

Uttlesford District Council



**Application for a Premises Licence to be granted  
under the Licensing Act 2003**

**PLEASE READ THE FOLLOWING INSTRUCTIONS FIRST**

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

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

I/We FAZLUL BARI CHOUDHURY

*(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 THE QUEEN VICTORIA 79 STORTFORD ROAD			
Post town	GREAT DUNMOW	Postcode	CM6 1DL
Telephone number at premises (if any)		01371 873 330	
Non-domestic rateable value of premises		£29,250	

## Part 2 - Applicant details

Please state whether you are applying for a premises licence as  
tick as appropriate

Please

- |     |   |                                     |                             |
|-----|---|-------------------------------------|-----------------------------|
| 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/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  | <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 in Wales   | <input type="checkbox"/>            | 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 | <input type="checkbox"/>            | please complete section (B) |
| h)  | the chief officer of police of a police force in England and Wales  | <input type="checkbox"/>            | 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 | <input checked="" type="checkbox"/> |
| I am making the application pursuant to a   |                                     |
| statutory function or   | <input type="checkbox"/>            |
| a function discharged by virtue of Her Majesty's prerogative  | <input type="checkbox"/>            |

**(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> CHOUDHURY			<b>First names</b> FAZLUL BARI		
<b>Date of birth</b> [REDACTED]		I am 18 years old or over <input checked="" type="checkbox"/>		Please tick yes	
<b>Nationality</b> [REDACTED]					
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</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)					

**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> old or over		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		[REDACTED]			
Post town	[REDACTED]			Postcode	[REDACTED]
<b>Daytime contact telephone number</b>			[REDACTED]		
<b>E-mail address</b>		[REDACTED]			

## (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  
29 06 2019

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)

Public house / Indian restaurant

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

**B**

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

C

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

## E

<b>Live music</b> 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)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish			
Mon			<b>Please give further details here</b> (please read guidance note 4)		
Tue					
Wed			<b>State any seasonal variations for the performance of live music</b> (please read guidance note 5)		
Thur					
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					
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	<b><u>Please give further details here</u></b> (please read guidance note 4)			
Mon						
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**

<b>Performances of dance</b> 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)		Indoors	<input type="checkbox"/>
					Outdoors	<input type="checkbox"/>
					Both	<input type="checkbox"/>
Day	Start	Finish	<b>Please give further details here</b> (please read guidance note 4)			
Mon						
Tue			<b>State any seasonal variations for the performance of dance</b> (please read guidance note 5)			
Wed						
Thur			<b>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</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				
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				

<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</b> (please read guidance note 3)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish			
Mon			<u>Please give further details here</u> (please read guidance note 4)		
Tue					
Wed			<u>State any seasonal variations for the provision of late night refreshment</u> (please read guidance note 5)		
Thur					
Fri			<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> (please read guidance note 6)		
Sat					
Sun					

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 checked="" 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	10:00	23:00			
Tue	10:00	23:00			
Wed	10:00	23:00			
Thur	10:00	23:00	<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)		
Fri	10:00	23:00			
Sat	10:00	23:00			
Sun	10:00	23:00			

**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> HADAYOUTH AHMED CHOUDHURY	
<b>Date of birth</b> [REDACTED]	
<b>Address</b> [REDACTED]	
<b>Postcode</b> [REDACTED]	
<b>Personal licence number (if known)</b> [REDACTED]	
<b>Issuing licensing authority (if known)</b> London Borough of Redbridge	

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).**  
THERE WILL BE NO ACTIVITY OF THIS NATURE

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)
Day	Start	Finish	
Mon	10:00	23:30	
Tue	10:00	23:30	
Wed	10:00	23:30	
Thur	10:00	23:30	
Fri	10:00	23:30	<b>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</b> (please read guidance note 6)
Sat	10:00	23:30	
Sun	10:00	23:30	



