

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 BITE EXPRESS LTD

(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

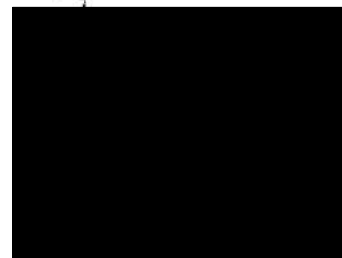
Part 1 – Premises details

Postal address of premises or, if none, Ordnance Survey map reference or description BITE EXPRESS LTD 63A BARTHOLOMEW STREET			
Post town	NEWBURY	Postcode	RG14 7BE
Telephone number at premises (if any)	N/A		
Non-domestic rateable value of premises	£5600		

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)



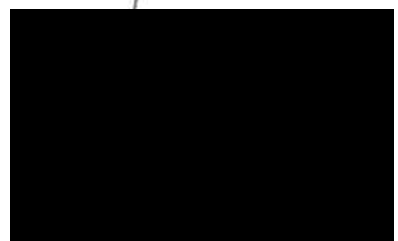
- e) the proprietor of an educational establishment please complete section (B)
- f) a health service body please complete section (B)
- g) a person who is registered under Part 2 of the Care Standards Act 2000 (c14) in respect of an independent hospital in Wales please complete section (B)
- ga) a person 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)

<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	Other Title (for example, Rev)	
Surname			First names		
Date of birth		I am 18 years old or over <input type="checkbox"/> Please tick yes			
Nationality					
Current residential address if different from premises address					
Post town			Postcode		
Daytime contact telephone number					
E-mail address (optional)					
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)	
Surname			First names		
Date of birth		I am 18 years old or over <input type="checkbox"/> Please tick yes			
Nationality					
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			
Daytime contact telephone number					
E-mail address (optional)					

(B) OTHER APPLICANTS

Please provide name and registered address of applicant in full. Where appropriate please give any registered number. In the case of a partnership or other joint venture (other than a body corporate), please give the name and address of each party concerned.

Name BITE EXPRESS LTD
Address COMPANY DARESS: 3 , ILCHESTER COURT LINK ROAD NEWBURY RG147LN TRADING ADDRESS:63A BARTHOLOMEW STREET NEWBURY RG14 7BE
Registered number (where applicable) 14544240
Description of applicant (for example, partnership, company, unincorporated association etc.) ON BEHALF OF BITE EXPRESS LTD TOLGA SAHIN (MANAGING DIRECTOR)



Telephone number (if any) N/A
E-mail address (optional) [REDACTED]

Part 3 Operating Schedule

When do you want the premises licence to start?

DD	MM	YYYY
1	5	052023

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 IS A TAKEAWAY/RESTURANT THAT COULD BE DESCRIBED AS LONG AND THIN . IT IS ABOUT 60 SQUARE METRES AND CONSISTS OF AN OPEN PLAN MAIN ROOM AT THE FRONT, KITCHEN, STORAGE ROOMS AND TOILET AT THE BACK.

THROUGH THE KITCHEN THERE IS A BACK DOOR ACCESS TO A SMALL CAR PARK AT THE BACK.

THE MAIN ROOM HAS A WOODEN FRAME WINDOW FRONTAGE, THE MAIN FRONT DOOR IS THE ONLY ENTRANCE/EXIT TO THE PROPERTY. FOR CUSTOMERS, BACK DOOR IS IN USE FOR DELIVERIES.

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)

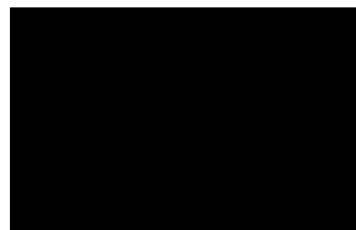
Provision of regulated entertainment (please read guidance note 2)	Please tick all that apply
a) plays (if ticking yes, fill in box A)	<input type="checkbox"/>
b) films (if ticking yes, fill in box B)	<input type="checkbox"/>
c) indoor sporting events (if ticking yes, fill in box C)	<input type="checkbox"/>
d) boxing or wrestling entertainment (if ticking yes, fill in box D)	<input type="checkbox"/>
e) live music (if ticking yes, fill in box E)	<input type="checkbox"/>
f) recorded music (if ticking yes, fill in box F)	<input checked="" type="checkbox"/>
g) performances of dance (if ticking yes, fill in box G)	<input type="checkbox"/>
h) anything of a similar description to that falling within (e), (f) or (g) (if ticking yes, fill in box H)	<input type="checkbox"/>



