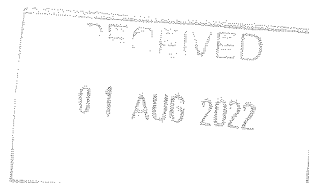


WLE/202204/69



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 BISHNU PRASAD KHAREL

(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 24 HIGH STREET			
Post town	HASLEMERE	Postcode	GU27 2HD

Telephone number at premises (if any)	07786305971
Non-domestic rateable value of premises	£ NOT KNOWN

Part 2 - Applicant details

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

a)	an individual or individuals *		please complete section (A)
b)	a person other than an individual *		
<input checked="" type="checkbox"/>	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)

Mr	Mrs	Miss	Ms	Other Title (for example, Rev)	
Surname			First names		
Date of birth		I am 18 years old or over		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 'share code' provided to the applicant by that service (please see note 15 for information)					

--

Second individual applicant (if applicable)

Mr	Mrs	Miss	Ms	Other Title (for example, Rev)	
Surname			First names		
Date of birth over		I am 18 years old or		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 'share code' provided to the applicant by that service: (please see note 15 for information)					

(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 DILLI24 LTD T/A THE DILLI
Address 24 HIGH STREET, HASLEMERE, GU27 2HD

Registered number (where applicable) 13856298
Description of applicant (for example, partnership, company, unincorporated association etc.) LIMITED COMPANY
Telephone number (if any) 07786305971
E-mail address (optional) BR221104@HOTMAIL.CO.UK

Part 3 Operating Schedule

When do you want the premises licence to start?

DD	MM	YYYY
1	8	09 20 22

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) INDIAN RESTAURANT WITH CAPACITY OF 80 COVERS. WILL BE DOING TAKE-AWAY.

If 5,000 or more people are expected to attend the premises at any one time, please state the number expected to attend.

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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)	

<u>Provision of late night refreshment</u> (if ticking yes, fill in box I)	
<u>Supply of alcohol</u> (if ticking yes, fill in box J)	<input checked="" type="checkbox"/>

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	
					Outdoors	
					Both	
					Please give further details here (please read guidance note 4)	
Mon			State any seasonal variations for performing plays (please read guidance note 5)			
Tue						
Wed						
Thur						
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						

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	
					Outdoors	
					Both	
Day	Start	Finish	Please give further details here (please read guidance note 4)			
Mon						
Tue						
Wed			State any seasonal variations for the exhibition of films (please read guidance note 5)			
Thur						
Fri						
Sat			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)			
Sun						

C

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

F

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

G

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

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	
				Off the premises	
				Both	<input checked="" type="checkbox"/>
Day	Start	Finish	State any seasonal variations for the supply of alcohol (please read guidance note 5) N/A		
Mon	12:00	23:00			
Tue	12:00	23:00			
Wed	12:00	23:00			
Thur	12:00	23:00			
Fri	12:00	23:00			
Sat	12:00	23:00			
Sun	12:00	23:00	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) N/A		

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		BISHNU PRASAD KHAREL
Date of birth		02/06/1979
Address :		2 Crossways Road, Grayshott, GU26 6HJ
Postcode		GU26 6HJ
Personal licence number (if known)		08/00200/PERSON

Issuing licensing authority (if known): WOKING BOROUGH 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	N/A
Mon	12:00	23:00	
Tue	12:00	23:00	
Wed	12:00	23:00	
Thur	12:00	23:00	
Fri	12:00	23:00	
			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)
			N/A

Sat	12:00	23:00	
Sun	12:00	23:00	

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 Personal Licence holder will be at the premises at all times when alcohol is being sold.

b) The prevention of crime and disorder

A C.C.T.V. system has been installed and is working to the satisfaction of Surrey Police and the Licensing Authority. If the C.C.T.V. equipment fails, then Police and the Licensing Authority will be informed immediately by telephone and immediate steps will be taken to put the equipment back into working order. A notice will be displayed at the entrance to the premises advising that C.C.T.V. is in operation. At least one C.C.T.V. camera will be in operation at the front of the premises at all times when the premises is in use. We have a proof of age policy in place.

c) Public safety

We have conducted a suitable Fire Risk Assessment at the premises and implemented the necessary control measures. All exit doors are easily operable without the use of a key, card, code or similar means. Exit doors are regularly checked to ensure they function satisfactorily. Fire drill and emergency lighting tests are conducted weekly / monthly. Records of these tests are available upon request.

d) The prevention of public nuisance

Kate Halsall

From: bishnu prasad kharel <br221104@hotmail.co.uk>
Sent: Thursday 11 August 2022 22:58
To: Licensing Policy
Subject: Re: New Premises Licence Application for The Dilli
Attachments: LEASE PLAN.PDF; GF PLAN.pdf; licence page 15.pdf

