

**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 Mrs Eva Chowdhury and Mr Muhammad Waseem Khan-Sherwani
(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			
Ground Floor and-Basement at 1 Chertsey Road, Woking, Surrey GU21 5AB known as Budgens			
Post town	Woking	Post code	GU21 5AB
Telephone number at premises (if any)		01483 761320	
Non-domestic rateable value of premises		£28000	

Part 2 - Applicant Details

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

- 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 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 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 <input type="checkbox"/>	Mrs <input checked="" type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
Surname Chowdhury			First names Eva		
I am 18 years old or over				<input checked="" type="checkbox"/>	Please tick yes
Current postal address if different from premises address		8 Woodlands Court Constitution Hill Woking Surrey GU22 7RY			
Post Town	Woking			Postcode	GU22 7RY
Daytime contact telephone number			07535135588		
E-mail address (optional)					

SECOND INDIVIDUAL APPLICANT (if applicable)

Mr <input checked="" type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
Surname Khan-Sherwani			First names Muhammad Waseem		

I am 18 years old or over		<input checked="" type="checkbox"/> Please tick yes	
Current postal address if different from premises address	7 Essenden Road Sanderstead South Croydon Surrey		
Post Town	Croydon	Postcode	CR2 0BW
Daytime contact telephone number	07904163214		
E-mail address (optional)	sherwanicricket@hotmail.com		

(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?

Day Month Year

0	1	9	1	1	1	2	0	1	1	8
---	---	---	---	---	---	---	---	---	---	---

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

Day Month Year

1	1	1	1	1	1	1	1	1
---	---	---	---	---	---	---	---	---

Please give a general description of the premises (please read guidance note1)

The ground floor and basement commercial premises is a Budgens Super market store selling alcohol, cigarettes, confectionery and general household items. It is proposed that the store continues to be used as a Budgens store. The Premises did have a Premises Licence for the sale of alcohol to be consumed off the premises (No 17/00056/PREMIS) and in a review the Premises Licence was revoked by the Woking Borough Council Licensing Sub-Committee following breaches of test purchasing incidents whilst Mr Islam was the DPS. The Premises Licence was transferred by the Woking Borough Council to the second Applicant and Mr Islam lost his appeal in the Guildford Magistrates Court. Before the appeal the premises licence was successfully transferred to the second applicant.

This application contains exactly the same licensing activities on the previous premises licence that have been transferred to the second Applicant. The Applicants proposes to adopt the same Mandatory conditions (Annex 1 and 2) that have already been made and are attached to this application. In view of the two breaches that have occurred by the previous DPS (Mr Nurul Islam) following test purchasing, the Applicants are making a fresh application by putting in place a more robust system to prevent underage sales. In a previous application for a transfer of a Premises Licence the second Applicant had already been approved by the Council's licensing authority and the Surrey Police as the DPS.

In order to make a fresh start the Applicants have appointed a new experienced manager to be the DPS who will be attending the Budgens premises daily. He will supervise, advise, train and manage the staff. He will pay particular emphasis on ensuring that there is no underage selling by the staff at Budgens. Mrs Eva Choudhury lives in Woking and will also be attending the premises at Budgens daily. She will apply for a photocard. The second applicant will inspect the premises from time to time.

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

0

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 tick yes

- | | |
|----------------------------------------------------------------------|--------------------------|
| 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)

Provision of entertainment facilities:

- i) making music (if ticking yes, fill in box I)
j) dancing (if ticking yes, fill in box J)
k) entertainment of a similar description to that falling within (i) or (j)
(if ticking yes, fill in box K)

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

A

Plays Standard days and timings (please read guidance note 6)			<u>Will the performance of a play take place indoors or outdoors or both – please tick</u> (please read guidance note 2)	Indoors <input type="checkbox"/>
				Outdoors <input type="checkbox"/>
				Both <input type="checkbox"/>
Day	Start	Finish	<u>Please give further details here</u> (please read guidance note 3)	
Mon				
Tue				
Wed				
			<u>State any seasonal variations for performing plays</u> (please read guidance note 4)	
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 5)	
Fri				
Sat				
Sun				