Provision of late night refreshment (if ticking yes, fill in box I)

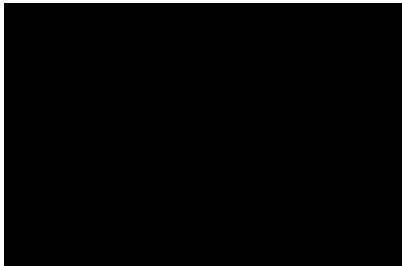
Supply of alcohol (if ticking yes, fill in box J)

In all cases complete boxes K, L and M



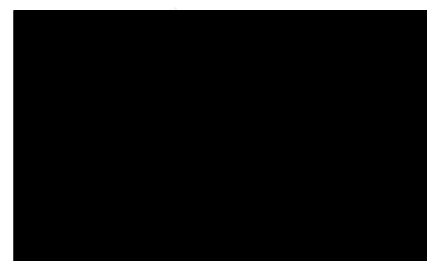
A

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



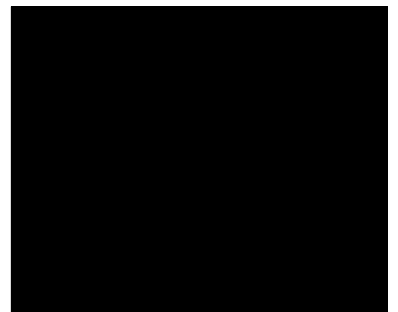
B

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



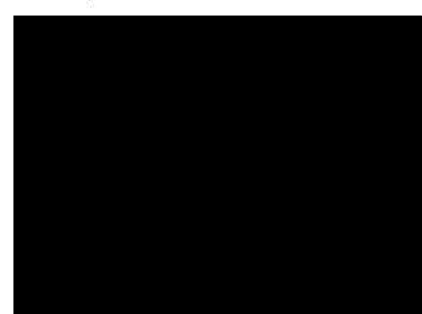
C

Indoor sporting events Standard days and timings (please read guidance note 7)			<u>Please give further details</u> (please read guidance note 4)
Day	Start	Finish	
Mon			
Tue			<u>State any seasonal variations for indoor sporting events</u> (please read guidance note 5)
Wed			
Thur			<u>Non standard timings. Where you intend to use the premises for indoor sporting events at different times to those listed in the column on the left, please list</u> (please read guidance note 6)
Fri			
Sat			
Sun			



D

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



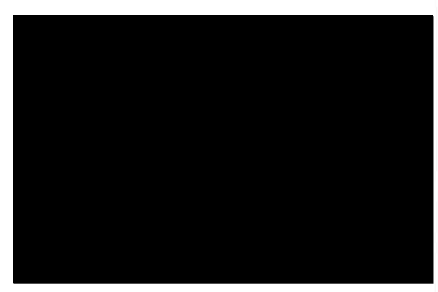
E

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



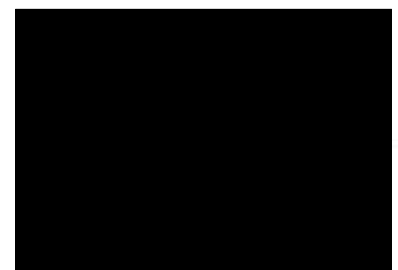
F

Recorded music Standard days and timings (please read guidance note 7)			Will the playing of recorded music 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	Please give further details here (please read guidance note 4)		
Mon	08:00	23:00			
Tue	08:00	23:00	State any seasonal variations for the playing of recorded music (please read guidance note 5)		
Wed	08:00	23:00			
Thur	08:00	23:00	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 (please read guidance note 6)		
Fri	08:00	23:00			
Sat	08:00	23:00			
Sun	08:00	23:00			