[** This email originates from an external source **]

Dear Kate

Further to your email, Please find plan for the building.
I aim to open from 12 till 11 pm on seven days, please find amended applicaiton.
I will be making payment for the difference in fee.
You have also asked following:

The prevention of public nuisance

Keep windows, doors etc closed –
Provide acoustically treated ventilation/air conditioning – allowing windows etc to be closed.
Use a sound lobby (with two sets of doors) at the entrance/exit of premises.
Provide sound insulation to emergency exit doors and extractor fans.
Keep speakers inside the premises, and do not position them near to openings such as doors or windows.
Do not deliberately play or direct music outside the premises as a mean of attracting custom.

The protection of children from harm

Maintain records of appropriate training of all staff. Training to include

Age verification procedures relating to age restricted sales
Prevention of children acquiring or consuming
How to recognise indicators of child sexual exploitation
How to report suspicious activities and concerns about possible perpetrators of child sexual exploitation operating in their area to the appropriate authorities.

Records of training and briefings are to be available on the premises for inspection by Policy and Council officers on request

To have a company policy on protecting children from abuse including Child Sexual Exploitation which includes informing all staff of the signs and indications of child sexual exploitation, the monitoring of areas such as toilets and reporting of suspicious activity

Display appropriate signs/posters in a prominent position highlighting the signs of CSE and who to contact to raise concerns
Outline arrangements to prevent the sale to and consumption of alcohol by underage children and e.g.
forms of identification that will be accepted are a valid passport, photo card driving licence, HM Forces identity card and a PASS accredited identification card.

Signs placed in prominent positions at the entrance to the premises and the bar which explain no sales of alcohol to those underages.

Keep records evidencing the nominated persons supervising children have undertaken local authority training in safeguarding principals and where necessary have obtained a disclosure from the Disclosure and Barring Service.

Have a code of conduct to promote good safeguarding when deliveries (eg of hot food) are made to unaccompanied children
Have a policy to monitor all areas of the premises eg by use of CCTV or regular patrols, and other appropriate systems.

Regards

Bishnu

n/a

e) The protection of children from harm

n.a

Checklist:

Please tick to indicate agreement


		<input checked="" type="checkbox"/>
•	I have made or enclosed payment of the fee.	<input checked="" type="checkbox"/>
•	I have enclosed the plan of the premises.	<input checked="" type="checkbox"/>
•	I have sent copies of this application and the plan to responsible authorities and others where applicable.	<input checked="" type="checkbox"/>
•	I have enclosed the consent form completed by the individual I wish to be designated premises supervisor, if applicable.	<input checked="" type="checkbox"/>
•	I understand that I must now advertise my application.	<input checked="" type="checkbox"/>
•	I understand that if I do not comply with the above requirements my application will be rejected.	<input checked="" type="checkbox"/>
•	[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.**

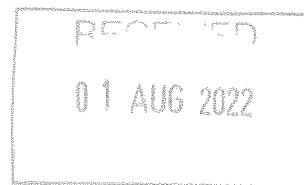
Declaration	<ul style="list-style-type: none"> [Applicable to individual applicants only, including those in a partnership which is not a limited liability partnership] I understand I am not entitled to be issued with a licence if I do not have the entitlement to live and work in the UK (or if I am subject 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 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	
Date	23/05/2022
Capacity	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)			



WAVERLEY BOROUGH COUNCIL
Licensing Team, Waverley Borough Council,
The Burys, Godalming, Surrey GU7 1HR

**Consent of individual to being specified as premises supervisor
under the Licensing Act 2003**

I BISHNU PRASAD KHAREL [full name of prospective premises supervisor]
of 2 CROSSWAYS ROAD, GRAYSHOTT, GU26 6HT

[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 ALCOHOL PREMISES LICENCE

.....[type of application]

by THE DILLI 24 LTD T/A THE DILLI [name of applicant]

relating to a premises licence[number of existing licence, if any]

for 24 HIGH STREET

HASLEMERE

GU27 2HD

[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

BISHNU PRASAD KHAREL[name of applicant]

concerning the supply of alcohol at

24 HIGH STREET

HASLEMERE

GU27 2HD

(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.

I also confirm that I am applying for, intend to apply for or currently hold a personal licence, details of which I set out below.

Personal licence number 08/00200/PERSONA [insert personal licence number, if any]

Personal licence issuing authority

WOOLING BOROUGH COUNCIL

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



signed

BISHNU PRASAD KHAREL

name (please print)

23-05-22

dated

