	<input checked="" type="checkbox"/>
					Outdoors	<input type="checkbox"/>
Day	Start	Finish			Both	<input type="checkbox"/>
Mon	N/A	N/A	<b>Please give further details here</b> (please read guidance note 4)  The Music will be unamplified.			
	N/A	N/A				
Tue	N/A	N/A				
	N/A	N/A				
Wed	N/A	N/A	<b>State any seasonal variations for the provision of late night refreshment</b> (please read guidance note 5)  The Licensed activities will take place indoors only			
	N/A	N/A				
Thur	N/A	N/A				
	N/A	N/A				
Fri	22:30	00:30	<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)  <b>Seasonal Variations and Non standard Timings</b> Christmas Eve and New Years Eve 22:30 to 05am			
		AM				
Sat	22:30	00:30				
	AM	AM				
Sun	N/A	N/A				
	N/A	N/A				

**J**

<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)	On the premises	
				Off the premises	
Day	Start	Finish		Both	X
Mon	10:00	22:30	<b><u>State any seasonal variations for the supply of alcohol</u></b> (please read guidance note 5)  The Licensed activities will take place indoors only		
	AM				
Tue	10:00	22:30			
	AM				
Wed	10:00	22:30	<b><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></b> (please read guidance note 6)		
	AM				
Thur	10:00	22:30			
	AM	AM	<b>Seasonal Variations and Non standard Timings</b>  <b>CHRISTMAS:</b> From the start of the Christmas Eve to the terminal hour of Christmas day <b>NEW YEAR:</b> From the start of the New Years Eve to the terminal of New Years Day		
Fri	10:00	00:30			
	AM	AM			
Sat	10:00	00:30			
	AM	AM			
Sun	10:00	22:30			
	AM				

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 EDI NIMBA FRANÇOIS	
Date of birth : 25 NOVEMBER 1968	
Address [REDACTED]	
Postcode	[REDACTED]
Personal licence number (if known) 130186	
Issuing licensing authority (if known) 26 / 07 / 2010	

□□□□

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).

Notice will be display indicating the Challenge 25 policy is in force.

Staff training will include the Challenge 25 policy and its operation. In particular staff will be trained to take such action as is necessary to prevent the sale of alcohol to persons over the age of 18 Where those customers are engaged in the distribution of alcohol to persons under the age of 18. The training will be given to a new member of staff before they commence paid employment and all staff will be trained twice yearly. Training to also included underage sales drunkenness and drugs. All Training will be documented.

Anyone 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, but not exclusively, they must be accompany with their parents or a person over 18 years of age.

L

<b>Hours premises are open to the public</b> Standard days and timings (please read guidance note 7)			<b><u>State any seasonal variations</u></b> (please read guidance note 5)
Day	Start	Finish	The Licensed activities will take place indoors only
Mon	09:00	23:00	
	AM		
Tue	09:00	23:00	
	AM		
Wed	09:00	23:00	
	AM		
Thur	09:00	23:00	
	AM		
Fri	09:00	01:00	
	AM		<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)
Sat	09:00	01:00	
	AM		
Sun	09:00	23:00	
	AM		<b>Seasonal Variations and Non standard Timings</b>  <b>CHRISTMAS:</b> From the start of the Christmas Eve to the terminal hour of Christmas day <b>NEW YEAR:</b> From the start of the New Years Eve to the terminal of New Years Day

**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)**

**-Supply of Alcohol:** No supply of alcohol may be made under this premises:

- At a time when there is no designated premises supervisor in respect of the premises licence
- At a time when the DPS does not hold a personal licence or his personal licence is suspended
- Every retail sale or supply of alcohol made under this licence must be made or authorised by a Person who hold a Personal Licence

**-DPS:** A (Designated Premises Supervisor) must be present at the premises at all time when licence activities are taking place

**-Door Supervisors :** Only individuals licenced by the security industry Authority shall be used at the premises to undertake security activities include guarding against:

Unauthorised access or occupation (e.g. door supervision) Outbreak of disorder, or Damage