B

Films Standard days and timings (please read guidance note 6)			<u>Will the exhibition of films take place indoors or outdoors or both – please tick</u> (please read guidance note 2)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<u>Please give further details here</u> (please read guidance note 3)		
Mon					
Tue					
Wed			<u>State any seasonal variations for the exhibition of films</u> (please read guidance note 4)		
Thur					
Fri			<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 5)		
Sat					
Sun					

C

Indoor sporting events Standard days and timings (please read guidance note 6)			<u>Please give further details</u> (please read guidance note 3)
Day	Start	Finish	
Mon			
Tue			<u>State any seasonal variations for indoor sporting events</u> (please read guidance note 4)
Wed			<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 5)
Thur			
Fri			
Sat			
Sun			

D

Boxing or wrestling entertainments Standard days and timings (please read guidance note 6)			Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick (please read guidance note 2)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 3)		
Mon					
			State any seasonal variations for boxing or wrestling entertainment (please read guidance note 4)		
Tue					
			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 5)		
Wed					
Thur					
Fri					
Sat					
Sun					

E

Live music Standard days and timings (please read guidance note 6)			<u>Will the performance of live music take place indoors or outdoors or both – please tick</u> (please read guidance note 2)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<u>Please give further details here</u> (please read guidance note 3)		
Mon					
Tue			<u>State any seasonal variations for the performance of live music</u> (please read guidance note 4)		
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 5)		
Fri					
Sat					
Sun					

F

Recorded music Standard days and timings (please read guidance note 6)			Will the playing of recorded music take place indoors or outdoors or both – please tick (please read guidance note 2)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 3)		
Mon					
Tue					
Wed			State any seasonal variations for the playing of recorded music (please read guidance note 4)		
Thur					
Fri					
Sat			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 (please read guidance note 5)		
Sun					

G

Performances of dance Standard days and timings (please read guidance note 6)			<u>Will the performance of dance take place indoors or outdoors or both – please tick</u> (please read guidance note 2)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
Day	Start	Finish		Both	<input type="checkbox"/>
Mon				<u>Please give further details here</u> (please read guidance note 3)	
Tue					
Wed			<u>State any seasonal variations for the performance of dance</u> (please read guidance note 4)		
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 5)		
Sat					
Sun					

H

Anything of a similar description to that falling within (e), (f) or (g) Standard days and timings (please read guidance note 6)			<u>Please give a description of the type of entertainment you will be providing</u>		
Day	Start	Finish	<u>Will this entertainment take place indoors or outdoors or both – please tick</u> (please read guidance note 2)	Indoors	<input type="checkbox"/>
Mon				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Tue			<u>Please give further details here</u> (please read guidance note 3)		
Wed					
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 4)		
Fri					
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 5)		
Sun					

Provision of facilities for making music Standard days and timings (please read guidance note 6)			<u>Please give a description of the facilities for making music you will be providing</u>	
			<u>Will the facilities for making music be indoors or outdoors or both – please tick</u> (please read guidance note 2)	
Day	Start	Finish	Indoors	<input type="checkbox"/>
			Outdoors	<input type="checkbox"/>
			Both	<input type="checkbox"/>
Mon			<u>Please give further details here</u> (please read guidance note 3)	
Tue				
Wed			<u>State any seasonal variations for the provision of facilities for making music</u> (please read guidance note 4)	
Thur				
Fri			<u>Non standard timings. Where you intend to use the premises for provision of facilities for making music at different times to those listed in the column on the left, please list</u> (please read guidance note 5)	
Sat				
Sun				

J

Provision of facilities for dancing Standard days and timings (please read guidance note 6)			Will the facilities for dancing be indoors or outdoors or both – please tick (see guidance note 2)	Indoors <input type="checkbox"/>
				Outdoors <input type="checkbox"/>
				Both <input type="checkbox"/>
Day	Start	Finish	<u>Please give a description of the facilities for dancing you will be providing</u>	
Mon			<u>Please give further details here</u> (please read guidance note 3)	
Tue				
Wed			<u>State any seasonal variations for providing dancing facilities</u> (please read guidance note 4)	
Thur				
Fri			<u>Non standard timings. Where you intend to use the premises for the provision of facilities for dancing entertainment at different times to those listed in the column on the left, please list</u> (please read guidance note 5)	
Sat				
Sun				

