

Licensing Authority: *The Licensing Partnership*

Licensing Partnership
 P.O. Box 182
 Sevenoaks
 Kent TN13 1GP

Ref:

Application for a Premises Licence under the Licensing Act 2003

PLEASE READ THE FOLLOWING INSTRUCTIONS FIRST

Before completing this form please read the guidance notes found at bottom of Page 4 of this form.

Use the blank page at the end of the form to provide further details if necessary.

When it is complete you can submit the form directly to us - click on the Submit Form button.

You may wish to print and keep a copy of the completed form for your records.

For help information about filling in this type of electronic form, click on the help information button.

I / We **KDG Maidstone Ltd** 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

79-85 Week Street

Post town

Maidstone

Post code

ME14 1RJ

Telephone number of premises (if any)

01474569788

Non-domestic rateable value of premises

£ 80000

If the premises is under construction please check here

If the premises hasn't been assigned a rateable value yet, please check here

Part 2 - Applicant Details

Please state whether you are applying for a premises licence as

Please make selection with an "x"

- a) An individual or individuals* please complete section (A)
- b) a person other than an individual*
 - i as a limited company please complete section (B)
 - ii. as a partnership 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 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:

Please make selection with an "x"

- 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)

You do not have to answer the questions in this section.

Title

Surname

First names

Are you 18 years or older? Yes No

Date of Birth

Nationality

Current postal address if different from premises address

Post Town

Postcode

Daytime contact telephone number

Email address (optional)

SECOND INDIVIDUAL APPLICANT (IF APPLICABLE)

Title

Surname

First names

Date of Birth
(you must be 18
years old or over)

Nationality

Current postal
address
if different from
premises address

Postcode

Post Town

Daytime contact telephone number

Email address
(optional)**(B) OTHER APPLICANTS**

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

Name

KDG Maidstone Ltd

Address

**Eagle House, Stonebridge Road
Northfleet
Kent
DA11 9BJ**

Registered number (where applicable)

12370120Description of applicant (for example,
partnership, company, unincorporated
association etc.)**Limited Company**

Telephone number (if any)

E-mail address (optional)

Part 3 - Operating Schedule

When do you want the premises licence to start?

If you wish the licence to be valid only for a limited period, when do you want it to end?

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

General description of premises (please read guidance note 1)

The store is under construction to become a take-away and dine in restaurant under the global franchise business: German Donner Kebab (GDK). The store opening is planned for mid September 2020. The store is situated on a busy shopping parade and the nearest residential accommodation is 30 metres away. The store will comprise of a kitchen, shop counter, staff room, a small waiting area plus a sit down area for approximately 90 customers.

What licensable activities do you intend to carry on from the premises?
(Please see sections 1 and 14 of the Licensing Act 2003 and Schedule 1 and 2 to the Licensing Act 2003)

Please check all relevant boxes

Provision of regulated entertainment (please read guidance note 2)

- | | |
|--|--------------------------|
| 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 L)

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

In all cases complete boxes N, O and P

K

Provision of facilities for entertainment of a similar description to that falling within J or K Standard days and timings (please read guidance note 7)			<u>Please give a description of the type of entertainment facility you will be providing</u>		
Day	Start	Finish	<u>Will the entertainment facility be indoors or outdoors or both - please make selection with an "x"</u> (please read guidance note 3).	Indoors	
Mon				Outdoors	
				Both	
Tue			<u>Please give further details here</u> (please read guidance note 4)		
Wed					
Thur			<u>State any seasonal variations for the provision of facilities for entertainment of a similar description to that falling within J or K</u> (please read guidance note 5)		
Fri					
Sat			<u>Non standard timings. Where you intend to use the premises for provision of facilities for entertainment of a similar description to that falling within J or K at different times to those listed in the column on the left, please list</u> (please read guidance note 6)		
Sun					

L

Late night refreshment Standard days and timings (please read guidance note 7)			<u>Will the provision of late night refreshment be indoors or outdoors or both - please make selection with an "x"</u> (please read guidance note 3).		Indoors	
Day	Start	Finish			Outdoors	
Mon	11:00	03:00			Both	X
Mon			<u>Please give further details here</u> (please read guidance note 4) The premises consists of a German Donner Kebab store for home deliveries, collections and eat in facilities.			
Tue	11:00	03:00				
Tue			<u>State any seasonal variations for provision of late night refreshment</u> (please read guidance note 5) Not Applicable			
Wed	11:00	03:00				
Wed			<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) Not Applicable			
Thur	11:00	03:00				
Thur						
Fri	11:00	03:00				
Fri						
Sat	11:00	03:00				
Sat						
Sun	11:00	03:00				
Sun						