**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 see attached schedule of conditions

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

Please see attached schedule of conditions

**c) Public safety**

Please see attached schedule of conditions

**d) The prevention of public nuisance**

Please see attached schedule of conditions

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

Please see attached schedule of conditions

**Checklist:****Please tick to indicate agreement**

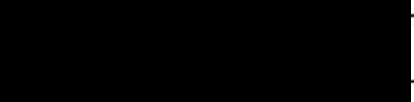
- I have made or enclosed payment of the fee. ☒
- I have enclosed the plan of the premises. ☒
- I have sent copies of this application and the plan to responsible authorities and others where applicable. ☒
- I have enclosed the consent form completed by the individual I wish to be designated premises 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 service which confirmed their right to work (please see note 15)</li></ul>
Signature	
Date	31/05/2019
Capacity	Applicant's Solicitor

Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 14)  
DAVID DADDS – SOLICITOR  
DADDS LLP  
CRESCENT HOUSE  
51 HIGH STREET

Post town	BILLERICAY	Postcode	CM12 9AX
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Telephone number (if any)	01277631811
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If you would prefer us to correspond with you by e-mail, your e-mail address :

office@dadds.co.uk

DADDS LLP  
CRESCENT HOUSE, 51 HIGH STREET  
BILLERICAY, ESSEX CM12 9AX  
T: 01277 631811  
F: 01277 631055  
E: office@dadds.co.uk



## **Queen Victoria – Schedule of conditions**

1. Alcohol shall not be sold by any person who is not employed to work at the premises.

2. Before any person is employed at the premises sufficient checks will be made of their bona fides to ensure they are legally entitled to employment in the UK. All documents will be retained for a period of 12 months post termination of employment and will be made available to the police, immigration and/or Licensing officers upon reasonable request.

Such checks will include: -

- Proof of identity (such as a copy of their passport);
- Nationality;
- Current immigration status;
- Details of their full name and address;
- Date of birth;

3. The premises licence holder shall operate a 'Challenge 25', or similar, scheme at the premises whereby anyone who appears to be under the age of 25 shall be asked to provide proof of age that he or she is over 18. Proof of age shall only comprise of a passport, a photo-card driving licence or an industry approved proof of age identity card.

4. A CCTV system must serve the premises, be maintained fully operational and in good working order at all times when the premises are open for sale of alcohol. Notices declaring the CCTV is in operation must be displayed both inside and outside the premises near the main entrance. The CCTV equipment shall make and maintain clear images that include all points of sale of alcohol and of the purchasers of alcohol. The CCTV recordings shall show an accurate date and time of the recordings were made and all images shall be retained for a period of not less than 31 days. CCTV recordings shall be made available for viewing by any police officers, or authorised person upon reasonable request. The original, or a copy, shall be provided upon reasonable request to any police officers or authorised person.

5. The premises shall prominently display signage at all entrances informing customers that:

- CCTV is in operation throughout these premises

- Patrons respect the needs of the local residents/businesses and leave the area quietly.
- A Challenge 25 scheme is in operation at the premises

6. An incident log shall be kept at the premises, and made available on request to an authorised Local Authority or Police Officer, which will record the following:

- a) All crimes reported to the venue
- b) All ejections of patrons
- c) Any complaints received
- d) Any incidents of disorder
- e) All seizure of drugs or offensive weapons
- f) Any faults in the CCTV system
- g) Any refusal of the sale of alcohol
- h) Any visit by a relevant authority or emergency service

