

Cambridge
Application for a premises licence
Licensing Act 2003

For help contact licensing@cambridge.gov.uk Telephone: 01223 457000

* required information

You can save the form at	any time and resume it later. You do not need to b	oe logged in when you resume.
System reference	Not Currently In Use	This is the unique reference for this application generated by the system.
Your reference		You can put what you want here to help you track applications if you make lots of them. I is passed to the authority.
Are you an agent acting Yes	on behalf of the applicant?	Put "no" if you are applying on your own behalf or on behalf of a business you own or work for.
Applicant Details		
* First name	HAYAA	
* Family name	INCE	
* E-mail		a ç
Main telephone number		Include country code.
Other telephone numbe	er .	
☐ Indicate here if yo	u would prefer not to be contacted by telephone	
Are you:		
Applying as a busingApplying as an income	ness or organisation, including as a sole trader	A sole trader is a business owned by one person without any special legal structure. Applying as an individual means you are applying so you can be employed, or for some other personal reason, such as following a hobby.
Applicant Business		
* Is your business registe in the UK with Compani- House?		
* Is your business registe outside the UK?	ered C Yes 6 No	
* Business name	DIAMOND CRILL	If your business is registered, use its registered name.
* VAT number -		Put "none" if you are not registered for VAT
* Legal status	Please select	

Continued from previous page.		
* Your position in the busines	IN MAGING DIRECTOR	
Home country	United Kingdom	The country where the headquarters of your business is located.
Business Address		If you have one, this should be your official
* Building number or name	<u></u>	address - that is an address required of you by law for receiving communications.
* Street	PENEREL ROAD	
District		
* City or town	CAMBRIDGE	
County or administrative area	CAMBRIDGE CITY COUNCIL	
* Postco de	CB\$ 8PH	
* Country	United Kingdom	
Section 2 of 19		
PREMISES DETAILS		
in accordance with section 12	oply for a premises licence under section 17 of the the premises) and I/we are making this application of the Licensing Act 2003.	e Licensing Act 2003 for the premises on to you as the relevant licensing authority
Premises Address		
Are you able to provide a post	al address, OS map reference or description of th	ne premises?
	p reference C Description	
Postal Address Of Premises		
Building number or name		*
Street	NICHOLSON WAY	
District	ARRURY	,
City or town	CAMBRIDGE	
County or administrative area	CAMBRIDGE CITY COUNCI	_
Postcode	CR4 2RR	
Country	United Kingdom	
Further Details		
Telephone number		
Non-domestic rateable value of premises (£)	£ 4,300 co	

Section 3 of 19						
APPL	ICATION DETAILS					
In wh	nat capacity are you apply	ying for the premises licence?				
	An individual or individ	uals				
	A limited company					
	A partnership					
	An unincorporated asso	ociation				
	A recognised club					
	A charity		4			
	The proprietor of an edu	ucational establishment				
	A health service body					
	8	red under part 2 of the Care Standards Act				
Ш	2000 (c14) in respect of an independent hospital in Wales					
	A person who is registered under Chapter 2 of Part 1 of the Health and Social Care Act 2008 in respect of the carrying on of a regulated activity (within the meaning of that Part) in an independent hospital in England					
	The chief officer of police	e of a police force in England and Wales				
	Other (for example a statutory corporation)					
Secti	on 4 of 19					
INDI	VIDUAL APPLICANT DE	TAILS				
		milar to) the details given in section one?	If "Yes" is selected you can re-use the details from section one, or amend them as required. Select "No" to enter a completely new set of details.			
	name	HAYDAR THEE]			
	ly name	INCE	الله الله الله الله الله الله الله الله			
	applicant 18 years of ag					
.01	res	C No				

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Applicant Postal Address		
is the address the same as (or s	similar to) the address given in section one?	If "Yes" is selected you can re-use the details from section one, or amend them as
E Yes	C No	required. Select "No" to enter a completely new set of details.
Building number or name	16	
Street	PEVEREL POM	
District		
City or town	CANBRIDGE	
County or administrative area	CAMBRIDGE CITY CONCIL	
Postcode	CB5 2RH	
Country	United Kingdom	
Applicant Contact Details		
	ne as (or similar to) those given in section one?	If "Yes" is selected you can re-use the details
€ Yes	← No	from section one, or amend them as required. Select "No" to enter a completely new set of details.
E-mail		
Telephone number		
Other telephone number		
	Add another applicant]
Section 5 of 19		
OPERATING SCHEDULE		
When do you want the premises licence to start?	03/68/2016 dd mm yyyy	
If you wish the licence to be valid only for a limited period, when do you want it to end	dd mm yyyy	
Provide a general description	of the premises	
licensing objectives. Where vo	ises, its general situation and layout and any oti our application includes off-supplies of alcohol a oplies you must include a description of where t	her information which could be relevant to the and you intend to provide a place for he place will be and its proximity to the
TAKEAWAY	LEBAB /BURGER V	IAN