N

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)

Not applicable

O

Hours premises are open to the public Standard days and timings (please read guidance note 7)			<u>State any seasonal variation</u> (please read guidance note 5) Not applicable
Day	Start	Finish	
Mon	11:00	03:00	
Tue	11:00	03:00	
Wed	11:00	03:00	
Thur	11:00	03:00	<u>Non standard timings. Where you intend to use the premises to be open to the public at different times to those listed in the column on the left, please list</u> (please read guidance note 6) Not applicable
Fri	11:00	03:00	
Sat	11:00	03:00	
Sun	11:00	03:00	

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

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

The store is a franchise of the worldwide German Donner Kebab (GDK) chain. GDK has been in business for more than 40 years and during that time, has developed a system of business which involves dine in and home delivery services. We are governed by the rigorous standards set out in the GDK Franchise Agreement and these relate to all aspects of operating the business, from the preparation of ingredients right through to the manner in which the product is handed to our customers. We are mindful of our obligations to our staff, our customers, and others (e.g. local residents) who may be affected by the operation of our business. Our store is adequately staffed so as to allow the proper management of the premises and supervision of those who visit them. The GDK system does not allow the sale of alcohol.

b) The prevention of crime and disorder

We will actively co-operate with the local police to ensure that we are made aware of particular problems which affect the area and which may potentially affect our store.

We will not countenance the use or supply of illegal drugs and our staff will inform the police immediately of any such suspected activity on or in the vicinity of the store.

Our employment policies are designed to ensure we recruit professional and reputable staff.

We do not use or supply glassware.

c) Public safety

The premises comply with all requisite health and safety legislation.

We carry out regular health and safety risk assessments and are required to do so under the terms of our Franchise Agreement.

In the most unlikely event that a greater number of people congregate in the premises than is conducive to public safety, we will not hesitate to ask people to leave the store and we will always encourage them to take advantage of our home delivery service.

d) The prevention of public nuisance

Our doors and windows will be kept closed at night to prevent transmission of noise. Our stores have few customers who visit to buy our product to take away, but those who do visit will be asked to leave the premises quietly and with due consideration for our neighbours. Music will not be played in the premises. Our delivery drivers are instructed to enter and leave their vehicles quietly and considerately, not to leave engines running, to park considerately, and at all times to have in mind our neighbours. We would have no hesitation in banning people who visit the store and regularly leave the premises in a noisy fashion. Our equipment is properly sound insulated and operated strictly in accordance with manufacturers' requirements, guide lines and tolerances. All our air extraction system complies with Building Regulations requirements and is designed to ensure that there is no escape of cooking smells to neighbouring premises. We neither use nor supply glassware.

e) The protection of children from harm

Our store is not licensed for the sale of alcohol.

Because of the nature of the licence for which we are applying and the nature of our business generally, it is most unlikely that a child unaccompanied by an adult would visit our store during the hours for which we are licensed.

Please make selection with an "x"

I have enclosed the plan of the premises

I have enclosed the consent form completed by the individual I wish to be 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 (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 5 - Declaration (please read guidance note 11)

Confirmation of applicant or applicant's solicitor or other duly authorised agent. (See guidance note 12) **If confirming on behalf of the applicant please state in what capacity.**

• [Applicable to all 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).

Confirmation

Name Date

Capacity

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

Confirmation

Name Date

Capacity

Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 14)

Name

Address

Post Town

Postcode

Telephone number (if any)

If you would prefer us to correspond with you by e-mail your e-mail address (optional)

Use this page if there is any other information that you think we should know about.
Information entered on this page will be sent to us, along with the data on the rest of the form when you use the "Submit" option.

Notes for Guidance are available online

Form end

You have now reached the end of the form. If you have entered all the necessary information, and read all the guidance notes, please now submit the form.

