

Section 1 of 21

You can save the form at any time and resume it later. You do not need to be 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

Torbay kitchen

You can put what you want here to help you track applications if you make lots of them. It is passed to the authority.

Are you an agent acting on behalf of the applicant?

☐ Yes ☒ No

Put "no" if you are applying on your own behalf or on behalf of a business you own or work for.

Applicant Details

Name

First name

Family name

Contact Details

E-mail

Telephone number

Fax number

Other telephone number

☐ Indicate here if the applicant would prefer not to be contacted by telephone

Is the applicant:

☒ Applying as a business or organisation, including as a sole trader
☐ Applying as an individual

A sole trader is a business owned by one person without any special legal structure. Applying as an individual means the applicant is applying so the applicant can be employed, or for some other personal reason, such as following a hobby.

Applicant Business

Is the applicant's business registered in the UK with Companies House?

☐ Yes ☒ No

Is the applicant's business registered outside the UK?

☐ Yes ☒ No

Continued from previous page...

Commercial register

Registration number

Business name

If the applicant's business is registered, use its registered name.

VAT number

Put "none" if the applicant is not registered for VAT.

Legal status

Applicant's position in the business

Home country

The country where the applicant's headquarters are.

Address

Building number or name

Street

District

City or town

County or administrative area

Postcode

Country

Address

Building number or name

Street

District

City or town

County or administrative area

Postcode

Country

User Profile

Name

First name

Family name

Continued from previous page...

Contact Details

E-mail	<input type="text" value=""/>
Telephone number	<input type="text" value=""/>
Fax number	<input type="text" value=""/>
Other telephone number	<input type="text" value=""/>

☐ Indicate here if you would prefer not to be contacted by telephone

Are you:

- ☒ Applying as a business or organisation, including as a sole trader
- ☐ Applying as an individual

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.

Your Business

Is your business registered in the UK with Companies House? ☒ Yes ☐ No

Is your business registered outside the UK? ☐ Yes ☒ No

Commercial register

The entity with which your business is registered, for example "Amsterdam Chamber of Commerce".

Registration number

Business name

If your business is registered, use its registered name.

VAT number

Put "none" if you are not registered for VAT.

Legal status

Your position in the business

Home country

The country where the headquarters of your business is located.

Continued from previous page...

Address

Building number or name	<input type="text" value="476"/>
Street	<input type="text" value="Babbacombe Road"/>
District	<input type="text" value="Torquay"/>
City or town	<input type="text" value="Devon"/>
County or administrative area	<input type="text" value="devon"/>
Postcode	<input type="text" value="TQ11HN"/>
Country	<input type="text" value="United Kingdom"/>

Address

Building number or name	<input type="text"/>
Street	<input type="text"/>
District	<input type="text"/>
City or town	<input type="text"/>
County or administrative area	<input type="text"/>
Postcode	<input type="text"/>
Country	<input type="text" value="United Kingdom"/>

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PREMISES DETAILS

I/we, as named in section 1, apply for a premises licence under section 17 of the Licensing Act 2003 for the premises described in section 2 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.

Premises Address

Are you able to provide a postal address, OS map reference or description of the premises?

- ☒ Address ☐ OS map reference ☐ Description

Continued from previous page...

Address

Building number or name	<input type="text" value="3"/>
Street	<input type="text" value="Strand"/>
District	<input type="text" value="Torquay"/>
City or town	<input type="text" value="Devon"/>
County or administrative area	<input type="text"/>
Postcode	<input type="text" value="TQ12AA"/>
Country	<input type="text" value="United Kingdom"/>

Contact Details

E-mail	<input type="text"/>
Telephone number	<input type="text"/>
Fax number	<input type="text"/>
Other telephone number	<input type="text"/>
Non-domestic rateable value of premises (£)	<input type="text" value="20,500"/>

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APPLICATION DETAILS

In what capacity are you applying for the premises licence?

