

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 [REDACTED]

(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			
Jaipur Indian Restaurant 90-92 Burnley Road, Padiham			
Post town	Burnley	Postcode	BB12 8QN
Telephone number at premises (if any)		[REDACTED]	
Non-domestic rateable value of premises		£14,400	

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)

Mr ☒	Mrs ☐	Miss ☐	Ms ☐	Other Title (for example, Rev)	
Surname [REDACTED]			First names [REDACTED]		
Date of birth [REDACTED]		I am 18 years old or over ☒ Please tick yes			
Nationality: [REDACTED]					
Current residential address if different from premises address		[REDACTED]			
Post town	[REDACTED]			Postcode	[REDACTED]
Daytime contact telephone number		[REDACTED]			
E-mail address (optional)		[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 ☐	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			
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
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	2	1 0 2 0 2 6

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)

A mid terraced restaurant which has been operating for many years at 90 Burnley Road, Padiham, under the premises licence number PLA0314, the owners are now looking to extend the licensable area into next door at no 92.

The premises provides a bar area to the rear of the premises with seating towards the front with the main kitchen and storage at the rear of the building.

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) ☐
- 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

Plays 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	☐
				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 performing plays</u> (please read guidance note 5)		
Wed					
Thur					
			<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)		
Fri					
Sat					
Sun					

B

Films Standard days and timings (please read guidance note 7)			<u>Will the exhibition of films 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 exhibition of films</u> (please read guidance note 5)		
Wed					
Thur					
			<u>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</u> (please read guidance note 6)		
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			
Fri			<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)
Sat			
Sun			

D

Boxing or wrestling entertainments Standard days and timings (please read guidance note 7)			<u>Will the boxing or wrestling entertainment 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 boxing or wrestling entertainment</u> (please read guidance note 5)		
Thur					
Fri					
Sat			<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> (please read guidance note 6)		
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					
			<u>State any seasonal variations for the performance of live music</u> (please read guidance note 5)		
Wed					
Thur					
			<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)		
Fri					
Sat					
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) <i>Only light background recorded instrumental music will be played.</i>	Indoors	☒
				Outdoors	☐
Day	Start	Finish		Both	☐
Mon	16:00	00:00	<u>Please give further details here</u> (please read guidance note 4)		
Tue	16:00	00:00			
Wed	16:00	00:00	<u>State any seasonal variations for the playing of recorded music</u> (please read guidance note 5)		
Thur	16:00	00:00			
Fri	16:00	00:00	<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	16:00	00:00			
Sun	14:00	23:00			

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	☐
				Both	☐
Day	Start	Finish	<u>Please give further details here</u> (please read guidance note 4)		
Mon					
Tue					
Wed					
Thur			<u>State any seasonal variations for the performance of dance</u> (please read guidance note 5)		
Fri					
Sat					
Sun					
			<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)		

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	<u>Will this entertainment take place indoors or outdoors or both – please tick</u> (please read guidance note 3)	Indoors	☐
Mon				Outdoors	☐
				Both	☐
Tue			<u>Please give further details here</u> (please read guidance note 4)		
Wed			<u>Please give further details here</u> (please read guidance note 4)		
Thur			<u>State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g)</u> (please read guidance note 5)		
Fri			<u>State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g)</u> (please read guidance note 5)		
Sat			<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> (please read guidance note 6)		
Sun			<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> (please read guidance note 6)		

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	<u>Please give further details here</u> (please read guidance note 4) Food deliveries outside will take place between 23:00 – 00:00.		
Mon	23:00	00:00			
Tue	23:00	00:00			
			<u>State any seasonal variations for the provision of late night refreshment</u> (please read guidance note 5)		
Wed	23:00	00:00			
Thur	23:00	00:00			
			<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)		
Fri	23:00	00:00			
Sat	23:00	00:00			
Sun	14:00	23:00			

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) <i>Alcohol will only be served to patrons for Consumption on the Premises.</i>	On the premises	☒
				Off the premises	☐
				Both	☐
Day	Start	Finish	State any seasonal variations for the supply of alcohol (please read guidance note 5)		
Mon	16:00	00:00			
Tue	16:00	00:00			
Wed	16:00	00:00			
Thur	16:00	00:00			
Fri	16:00	00:00			
Sat	16:00	00:00			
Sun	14:00	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):

Name		
Date of birth		
Postcode		
Personal licence number (if known)		
Issuing licensing authority (if known)		

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).

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	16:00	00:00	<u>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</u> (please read guidance note 6)
Tue	16:00	00:00	
Wed	16:00	00:00	
Thur	16:00	00:00	
Fri	16:00	00:00	
Sat	16:00	00:00	
Sun	14:00	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)

Staff will be trained in Licensing Legislation.
Alcohol only sold on the premises during opening hours strict over 18's served only with Challenge 25 policy to customers.
Full CCTV in operation at all times.
To summon help from the Police as and when required.

b) The prevention of crime and disorder

The Premises will be equipped with CCTV system.
The system will capture a head and shoulders view of any person entering or leaving the premises.
The system shall display on any recording the correct time and date.
The system shall be recording at all times that the premises is open to the public.
The system shall be able to retain recordings for 28days.
Recordings from the system shall be made available to Police and other authorities on lawful request.
Signs shall be displayed on the inside and out of the premises at the main entry door advising that CCTV is in operation.
These signs should specify:
The person responsible for the system, the purpose of the system, and details of who to contact regarding the CCTV system.
Strict over 18's served only with use of Challenge 25 Policy and Alcohol will only be sold to Customers within and only on the Premises.

c) Public safety

No overcrowding within the bar/counter area, ensure escape routes are clear at all times, and well lit and directed.
The licence holder will be responsible to ensure that Alcohol is only sold to Adults, and will be challenged to customers looking under 18 years old, under the Challenge 25 Policy.

d) The prevention of public nuisance

Discourage any unnecessary noise, limit waiting time, encourage patrons not to gather at the front of the premises, and keep the Police informed of any trouble makers.
Clear legible notices will be displayed at the main door requesting patrons to leave quietly.
There will be no personal solicitation of custom by staff within the immediate vicinity of the premises.

e) The protection of children from harm

Report to Police any children who are alone, and to ensure staff are aware of how to deal with children.

Use of Challenge 25 no ID-No Sale Policy.

Staff trained in acceptable form of ID Photo ID and how to check it.

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	• [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).
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	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	10/09/2026
Capacity	Owner.

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)			

Consent of individual to being specified as premises supervisor

[redacted]

I
[full name of prospective premises supervisor]

of

[redacted]

[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

New Premises Licence.

[type of application]

by

[redacted]

[name of applicant]

relating to a premises licence

Jaipur Indian Restaurant, 90-92 Burnley Rd, Padiham, Burnley, BB12 8QN

[number of existing licence, if any]

for

Jaipur Indian Restaurant, 90-92 Burnley Rd, Padiham, Burnley, BB12 8QN

[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



[name of applicant]

concerning the supply of alcohol at

90-92 Burnley Road, Padiham, Burnley, BB12 8QN

[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.

Personal licence number



[insert personal licence number, if any]

Personal licence issuing authority



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

Signed

Name (please print)



Date

10/09/2026