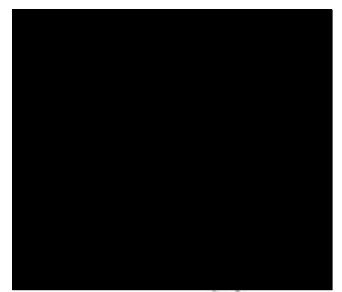
G

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



H

Anything of a similar description to that falling within (e), (f) or (g) 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	Will this entertainment take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors	<input type="checkbox"/>
Mon				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Tue			Please give further details here (please read guidance note 4)		
Wed					
Thur			State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g) (please read guidance note 5)		
Fri					
Sat			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 (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 type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input checked="" type="checkbox"/>
Day	Start	Finish	<u>Please give further details here</u> (please read guidance note 4)		
Mon	23 : 00	02 : 00			
Tue	23 : 00	02 : 00			
Wed	23 : 00	02 : 00	<u>State any seasonal variations for the provision of late night refreshment</u> (please read guidance note 5)		
Thur	23 : 00	02 : 00			
Fri	23 : 00	02 : 00	<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	23 : 00	02 : 00			
Sun	23 : 00	02 : 00			

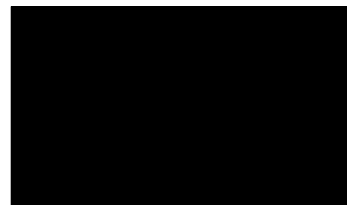


J

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 type="checkbox"/>			
				Off the premises	<input type="checkbox"/>			
				Both	<input checked="" type="checkbox"/>			
Day	Start	Finish	State any seasonal variations for the supply of alcohol! (please read guidance note 5)					
Mon	11:00	02:00						
Tue	11:00	02:00						
Wed	11:00	02:00						
Thur	11:00	02:00				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)		
Fri	11:00	02:00						
Sat	11:00	02:00						
Sun	11:00	02:00						

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):

Name TOLGA SAHIN	
Date of birth [REDACTED]	
Address 3, ILCHESTER COURT LINK ROAD NEWBURY	
Postcode	RG147LN
Personal licence number (if known) 21/0025/LIA	
Issuing licensing authority (if known) WEST BERKSHIRE COUNCIL	

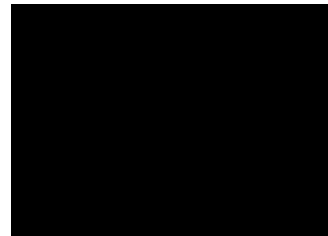


K

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

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	07:00	02:00	
Tue	07:00	02:00	
Wed	07:00	02:00	
Thur	07:00	02:00	
Fri	07:00	02:00	
Sat	07:00	02:00	
Sun	07:00	02:00	
Non standard timings. Where you intend the premises to be open to the public at different times from those listed in the column on the left, please list (please read guidance note 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)

TO PROMOTE ALL FOUR LICENSING OBJECTIVES WE WILL KEEP:
Strong management controls and effective training of all staff so that they are aware of the premises licence and the requirements to meet the four licensing objectives with particular attention to:

- ai no selling of alcohol to underage people
- bi no drunk and disorderly behaviour on the premises area
- ci no violent and anti-social behaviour
- di no any harm to children

- Clear "Challenge 25" information to prevent the supply of alcohol to under-age drinkers.
- CCTV system installed with recording option available
Ongoing staff training and qualifications, policies, and strategic partnerships with other agencies)

b) The prevention of crime and disorder

CCTV System installed to monitor entrances, exits, and other parts of the premises in order to address the prevention of crime objective.
A clear and legible notice outside the premises indicating the normal hours under the terms of the premises licence during which licensable activities are permitted.
Prevention and vigilance in illegal drug use in the premises.

c) Public safety

Training and implementation of underage ID checks.
A log book or recording system shall be kept upon the premises in which shall be entered particulars of inspections made.
The log book shall be kept available for inspection when required by persons authorised by the Licensing Act 2003 or associated legislation.
Health and Safety Risk assessments will be undertaken and staff shall be trained therein.

d) The prevention of public nuisance

Prominent, clear and legible notices will be displayed at the exit requesting the public to respect the needs of nearby neighbours and residents and to leave the premises and the area quietly.
Deliveries of goods necessary for the operation of the business will be carried out at such a time or in such a manner as to not disturb the neighbours and in line with planning permission.