- ☐ An individual or individuals
- ☒ A limited company / limited liability partnership
- ☐ A partnership (other than limited liability)
- ☐ An unincorporated association
- ☐ Other (for example a statutory corporation)
- ☐ A recognised club
- ☐ A charity
- ☐ The proprietor of an educational establishment
- ☐ A health service body
- ☐ A person who is registered under part 2 of the Care Standards Act 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 of a police force in England and Wales

Confirm The Following

- ☒ I am carrying on or proposing to carry on a business which involves the use of the premises for licensable activities
- ☐ I am making the application pursuant to a statutory function
- ☐ I am making the application pursuant to a function discharged by virtue of Her Majesty's prerogative

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INDIVIDUAL APPLICANT DETAILS

Name

Is the name the same as (or similar to) the details given in section one?

- ☐ Yes ☐ No

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.

First name

Family name

Is the applicant 18 years of age or older?

- ☐ Yes ☐ No

Continued from previous page...

Address

Is the address the same as (or similar to) the address given in section one?

☐ Yes ☐ No

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.

Building number or name	<input type="text"/>
Street	<input type="text"/>
District	<input type="text"/>
City or town	<input type="text"/>
County or administrative area	<input type="text"/>
Postcode	<input type="text"/>
Country	<input type="text" value="United Kingdom"/>

Contact Details

Are the contact details the same as (or similar to) those given in section one?

☐ Yes ☐ No

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.

E-mail	<input type="text"/>
Telephone number	<input type="text"/>
Other telephone number	<input type="text"/>
Date of birth	<input type="text" value="dd"/> / <input type="text" value="mm"/> / <input type="text" value="yyyy"/>

Nationality	<input type="text"/>
Right to work share code	<input type="text"/>

Documents that demonstrate entitlement to work in the UK

Right to work share code if not submitting scanned documents

Remove this applicant

Add another applicant

Non Individual Applicant's Name

Name

Details

Registered number (where applicable)

Description of applicant (for example partnership, company, unincorporated association etc)

Norbiton Food and Wine LTD

Continued from previous page...

Address

Building number or name	<input type="text" value="476"/>
Street	<input type="text" value="Babbacombe road"/>
District	<input type="text" value="Torquay"/>
City or town	<input type="text" value="Devon"/>
County or administrative area	<input type="text" value="Devon"/>
Postcode	<input type="text" value="TQ11HN"/>
Country	<input type="text" value="United Kingdom"/>

Contact Details

E-mail	<input type="text" value="REDACTED"/>
Telephone number	<input type="text" value="REDACTED"/>
Fax number	<input type="text"/>
Other telephone number	<input type="text"/>
Date of birth	<input type="text" value="REDACTED"/> / <input type="text" value="REDACTED"/> / <input type="text" value="REDACTED"/>
	dd mm yyyy

Nationality	<input type="text" value="British Citizen"/>
<input type="button" value="Remove this applicant"/>	

Documents that demonstrate entitlement to work in the UK

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OPERATING SCHEDULE

When do you want the premises licence to start?	<input type="text" value="20"/> / <input type="text" value="05"/> / <input type="text" value="2025"/>
	dd mm yyyy

If you wish the licence to be valid only for a limited period, when do you want it to end	<input type="text"/> / <input type="text"/> / <input type="text"/>
	dd mm yyyy

Provide a general description of 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.

Torbay Kitchen,
Selling hot food,alcohol

Continued from previous page...

Non-standard timings. Where the premises will be used for entertainment at different times from those listed in the column on the left, list below

For example (but not exclusively), where you wish the activity to go on longer on a particular day e.g. Christmas Eve.

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LATE NIGHT REFRESHMENT

Will you be providing late night refreshment?

☒ Yes ☐ No

Standard Days And Timings

MONDAY

Start

End

Start

End

Give timings in 24 hour clock.
(e.g., 16:00) and only give details for the days
of the week when you intend the premises
to be used for the activity.

TUESDAY

Start

End

Start

End

WEDNESDAY

Start

End

Start

End

THURSDAY

Start

End

Start

End

FRIDAY

Start

End

Start

End

SATURDAY

Start

End

Start

End

SUNDAY

Start

End

Start

End

Continued from previous page...