K

Provision of facilities for entertainment of a similar description to that falling within i or j Standard days and timings (please read guidance note 6)			<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 tick</u> (please read guidance note 2)	Indoors	<input type="checkbox"/>
Mon				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Tue			<u>Please give further details here</u> (please read guidance note 3)		
Wed					
Thur			<u>State any seasonal variations for the provision of facilities for entertainment of a similar description to that falling within i or j</u> (please read guidance note 4)		
Fri					
Sat			<u>Non standard timings. Where you intend to use the premises for the provision of facilities for entertainment of a similar description to that falling within i or j at different times to those listed in the column on the left, please list</u> (please read guidance note 5)		
Sun					

L

Late night refreshment Standard days and timings (please read guidance note 6)			Will the provision of late night refreshment take place indoors or outdoors or both – please tick (please read guidance note 2)	Indoors	<input checked="" type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<u>Please give further details here</u> (please read guidance note 3)		
Mon					
Tue			<u>State any seasonal variations for the provision of late night refreshment</u> (please read guidance note 4)		
Wed					
Thur			<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 5)		
Fri					
Sat					
Sun					

M

Supply of alcohol Standard days and timings (please read guidance note 6)			Will the supply of alcohol be for consumption (Please tick box) (please read guidance note 7)	On the premises	<input type="checkbox"/>
				Off the premises	<input checked="" type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	State any seasonal variations for the supply of alcohol (please read guidance note 4) Christmas Day 1200 hours to 1500 hours and 1900 hours to 2230 hours		
Mon	0700	2300			
Tue	0700	2300			
Wed	0700	2300			
Thur	0700	2300			
Fri	0700	2300			
Sat	0700	2300			
Sun	0800	2230			
			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 5) None		

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

Name Mr Mohammed Asif Parvez	
Address 68 Lavender Vale Wallington Surrey NB Copy of the personal licence is attached	
Postcode	SM6 9QT
Personal Licence number (if known) 5870/10/00412/LAPERS	
Issuing licensing authority (if known) London Borough of Sutton	

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 8)
 None

O

Hours premises are open to the public Standard days and timings (please read guidance note 6)			State any seasonal variations (please read guidance note 4) None
Day	Start	Finish	
Mon	0700	2300	
Tue	0700	2300	
Wed	0700	2300	
Thur	0700	2300	
Fri	0700	2300	
Sat	0700	2300	
Sun	0800	2230	
			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 5) None

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 9)

At all times we will comply with the fire regulations, the Licensing Act 2003 and the Health & Safety regulations. The staff will receive training. The premises will be kept clean and tidy at all times. All alcohol to children will be inaccessible. The alcohol will be stored in a lockable store room in the basement and to minimise the risk of theft. We undertake to promote the four licensing objectives at all times and make sure the property is insured. We will maintain employers liability insurance. The safety of customers, staff and suppliers is paramount. There will be fire extinguishers, a first aid box, 11 CCTV cameras and notices to enable us to maintain safety whilst the premises are open. In view of the breaches of the Licensing Act the Applicants will make sure underage sales do not take place by staff. In addition the staff member who sold alcohol on two separate occasions to customers under 18 was dismissed for gross misconduct.

b) The prevention of crime and disorder

We will employ sufficient trained staff. They will be trained to be vigilant. Some employees will have training or level 2 NCPHL awards. We will display adequate notices and observe the Licensing regulations. We will refuse to serve any customer who is drunk and disorderly. We will implement the Challenge 25 policy, have a zero tolerance policy on drugs and have good lighting. The alcohol will be stored, displayed and served in a responsible manner. We will work with the police and local groups. We will co-operate with the Licensing authority and will use their best endeavours to ensure that there are no further breaches of the law.

c) Public safety

In order to protect the public and the staff we will continue to maintain 11 CCTV cameras, adequate lighting and put up notices. We will ensure all fire precautions are taken including fire alarms and extinguishers. We will keep the fire doors free from obstruction. We will be vigilant of any hazards that may cause harm to members of the public and carry out a risk assessment if necessary. We will record and review the risk assessment. We will maintain an accident book and a refusals book. From time to time we will have fire drills and make sure the film recording on the CCTV cameras are fairly and securely maintained in accordance with the Data Protection Act. The CCTV will be operational, kept in good working order and images will be retained for at least one month. Two employees will be able to operate the CCTV system.