e) The protection of children from harm

Only photographic ID is accepted (passport, driving licence, proof of age card with PASS hologram, or military ID). Anyone who appears to be under the age of 25 is challenged to provide ID. If the customer is unable to provide identification then no sale is made. No ID no sale. Challenge 25 POS will be on display in the store. Any staff member who may be under the age of 18 must call a senior staff member to take over the sale and complete the transaction. If it is known that a customer intends to purchase alcohol to provide to minors then that sale will be refused. All refused sales will be recorded in a refusals book, which will be made available for inspection by Police or Licensing Officers of the council on request.
All children on the premises will be supervised/ accompanied by an adult after 21:00 hours

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.

Declaration	<ul style="list-style-type: none">• [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).• 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
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	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)
Signature	TOLGA SAHIN
Date	05.04.2023
Capacity	PLH-DPS-MANAGING DIRECTOR

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



H.M. LAND REGISTRY

TITLE NUMBER

BK262744

ORDNANCE SURVEY
PLAN REFERENCE

COUNTY SHEET
BERKSHIRE

NATIONAL GRID
SU 4666

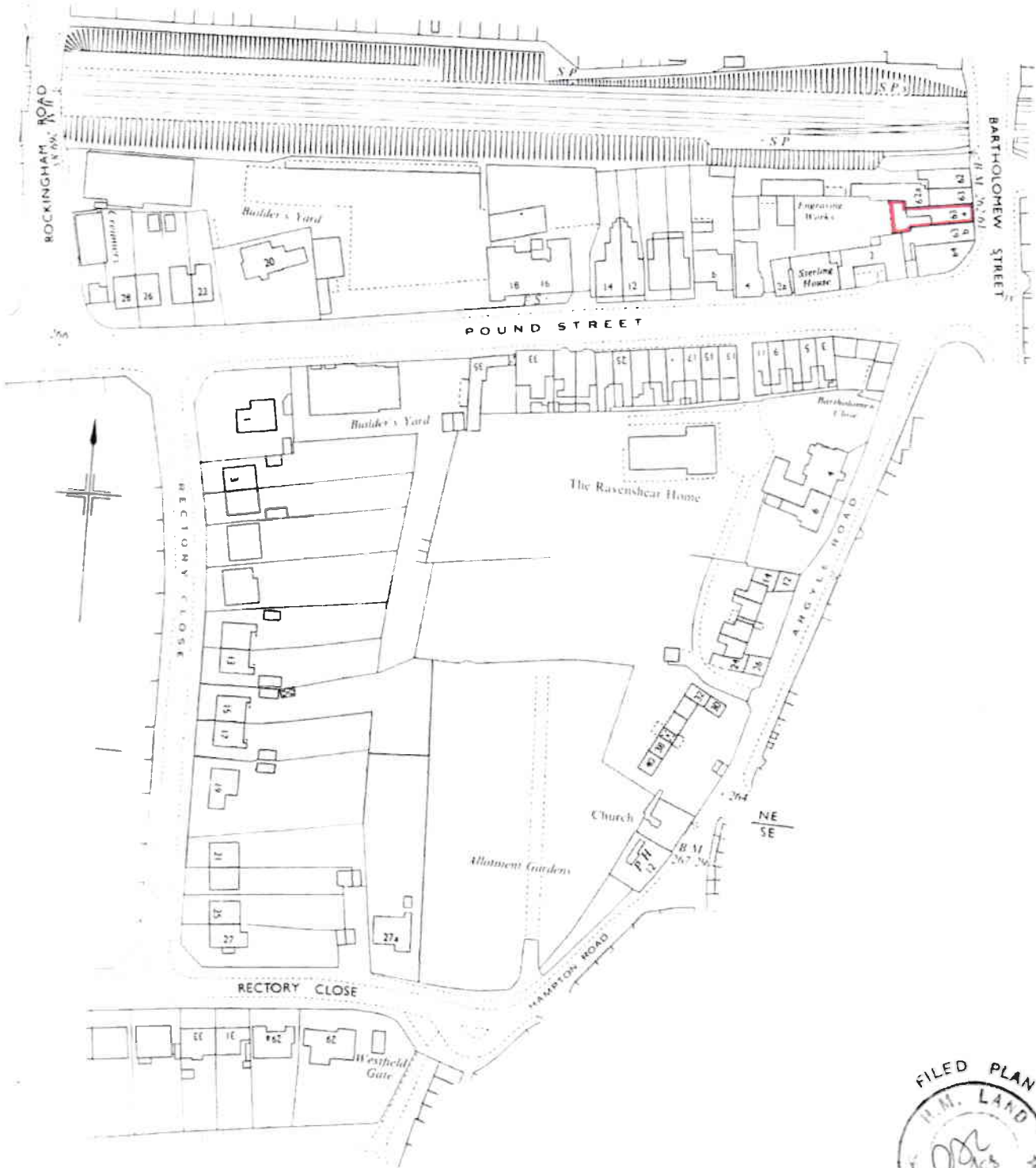
SECTION
Q

Scale: 1/1250

NEWBURY DISTRICT

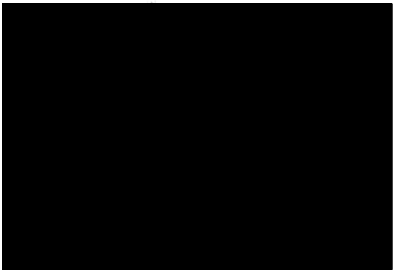
© Crown Copyright 1969.

Old Reference XLIII 1 U





LICENSED
ACTIVITY
AREA



Consent of individual to being specified as premises supervisor