ontinued from previous page	
5,000 or more people are	
xpected to attend the	
remises at any one time,	
ate the number expected to	
ttend	
ection 6 of 19	
ROVISION OF PLAYS	
Vill you be providing plays?	
← Yes	(~ No
ection 7 of 19	
ROVISION OF FILMS	
Vill you be providing films?	
	€ No
ection 8 of 19	
ROVISION OF INDOOR SPO	RTING EVENTS
Will you be providing indoor	sporting events?
C Yes	© No
Section 9 of 19	
PROVISION OF BOXING OR	WRESTLING ENTERTAINMENTS
	or wrestling entertainments?
	@ No
Section 10 of 19	
PROVISION OF LIVE MUSIC	
Will you be providing live m	usic?
	€ No
Section 11 of 19	
PROVISION OF RECORDED	MUSIC
Will you be providing record	led music?
(Yes	€ No
Section 12 of 19	
PROVISION OF PERFORMA	NCES OF DANCE
Will you be providing perfo	rmances of dance?
C Yes	€ No
Section 13 of 19	and the second state of th
PROVISION OF ANYTHING	OF A SIMILAR DESCRIPTION TO LIVE MUSIC, RECORDED MUSIC OR PERFORMANCES OF
Will you be providing anyth performances of dance?	ning similar to live music, recorded music or
C Yes	No No

Sta	e night refundard days	and	Will the provision of late night refreshment take place indoors or outdoors or both -		
timings (please read guidance note 6)			please tick (please read guidance note 2)	Outdoors	A
Day	Start	Finish		Both	
Mon	23:00	00:00	DECAUSE IT IS A KEBAB VAN	AUL TRAR	3) 51NG
Tue	23:00	ලන: හ	OF FOODS ARE MADE OUTSIDE.		
Wed	23:00	യ: യ	remeating (prease read guidance note 4)	on of late nig	ht .
Thur	23:00	20.00	NO SEASONAL VARIATIONS		
Fri	23:00	20:00	Non standard timings. Where you intend to for the provision of late night refreshment at those listed in the column on the left, please	different tim	es, to
at	2:∞ ∞	00:00	DUIDANCE NOTEND TO CHANGE THE		
ın	3.00 pc	CONTRACTOR OF THE PARTY OF THE			

Continued from previous	ous page	
Section 14 of 19		
LATE NIGHT REFRE	SHMENT	
Will you be providin	g late night refreshment?	
@Yes	C No	
Section 15 of 19		
SUPPLY OF ALCOH	DL	
Will you be selling o	r supplying alcohol?	
← Yes	@ No	
	ATED PREMISES SUPERVISOR	
How will the consen	t form of the proposed designat	ed premises supervisor
	by the proposed designated pre	mises supervisor
126	ent to this application	Thises supervisor
	3.050	
Reference number form (if known)	or consent	If the consent form is already submitted, ask the proposed designated premises
restricting		supervisor for its 'system reference' or 'your
Section 16 of 19		reference'.
	AF MP	
ADULT ENTERTAINS	W 1545-155	
premises that may gi	ive rise to concern in respect of	ies, or other entertainment or matters ancillary to the use of the
	Super-Programme Control of the Contr	at the premises or ancillary to the use of the premises which may give
rise to concern in res	pect of children, regardless of w	hether you intend children to have access to the premises, for example
(but not exclusively)	nudity or semi-nudity, films for r	estricted age groups etc gambling machines etc.
Section 17 of 19		
HOURS PREMISES AI	RE OPEN TO THE PUBLIC	
Standard Days And	Timings	
MONDAY		
	Searce [1771.00]	Give timings in 24 hour clock.
	Start 17:00	End (e.g., 16:00) and only give details for the days of the week when you intend the premises
	Start / Tol	End (to be used for the activity.
TUESDAY		
	Start 17460	End 6
	Start VZV	
	July 4 (0)	End COO
16		

Start (12.00) FRIDAY Start (12.00) End (12.00) End (12.00) (12.00) End (12.00) End (12.00) (12.00) Start (12.00) End (12.00) End (12.00) (12.00) En	THURSDAY	FRIDAY	SATURDAY	SUNDAY	State any seasonal variations
End ELLLO End DELLO End DELLO End DELLO End LLLO En	Start 17.66	 		7	ions
sts at different times f	End ((()		S		ll occur on additional days during the summer months.