XML Specific

Application Type

Licence Case Type

Licence Status

XML Template

CAPS Reference

Payments request

CallingAppID

CallingAppRef

PaymentSourceCode

Customer Message

Empty text area for Customer Message

Response response

PaymentAuthorisationCode

IncomeManagementReceiptNumber

OriginatorsReference

CardScheme

CardType

PaymentAmount

ResponseCode

ResponseDescription

Number of payment lines

Service Message

Empty text area for Service Message

Payment 1

Receipt Number

DueDate

PaymentType

Pay Description

XML Description

PaymentDue VAT

Paid

Payment Date

Fund

Reference

Payment 2

Receipt Number

DueDate

PaymentType

Pay Description

XMLDescription

PaymentDue VAT

Paid

Payment Date

Fund

Reference

Payment 3

Receipt Number

DueDate

PaymentType

Pay Description

XML Description

PaymentDue VAT

Paid

Payment Date

Fund

Reference

Payment 4

Receipt Number

DueDate

PaymentType

Pay Description

XML Description

PaymentDue VAT

Paid

Payment Date

Fund

Reference

Payment 5

Receipt Number

DueDate

PaymentType

Pay Description

XML Description

PaymentDue VAT

Paid

Payment Date

Fund

Reference

Case Overview

Form file name:	<input type="text"/>	Current Date	<input type="text"/>
Form data set reference	<input type="text" value="KDG Maidstone Ltd/"/>	Date From	<input type="text"/>
Has been E-Signed	<input type="checkbox"/> Date/Time E-Signed <input type="text"/>		
Date/Time Submitted to main server	<input type="text"/>	Data Validation Reference	<input type="text"/>
Date/Time Submitted to external server	<input type="text"/>	Date/Time form Started	<input type="text" value="30/07/2020 16:33:28"/>

Automatic Messaging

Receipt Email Address	<input type="text"/>	Notification Email Address	<input type="text"/>
Receipt Email Subject	<input type="text"/>	Notification Email Subject	<input type="text"/>
Receipt Email Message	<input type="text"/>	Notification Email Message	<input type="text"/>
Mobile Number	<input type="text"/>		

Case Notes

CRM Integration

CRM Case Ref

Form History

04/08/2020 12:06:30 | Received on Remote Server
 4/8/2020 12:17:07 | Submitted | (,) | Application for a premises licence (1.0).wdf, 54181, Licence Inc Bexley, new | Ref: 054181-00804-B6P1MW1
 04/08/2020 12:06:30 | Received on Remote Server
 4/8/2020 12:17:07 | Submitted | (,) | Application for a premises licence (1.0).wdf, 54181, Licence Inc Bexley, new | Ref: 054181-00804-B6P1MW1

Form Database

Primary Record ID	<input type="text"/>	Secondary Record ID	<input type="text"/>
Department Name	<input type="text"/>	Form Status	<input type="text"/>
Depart Classification / Priority	<input type="text"/>	Search Field 3	<input type="text" value="79-85 Week Street ME14 1RJ"/>
Dept Case Reference	<input type="text"/>		
Date Record Started	<input type="text"/>		
Date Last Modified	<input type="text"/>		

Current User

Title	<input type="text"/>	Surname	<input type="text"/>	First Name	<input type="text"/>	User Record Id	<input type="text"/>
Tel No	<input type="text"/>	Email address	<input type="text"/>		Address	<input type="text"/>	
User Classification	<input type="text"/>						
Portal Username	<input type="text"/>	Expert for this form	<input type="text"/>				

System Data

Pages active with dynamic paging	<input type="text" value="1,2,3,4,5,13,14,15,16,17,20,21,22,11"/>				
Data Locked for Editing	<input type="text"/>	Date of offline forms creation	<input type="text"/>	Enable high-quality print (WDF)	<input type="checkbox"/>
Type of form - ufx, wdf or txt	<input type="text"/>	If TXT - Optimised for screen-readers	<input type="checkbox"/>	Enable top controls on opening	<input type="checkbox"/>
Start page for expert users	<input type="text"/>	Print Collation Config	<input type="text"/>		

Form Design Settings

Dynamic paging enabled	<input type="checkbox"/>	Use page titles for page menu	<input type="checkbox"/>	ESigning is available	<input type="checkbox"/>	After ESigning/Submission - go to page No?	<input type="checkbox"/>	TXT form is available	<input checked="" type="checkbox"/>
Pages with forced error checking	<input type="text"/>								
Pages that override forced error checking	<input type="text"/>								
Last visible page:	Unregistered users	<input type="checkbox"/>	Registered users:	<input type="checkbox"/>	Expert users:	<input type="checkbox"/>	Override for TXT version	<input type="checkbox"/>	
Default branding file:	<input type="text" value="UK Revenues & Benefits Branding (1.0)"/>		e.g. 'UK Revenues & Benefits Branding (1.0)'						
Shared Data Dictionary	<input type="text" value="Victoria Forms UK Licensing Data (1.0)"/>		e.g. 'Victoria Forms UK Government Data (1.0)'						
HTML pages within WDF	<input type="text" value="1,2,3,4,5,6,7,8,9,10,11,12,13,14,15,16,17,20"/>					Page no for thumbnail	<input type="text"/>		