I, **TOLGA SAHIN** [REDACTED] I hereby confirm that I give my consent to be specified as the designated premises supervisor in relation to the application for **PREMISES LICENCE** by **BITE EXPRESS LTD (TOLGA SAHIN)** relating to a premises licence **N/A (new licence application)** and any premises licence to be granted or varied in respect of this application made by **BITE EXPRESS LTD (TOLGA SAHIN)** concerning the supply of alcohol at **BITE EXPRESS LTD- 63A Bartolomew Str Newbury RG14 7BE.**

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 **21/00251/LIA**

Personal licence issuing authority **WEST BERKSHIRE COUNCIL**

Signed

[REDACTED SIGNATURE]

Name (please print) **TOLGA SAHIN**

Date **05.04.2023**

[REDACTED]

BITE EXPRESS LTD
63A
BARTHOLOMEW STREET
RG147BE
Payment Authorisation
Date:04 April 2023, Time:21:37
Payment Receipt

Sale Details

Transaction ID	Description	Amount
3-52441	Premises Licence Initial Fee	190.00
	N/A	
	NEW OPENING BUSINESS.	
Total Amount		190.00

Payment Details

Unique Tran ID

[REDACTED]

Payment Reference

[REDACTED]

Payment Service Provider Id

[REDACTED] B

Card Number:

[REDACTED]

Cardholder:

[REDACTED]

Auth Code

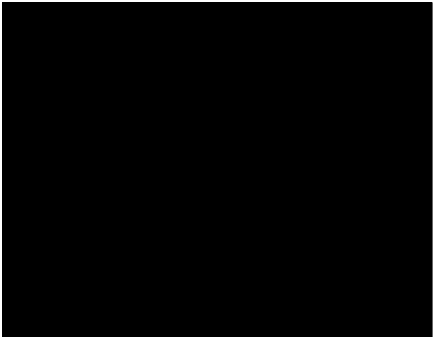
[REDACTED]

Email Address:

[REDACTED]

Merchant Number:

[REDACTED]



Cookies on UK Visas and Immigration services

We use some essential cookies to make this service work.

We would like to use analytics cookies so we can understand how you use this service and make improvements.

Accept analytics cookies

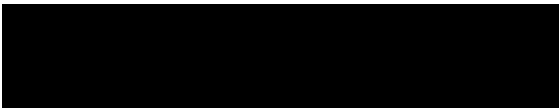
Reject analytics cookies

View cookies



Details to give your employer

Share code



This code is valid until 10 July 2023.

What to do next



- 1 Give the share code and your date of birth to the person you want to prove your right to work to.
- 2 To see your right to work, they must enter the share code and your date of birth at www.gov.uk/view-right-to-work.
- 3 Contact them to make sure they have all the information they need.

