

# FAREHAM

## BOROUGH COUNCIL

£315.00.  
26049.

### 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 in black ink.
- Use additional sheets if necessary.

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

I/ We Chicanos Limited (trading as Rancho Steak House)

(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

109-111 West Street			
Post town	Fareham	Postcode	PO16 0AB

Telephone number at premises (if any)	01329248737
Non-domestic rateable value of premises	£ 36000

#### 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. <u>as a limited company</u> ✓                | <u>please complete section (B)</u> |
| 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 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:

Please tick if **YES** ✓

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)	
<b>Surname</b>			<b>First names</b>		
<b>Date of Birth:</b> over		I am 18 or		Please tick if yes	
<b>Nationality:</b>					
Current residential address if different from premises address					
Post town				Postcode	
<b>Daytime contact telephone number</b>					
<b>E-mail address (optional)</b>					

**SECOND INDIVIDUAL APPLICANT (if applicable)**

Mr	Mrs	Miss	Ms	Other Title (for example, Rev)	
<b>Surname</b>			<b>First names</b>		
<b>Date of Birth:</b> over		I am 18 or		Please tick if yes	
<b>Nationality:</b>					
Current residential address if different from premises address					
Post town				Postcode	
<b>Daytime contact telephone number</b>					
<b>E-mail address (optional)</b>					

**(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.**

<b>Name</b> Chicanos Limited (trading as Rancho Steak House)
<b>Address</b> 109-111 West Street, Fareham, PO16 0AB
<b>Registered number (where applicable)</b> 11185169
<b>Description of applicant (for example, partnership, company, unincorporated association etc.)</b> Private limited Company
<b>Telephone number (if any)</b> 01329248737
<b>E-mail address (optional)</b> [REDACTED]

### Part 3 Operating Schedule

DD MM YYYY

When do you want the premises licence to start?

ASAP

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

DD MM YYYY

N/A

Restaurant situated in town centre on a main road in the mixed commercial/residential area. Two storey detached property comprises from Ground and First floors. Ground floor Restaurant/Bar, Kitchen, Disabled toilet and Staff toilet. First floor access to two sets of toilets.

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 of the Licensing Act 2003 and Schedules 1 and 2 to the Licensing Act 2003)

Provision of regulated entertainment (please read guidance note 2)

Please tick any 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) YES ✓

In all cases complete boxes K, L and M

**A**

<b>Plays</b> Standard days and timings (please read guidance note 6)			<b>Will the performance of a play take place indoors or outdoors or both – please tick</b> (please read guidance note 3)	Indoors	
Day	Start	Finish		Outdoors	
Mon			<b>Please give further details here</b> (please read guidance note 4)	Both	
Tue					
Wed			<b>State any seasonal variations for performing plays</b> (please read guidance note 5)		
Thur					
Fri			<b>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</b> (please read guidance note 6)		
Sat					
Sun					

**B**

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

**C**

<b>Indoor sporting events</b> Standard days and timings (please read guidance note 6)			<b><u>Please give further details</u></b> (please read guidance note 4)
Day	Start	Finish	

Tue				<b>State any seasonal variations for indoor sporting events</b> (please read guidance note 5)	
Wed					
Thur				<b>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</b> (please read guidance note 6)	
Fri					
Sat					
Sun					

**D**

<b>Boxing or wrestling entertainments</b> Standard days and timings (please read guidance note 6)			<b>Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick</b> (please read guidance note 3)	Indoors	
				Outdoors	
Day	Start	Finish		Both	
Mon			<b>Please give further details here</b> (please read guidance note 4)		
Tue					
Wed			<b>State any seasonal variations for boxing or wrestling entertainment</b> (please read guidance note 5)		
Thur					
Fri			<b>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</b> (please read guidance note 6)		
Sat					
Sun					