Will the provision of late night refreshment take place indoors or outdoors or both?

☐ Indoors ☐ Outdoors ☒ Both

Where taking place in a building or other structure tick as appropriate. Indoors may include a tent.

State type of activity to be authorised, if not already stated, and give relevant further details, for example (but not exclusively) whether or not music will be amplified or unamplified.

Only selling Hot food and alcohol>

State any seasonal variations

For example (but not exclusively) where the activity will occur on additional days during the summer months.

N/A

Non-standard timings. Where the premises will be used for the supply of late night refreshments at different times from those listed in the column on the left, list below

For example (but not exclusively), where you wish the activity to go on longer on a particular day e.g. Christmas Eve.

N/A

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SUPPLY OF ALCOHOL

Will you be selling or supplying alcohol?

☒ Yes ☐ No

Standard Days And Timings

MONDAY

Start

End

Start

End

Give timings in 24 hour clock.
(e.g., 16:00) and only give details for the days
of the week when you intend the premises
to be used for the activity.

TUESDAY

Start

End

Start

End

Continued from previous page...

WEDNESDAY

Start	<input type="text" value="08:00"/>	End	<input type="text" value="24:00"/>
Start	<input type="text"/>	End	<input type="text"/>

THURSDAY

Start	<input type="text" value="08:00"/>	End	<input type="text" value="24:00"/>
Start	<input type="text"/>	End	<input type="text"/>

FRIDAY

Start	<input type="text" value="08:00"/>	End	<input type="text" value="24:00"/>
Start	<input type="text"/>	End	<input type="text"/>

SATURDAY

Start	<input type="text" value="08:00"/>	End	<input type="text" value="24:00"/>
Start	<input type="text"/>	End	<input type="text"/>

SUNDAY

Start	<input type="text" value="08:00"/>	End	<input type="text" value="24:00"/>
Start	<input type="text"/>	End	<input type="text"/>

Will the sale of alcohol be for consumption:

- ☐ On the premises ☐ Off the premises ☒ Both

If the sale of alcohol is for consumption on the premises select on, if the sale of alcohol is for consumption away from the premises select off. If the sale of alcohol is for consumption on the premises and away from the premises select both.

State any seasonal variations

For example (but not exclusively) where the activity will occur on additional days during the summer months.

NO

Non-standard timings. Where the premises will be used for the supply of alcohol at different times from those listed in the column on the left, list below

For example (but not exclusively), where you wish the activity to go on longer on a particular day e.g. Christmas Eve.

NO

State the name and details of the individual whom you wish to specify on the licence as premises supervisor

Continued from previous page...

Name

First name

Family name

Date of birth / /

Address

Building number or name

Street

District

City or town

County or administrative area

Postcode

Personal Licence number
(if known)

Issuing licensing authority
(if known)

PROPOSED DESIGNATED PREMISES SUPERVISOR CONSENT

How will the consent form of the proposed designated premises supervisor be supplied to the authority?

- ☐ Electronically, by the proposed designated premises supervisor
- ☒ As an attachment to this application

Reference number for consent form (if known)

If the consent form is already submitted, ask the proposed designated premises supervisor for its 'system reference' or 'your reference'.

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ADULT ENTERTAINMENT

Highlight any adult entertainment or services, activities, or other entertainment or matters ancillary to the use of the premises that may give rise to concern in respect of children

Give information about anything intended to occur at the premises or ancillary to the use of the premises which may give rise to concern in respect of children, regardless of whether you intend children to have access to the premises, for example (but not exclusively) nudity or semi-nudity, films for restricted age groups etc gambling machines etc.

N/A

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HOURS PREMISES ARE OPEN TO THE PUBLIC

Standard Days And Timings

MONDAY

Start 08:00

End 24:00

Start

End

Give timings in 24 hour clock.
(e.g., 16:00) and only give details for the days
of the week when you intend the premises
to be used for the activity.