**- CCTV:** A good performance digital hard drive CCTV system to be in operation in and outdoor premises at all time

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

-A digital hard drive CCTV system to be in operation rotated for a period of 24 hours non stop to cover internal and external area of the premises, any area where customers have legitimate access must be sufficiently illuminated for the facial recognition. All CCTV recorded to be kept for 28 days and all images will have sufficient clarity, quality and great definition to enable facial recognition

-Door Supervisors

Only individuals licenced by the security industry Authority shall be used at the premises to undertake security activities include guarding against:

Unauthorised access or occupation (e.g. door supervision)

Outbreak of disorder, or Damage

**c) Public safety**

**-Door Supervisors**

Only individuals licenced by the security industry Authority shall be used at the premises to undertake security activities include guarding against: Unauthorised access or occupation (e.g. door supervision) outbreak of disorder or damage

**-The DPS**

The responsible shall take all reasonable steps to ensure that all staff does not carry out, arrange or participate in any irresponsible promotions in relation to the premises, those activities which carries a significant risk of leading or contributing to crime and disorder, prejudice to public safety, public nuisance, or harm to children

**d) The prevention of public nuisance**

**-Door Supervisors -The DPS- To all staff members**

Any person who tries to gain entry the premises who is involved in disorderly conduct or anti social behaviour outside the premises, will not be permitted entry to the premises

The Premises Licence Holder or the DPS shall ensure that any person within the premises who is involved in disorderly conduct or anti social behaviour inside the premises will be removed from the premises Not allow to enter or allow to remain in the premises any person who is notified to the DPS (Designated Premises Supervisor) by Great Manchester Police as being a person of bad character byway of association to other persons or by conviction of court.



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

**The challenge 25 policy**

The challenge 25 policy will be implement in full and appropriate identification will be sought from any person who appear under the age of 25. The only acceptable forms of identification will be the Passport, photo driving licence and those carrying the Pass logo.

The responsible as well as the Door Supervisor and all staff member of the Alcohol licence premises must be prevented from any suspicious activities or substantially similar that could carry out a risk of leading or contributing to crime and disorder, prejudice to public safety, public nuisance, or harm to children

**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 (please read note 15).


☒ (in await)  
☒  
☒  
☒  
☒  
☒  
☒

**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, if appropriate (please see note 15)</li></ul>
Signature	
Date	29 January 2019
Capacity	40

**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)

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

**Consent of individual to being specified as premises supervisor**

I NIMBA FRANCOIS EDI

*[full name of prospective premises supervisor]*

Of

90 ,COATBRIDGE STREET , Clayton , MANCHESTER

M11 4QY

*[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

Premises Licence for the sale of Alcohol in the Restaurant state at 1038 Ashton New Road, M11 4PE,named The Q*Plus* Tropical Taste Restaurant(QPTTR),former Palm's Restaurant

*[type of application]*

by

NIMBA FRANCOIS EDI

*[name of applicant]*

relating to a premises licence

130186

*[number of existing licence, if any]*

for

The QPTTR (Q *Plus* Tropical Taste Restaurant) ,former Palm's Restaurant at Number , 1038 Ashton New Road , M11 4PE, Manchester

*[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

NIMBA FRANCOIS EDI

-----  
*[name of applicant]*

concerning the supply of alcohol at

The QPTTR (Q Plus Tropical Taste Restaurant) ,former Palm's Restaurant at  
Number , 1038 Ashton New Road , M11 4PE, Manchester

The QPTTR (Q Plus Tropical Taste Restaurant) ,former Palm's Restaurant at  
Number , 1038 Ashton New Road , M11 4PE, Manchester

-----  
*[name and address of premises to which application relates]*

I also confirm that I am entitled to work in the United Kingdom and am applying for,  
intend to apply for or currently hold a personal licence, details of which I set out  
below.

Personal licence number

130186

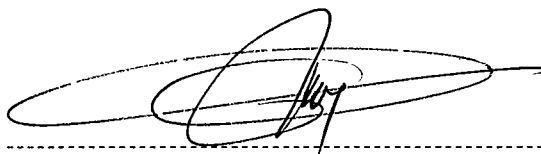
-----  
*[insert personal licence number, if any]*

Personal licence issuing authority

Manchester City Council

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

Signed



Name (please print)

NIMBA FRANCOIS EDI

Date

29 / 01 / 2019