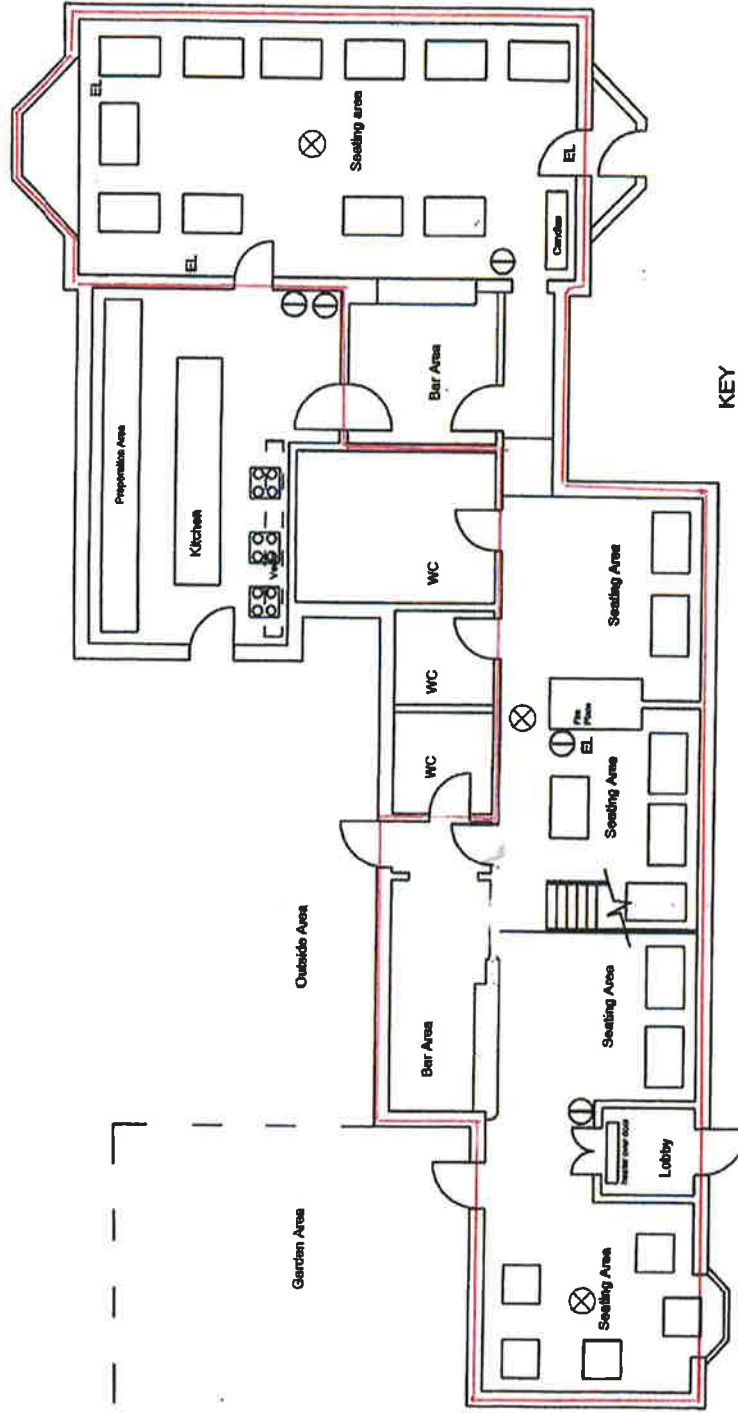
7. The Premise Licence Holder shall ensure that all relevant staff shall receive induction training relating to the sale of alcohol and the times and conditions of the premises licence. The training shall be recorded, ongoing and made available to a relevant Responsible Authority upon reasonable request.

8. The premises licence holder shall ensure that all training records shall be retained for 12 months and made available to police and local authority officers upon reasonable request.

9. Mr Ziaul Islam Chowdhury and Mr Omar Shorif will be excluded from the premises.

10. A personal licence holder/DPS/Supervisor shall be present at all times during licensing hours.

11. The premises will join the National pubwatch scheme, where one exists in the area.



KEY

- ⊗ Smoke Alarm
- Ⓢ Fire Extinguisher
- EL Emergency Lighting

QUEEN VICTORIA  
79 STORTFORD RD.  
GREAT DUNMOW  
ESSEX  
CM6 1DL.  
☐ LICENSABLE  
AREA.

Ground Floor Plan