TUESDAY

Start 08:00

End 24:00

Start

End

WEDNESDAY

Start 08:00

End 24:00

Start

End

THURSDAY

Start 08:00

End 24:00

Start

End

FRIDAY

Start 08:00

End 24:00

Start

End

SATURDAY

Start 08:00

End 24:00

Start

End

SUNDAY

Start 08:00

End 24:00

Start

End

State any seasonal variations

For example (but not exclusively) where the activity will occur on additional days during the summer months.

N/A

Non standard timings. Where you intend to use the premises to be open to the members and guests at different times from those listed in the column on the left, list below

For example (but not exclusively), where you wish the activity to go on longer on a particular day e.g. Christmas Eve.

N/A

Continued from previous page...

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LICENSING OBJECTIVES

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

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

List here steps you will take to promote all four licensing objectives together.

24 hours CCTV monitoring ,employing well trained staff ,we conducting proper id check prevent sale of alcohol to underage customers ,our epos system has integrated id check future and maintaining acceptable lighting level outside the store.

b) The prevention of crime and disorder

24 hours CCTV monitoring, our epos system has integrated id check future and maintaining acceptable lighting level outside the store,Traning provided,

c) Public safety

24 hours CCTV monitoring, lighting outside.

d) The prevention of public nuisance

24 hours CCTV monitoring ,employing well trained staff ,we conducting proper id check prevent sale of alcohol to underage customers ,our epos system has integrated id check future and maintaining acceptable lighting level outside the store. consumption of alcohol off the premises.

e) The protection of children from harm

We strictly follow underage sale of alcohol.Refusal Register.

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NOTES ON DEMONSTRATING ENTITLEMENT TO WORK IN THE UK

Continued from previous page...

Address

Building number or name	<input type="text"/>
Street	<input type="text"/>
District	<input type="text"/>
City or town	<input type="text"/>
County or administrative area	<input type="text"/>
Postcode	<input type="text"/>
Country	<input type="text" value="United Kingdom"/>

DECLARATION

* I/we understand it is an offence, liable on conviction to a fine up to 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.

☒ Ticking this box indicates you have read and understood the above declaration

Information held by Torbay Council complies with and is held in accordance with the UK Data Protection Act, 1998. The information that you provide on this form will only be used in the processing of the application form, and will only be
* disclosed where necessary under any applicable legislation and certain circumstances should the application be successful such as publication of business details on a public register, it may also be shared for the purposes of enforcement

☒ Ticking this box indicates you have read and understood the above declaration

You have the right to access your personal information. If you wish to access your personal information or exercise any of
* your rights under the legislation then please contact Torbay Council's Information Governance team on 01803 207467. Further information can be found on the Information Governance pages on Torbay Council's internet pages at www.torbay.gov.uk

☒ Ticking this box indicates you have read and understood the above declaration

* Information may also be shared for the prevention and detection of crime, for example with the police and other agencies as required by law, such as the Audit Commission under the National Fraud Initiative data matching exercise

☒ Ticking this box indicates you have read and understood the above declaration

* I have gained permission from all licence holders in making this application

☒ Ticking this box indicates you have read and understood the above 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).

☒ Ticking this box indicates you have read and understood the above declaration

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).

☒ Ticking this box indicates you have read and understood the above declaration

This section should be completed by the applicant, unless you answered "Yes" to the question "Are you an agent acting on behalf of the applicant?"

Continued from previous page...

Full name	<input type="text" value="Sivarasa Surersh"/>
Capacity	<input type="text" value="Managing Director"/>
Date	<div><div><input type="text" value="16"/> dd</div><div>/</div><div><input type="text" value="05"/> mm</div><div>/</div><div><input type="text" value="2025"/> yyyy</div></div>
<input type="button" value="Remove this signatory"/>	
<input type="button" value="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 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 TO SUMMARY CONVICTION TO A FINE OF ANY AMOUNT UNDER SECTION 158 OF THE LICENSING ACT 2003, TO MAKE A FALSE STATEMENT IN OR IN CONNECTION WITH THIS APPLICATION

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