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

a) General – all four licensing objectives (b,c,d,e)

Continued from previous page
public health and sately standards.
b) The prevention of crime and disorder
We have CCTV in operation to help with
any crime.
c) Public safety
1 the surveyed as the of chiter
teep the surrounding often the of cond
teep the surrounding area free of Chitter. to prevent any trapor harmords to the public.
d) The prevention of public nuisance
Leep ony noise pollution to the minimum.
e) The protection of children from harm
Leep all the sharp utencils sate, locked
away.
Section 19 of 19
PAYMENT DETAILS
This fee must be paid to the authority. If you complete the application online, you must pay it by debit or credit card.
Premises Licence Fees are determined by the non domestic rateable value of the premises.
To find out a premises non domestic rateable value go to the Valuation Office Agency site at http://www.voa.gov.uk/business_rates/index.htm The national scale of fees is set out below and also available on our website:
http://www.cambridge.gov.uk/ccm/content/ehws/licensing/fees.en
Please enter and pay the appropriate fee. If you are uncertain of the fee enter 0 in the amount field and the City Council will contact you to advise you of the fee. Please note the application will not be processed until the correct fee has been paid.
Band A - No RV to £4300 £100.00
Band B - £4301 to £33000 £190.00
Band C - £33001 to £87000 £315.00
Band D - £87001 to £125000 £450.00*
Band E - £125001 and over £635.00*
"If the premises rateable value is in Bands D or E and the premises is primarily used for the consumption of alcohol on the
premises then your are required to pay a higher fee
Band D - £87001 to £125000 £900.00

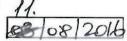
£1,905.00

Band E - £125001 and over

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chapel halls or premises of a si costs associated with these lice	e payment of fees in relation to the provision of regulated entertainment at church halls, imilar nature, village halls, parish or community halls, or other premises of a similar nature. The ences will be met by central Government. If, however, the licence also authorises the use of alcohol or the provision of late night refreshment, a fee will be required.
Schools and sixth form college where the entertainment is pro	es are exempt from the fees associated with the authorisation of regulated entertainment ovided by and at the school or college and for the purposes of the school or college.
If you operate a large event yo	ware subject to ADDITIONAL flee based upon the number in attended as at any one time.
Capacity 5000-9999	£1,000.00
Capacity 10000 -14999	£2,000.00
Capacity 15000-19999	£4,000.00
Capacity 20000-29999	£8,000.00
Capacity 30000-39999	£16,000.00
Capacity 40000-49999	£24,000.00
Capacity 50000-59999	£32,000.00
Capacity 60000-69999	£40,000.00
Capacity 70000 79000	£48,000.00
Capacity 80000-89999	£56,000.00
Capacity 90000 and over	£64,000.00
* Fee amount (£)	0,00
ATTACHMENTS	
AUTHORITY POSTAL ADDRES	SS
Address	
Building number or name	NAMBELA HOUSE
Street 4(REGENT STREET
District	
City or town	CAMBRIDGE
County or administrative area	OMBRIDGE CITY COUNCIL
Postcode	CB2 153
Country	United Kingdom
DECLARATION	
licensing act 2003, to make a	false statement in or in connection with this application
Ticking this box indica	tes you have read and understood the above declaration
This section should be completed behalf of the applicant?"	ted by the applicant, unless you have seed for an about growing the years reserved is
*Full name	HAYDAR INCE. MENEGER.
	2 1.2.5 41
*Coposity	1 MAYDAK INCC. MENAGEN.

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Date (dd/mm/yyyy)



Add another signatory

Once you're finished you need to do the following:

- 1. Save this form to your computer by clicking file/save as...
- 2. Go back to https://www.gov.uk/apply-for-a-licence/premises-licence/cambridge/apply-1 to upload this file and continue with your application.

Don't forget to make sure you have all your supporting documentation to hand.

IT IS AN OFFENCE, LIABLE ON SUMMARY CONVICTION TO A FINE NOT EXCEEDING LEVEL 5 ON THE STANDARD SCALE, UNDER SECTION 158 OF THE LICENSING ACT 2003, TO MAKE A FALSE STATEMENT IN OR IN CONNECTION WITH THIS APPLICATION