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22 October 2019

Licensing Office - North Dorset,
West Dorset, Weymouth and Portland
South Walks House
South Walks Road
Dorchester
Dorset DT1 1UZ



Dear Sirs,

PREMISES LICENCE APPLICATION
WEYMOUTH KEBAB HOUSE, 1 WESTHAM ROAD, WEYMOUTH DT4 8NP

I write regarding the above and enclose the necessary documents required for a Premises Licence to allow for sales of alcoholic beverages for consumption off the premise, as per the above. The application is being submitted in favour of Messrs. Emrah and Osman Tanyel (the Proprietors) and includes:-

1. A completed application form;
2. A plan of the premises prepared by MJS Design Solutions Ltd;
3. A consent form signed by Mr Emrah Tanyel, whom benefits from a Personal Licence, confirming his consent to be specified as the premises' supervisor; and
4. Proof of Mr Emrah Tanyel's identity.

The fee for the application has been calculated as being £100.00 based on the rateable value of the premises, which will be paid by telephone. My firm, meanwhile, is acting in a formal capacity as the applicants' agent, to whom all communications should be directed in this matter.

I trust that all is in order. However, should you have any queries, please do not hesitate to contact me.

Yours faithfully,

Philip Watts BSc(Hons) DipTP MRTPI
Planning & Development Consultant

*** full variation .**

**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 EMRAH TANYEL & OSMAN TANYEL
(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			
WEYMOUTH KEBAB HOUSE 1 WESTHAM ROAD			
Post town	WEYMOUTH	Postcode	DT4 8NF
Telephone number at premises (if any)		—	
Non-domestic rateable value of premises		£4,800-00	

Part 2 - Applicant details

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

- | | |
|--|---|
| 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 ☐ 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)	
Surname TANYEL			First names EMRAH		
Date of birth over 29/7/1994		I am 18 years old or		<input checked="" type="checkbox"/> Please tick yes	
Nationality BRITISH					
Current residential address if different from premises address					
Post town				Postcode	
Daytime contact telephone number		07939 688287			
E-mail address (optional)					

SECOND INDIVIDUAL APPLICANT (if applicable)

Mr <input checked="" type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
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Surname TANYEL		First names OSMAN	
Date of birth over 23/3/1964		I am 18 years old or <input checked="" type="checkbox"/> Please tick yes	
Nationality BRITISH			
Current residential address if different from premises address			
Post town		Postcode	
Daytime contact telephone number		07939 688287	
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
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	8	1	0	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		YYYY			

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

KERAB TAKEAWAY

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) | <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 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

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 checked="" type="checkbox"/>
Day	Start	Finish			Both	<input type="checkbox"/>
Mon	11.00	05.00	State any seasonal variations for the supply of alcohol (please read guidance note 5) NO SEASONAL VARIATION EXPRESSLY SOUGHT. HOWEVER, IT SHOULD BE NOTED THAT TRADING HOURS ARE FREQUENTLY REDUCED OUT OF SEASON			
Tue	11.00	05.00				
Wed	11.00	05.00				
Thur	11.00	05.00	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	06.00				
Sat	11.00	06.00				
Sun	11.00	05.00				

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	EMRAH TANIEL
Date of birth	29.07.94
Address	8 PENLAND House LONDON
Postcode	N16 6RP
Personal licence number (if known)	101041
Issuing licensing authority (if known)	HACKNEY

□□□□

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)			<u>State any seasonal variations</u> (please read guidance note 5)
Day	Start	Finish	
Mon	11.00	05.00	THE PREMISES USUALLY CEASE TRADING MUCH EARLIER THAN THE STATED HOURS OUT OF SEASON
Tue	11.00	05.00	
Wed	11.00	05.00	
Thur	11.00	05.00	
Fri	11.00	06.00	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)
Sat	11.00	06.00	
Sun	11.00	05.00	

M Describe the steps you intend to take to promote the four licensing objectives:

a) General – all four licensing objectives (b, c, d and e) (please read guidance note 10)

- A full complement of staff is always on the premises from early evening until the cessation of trading.
- Alcohol will be kept behind the counter.

b) The prevention of crime and disorder

CCTV IS IN OPERATION

c) Public safety

- CCTV IS IN OPERATION
- ANY INDIVIDUAL whom is deemed unfit through prior intoxication will be refused service.
- Alcohol will be served from behind the counter

d) The prevention of public nuisance

- CCTV IS IN OPERATION
- ANY INDIVIDUALS CAUSING A NUISANCE WILL BE EJECTED AND BARRED FROM THE PREMISES

e) The protection of children from harm

PHOTOGRAPH IDENTIFICATION WILL BE SOUGHT
FROM ANY INDIVIDUALS SUSPECTED OF BEING
UNDER AGE.

Checklist:

Please tick to indicate agreement

- I have made or enclosed payment of the fee. - To be paid by telephone ☒
- 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. - To be discussed with ☒
- 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). ☒

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.

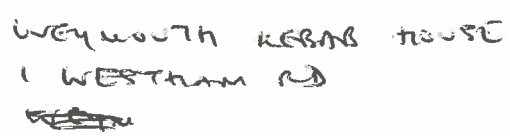
Part 4 – Signatures (please read guidance note 11)

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 her proof of entitlement to work, if appropriate (please see note 15)
Signature	
Date	23/9/19
Capacity	MANAGER

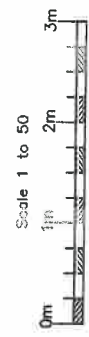
For joint applications, signature of 2nd applicant or 2nd applicant's solicitor or other authorised agent (please read guidance note 13). If signing on behalf of the applicant, please state in what capacity.

Signature	
Date	23/9/19
Capacity	Director

Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 14)			
WEYMOUTH KERRAS HOUSE 1 WESTHAM RD 			
Post town	WEYMOUTH	Postcode	DT4 8NP
Telephone number (if any)			
If you would prefer us to correspond with you by e-mail, your e-mail address (optional)			

Notes for Guidance

- 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.
- In terms of specific regulated entertainments please note that:



GROUND FLOOR PLAN
1:50



LOCATION PLAN
1:1250

NOTES		
REV:	DATE:	BY:

ALL DIMENSIONS TO BE CHECKED ON SITE WORK TO FIGURED DIMENSIONS ONLY REPORT ANY DISCREPANCIES TO THE DESIGNER AT ONCE BEFORE PROCEEDING

DO NOT SCALE

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PROJECT	WEYMOUTH KEBAB HOUSE 1 WESTHAM ROAD WEYMOUTH, DORSET, DT4 8NP.		
CLIENT	WEYMOUTH KEBAB HOUSE		
TITLE	GROUND FLOOR PLAN & LOCATION PLAN		
SCALE	1:50 & 1:1250 @ A3	DATE	SEPT. 2019
DRAWING NO:	1446/01	REVISION	
DRAWN BY:	MS		

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