**E**

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

**F**

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



**G**

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

**H**

<b>Anything of a similar description to that falling within (e), (f) or (g)</b> Standard days and timings (read guidance note 6)			Please give a description of the type of entertainment you will be providing		
<b>Day</b>	<b>Start</b>	<b>Finish</b>	<b><u>Will this entertainment take place indoors or outdoors or both – please tick</u></b> (please read guidance note 3)	Indoors	
Mon				Outdoors	
				Both	
Tue			<b><u>Please give further details here</u></b> (please read guidance note 4)		
Wed					
Thur			<b><u>State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g)</u></b> (please read guidance note 5)		
Fri					
Sat			<b><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></b> (please read guidance note 6)		
Sun					

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

Sun		
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J

Supply of alcohol Standard days and timings (please read guidance note 6)			Will the supply of alcohol be for <u>consumption – please tick</u> (please read guidance note 8)	On the premises	<input checked="" type="checkbox"/>
Day	Start	Finish		Off the premises	<input type="checkbox"/>
Mon	12:00	22:40	<u>State any seasonal variations for the supply of alcohol</u> (please read guidance note 5) N/A	Both	<input type="checkbox"/>
Tue	12:00	22:40			
Wed	12:00	22:40			
Thur	12:00	22:40	<u>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</u> (please read guidance note 6) N/A		
Fri	12:00	22:40			
Sat	12:00	22:40			
Sun	12:00	22:40			

**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 Mr Mohammed Taimur Rahman	
Date of Birth: [REDACTED]	
Address [REDACTED] Portsmouth	
Postcode	[REDACTED]
Personal licence number (if known) 03829	
Issuing licensing authority (if known) Portsmouth City 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 6)

Day	Start	Finish
Mon	10:00	23:00
Tue	10:00	23:00
Wed	10:00	23:00
Thur	10:00	23:00
Fri	10:00	23:00
Sat	10:00	23:00
Sun	10:00	23:00

State any seasonal variations (please read guidance note 5)

N/A

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

**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)**

Nothing beyond existing Health and Safety/Fire Safety etc requirements

**b) The prevention of crime and disorder**

Sale and consumption of alcohol is restricted to premises only.  
Strict ID policy in place for sale of alcohol. (challenge 21).  
CCTV in operation with 31 days recording available.  
Lockable shutters installed.

**c) Public safety**

First aid box.  
Fire safety equipment installed and maintained on regular basis.  
Basic food hygiene certificates are hold by relevant staff.

**d) The prevention of public nuisance**

N/A

**e) The protection of children from harm**

Children and young persons will not be admitted or served unless accompanied by a responsible adult and will not be served with alcohol.

**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 (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"><li>• [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).</li><li>• 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)</li></ul>	
Signature	
Date	
Capacity	

**For joint applications, signature of 2<sup>nd</sup> applicant or 2<sup>nd</sup> 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	15/10/2019
Capacity	Director

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)			

Return form to The Licensing Team, Fareham Borough Council, Civic Offices, Civic Way, Fareham PO16 7AZ

**Data Processing Fair Processing Statement**

The information that you provide is used to determine whether or not to grant a Premises Licence. We have a duty to protect the public funds we administer and may use your information for the prevention and detection of fraud. The information may also be used for auditing, monitoring, statistical and other research. Some of the information we hold may be shared with other Council or Government departments, agencies and similar organisations (including law enforcement agencies) to enable them to perform their duties or for comparison purposes. The information we hold about you is normally retained for seven years after the end of the licence period. For further information about the National Fraud Initiative see [www.fareham.gov.uk/dpnfi](http://www.fareham.gov.uk/dpnfi)



**Consent of individual to being specified as premises supervisor**

MR. MOHAMMED TAIMUR RAHMAN

I  
*[full name of prospective premises supervisor]*

of

[REDACTED]  
[REDACTED]  
PORTSMOUTH.

*[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

PREMISES LICENCE

*[type of application]*

by

CHICANOS LIMITED T/A RANCHO STEAK HOUSE

*[name of applicant]*

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

for

109-111 WEST STREET  
FAREHAM. PO16 0AB.

*[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



109-111 WEST STREET.  
PO16 0AB.

[name and address of premises to which application relates]

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

03829

[insert personal licence number, if any]

Personal licence issuing authority

PORTSMOUTH CITY COUNCIL

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



Signed

MOHAMMED TAIMUR RAHMAN.

Name (please print)

15/10/2019

Date  
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