d) The prevention of public nuisance

We will adopt Challenge 25 from the date of the Premises Licence and will get the staff to sign a verification policy. We will adopt "no pass no go". We will discourage youths from hanging around and loitering outside the premises. We will make sure all rubbish is cleared away and display challenge 25 posters. We will display a "Quiet Notice" at the exit of the restaurant and try to keep noise to a minimum to assist local residents. CCTV will assist in keeping noise and disturbances to a minimum. The Applicant proposes the Mandatory conditions (Annex 1 and 2). These conditions were the same conditions attached to the Premises Licence which was transferred by the Woking Borough Council to the second Applicant earlier this year and when the Woking Council approved the second Applicant as the Designated Premises Supervisor.

e) The protection of children from harm

The protection of children from harm is of paramount importance. We will remain vigilant at all times and manage the sale of alcohol responsibly. There will be no irresponsible promotions. In view of the previous breaches of underage selling, we undertake to do everything we can not to sell alcohol to anyone under the age of 18. We will not sell knives or weapons. The staff will insist on appropriate identification documents such as a passport or driving licence. The beers and spirits will be stored correctly. The two tills be be place behind the front counter. The alcohol will be stored in a lockable room in the premises. All staff will never work alone and we will carry out CRB checks. The Applicant is aware of the fact that the previous licence holder (Mr Islam) sold alcohol to customers under 18 years. The new DPS is a British Citizen and has held a personal licence for over eight years. Both applicants have level NCHPL qualifications and the second Applicant has held a photocard since 1st April 2014.

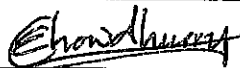
Please tick yes

- 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 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

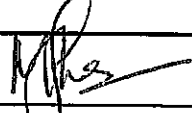
IT IS AN OFFENCE, LIABLE ON CONVICTION TO A FINE UP TO LEVEL 5 ON THE STANDARD SCALE, UNDER SECTION 158 OF THE LICENSING ACT 2003 TO MAKE A FALSE STATEMENT IN OR IN CONNECTION WITH THIS APPLICATION

Part 4 – Signatures (please read guidance note 10)

Signature of applicant or applicant’s solicitor or other duly authorised agent (See guidance note 11). **If signing on behalf of the applicant please state in what capacity.**

Signature	
Date	05/10/2018
Capacity	Applicant

For joint applications signature of 2nd applicant or 2nd applicant’s solicitor or other authorised agent. (please read guidance note 12). **If signing on behalf of the applicant please state in what capacity.**

Signature	
Date	05/10/18
Capacity	Applicant. (former License Holder & DPS)

Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 13)

M W Khan-Sherwani
7 Essenden Road
Sanderstead
Croydon

Post town	Croydon	Post code	CR2 0BW
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Telephone number (if any)	07904163214
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If you would prefer us to correspond with you by e-mail your e-mail address (optional) sherwanicricket@hotmail.com

Notes for Guidance

1. Describe 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.
2. Where taking place in a building or other structure please tick as appropriate. Indoors may include a tent.
3. For example the 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.
4. For example (but not exclusively), where the activity will occur on additional days during the summer months.
5. For example (but not exclusively), where you wish the activity to go on longer on a particular day e.g. Christmas Eve.
6. Please 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.
7. If you wish people to be able to consume alcohol on the premises please tick on, if you wish people to be able to purchase alcohol to consume away from the premises please tick off. If you wish people to be able to do both please tick both.
8. Please 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, the presence of gaming machines.
9. Please list here steps you will take to promote all four licensing objectives together.
10. The application form must be signed.
11. An applicant's agent (for example solicitor) may sign the form on their behalf provided that they have actual authority to do so.
12. Where there is more than one applicant, both applicants or their respective agents must sign the application form.
13. This is the address which we shall use to correspond with you about this application.

LONDON BOROUGH OF SUTTON

**LICENSING ACT 2003
PERSONAL LICENCE**

**Mohammed Asif
Parvez**

**Licence No
5870/10/00412/LAPERS**

Expires 26 May 2020



Consent of individual to being specified as premises supervisor

I MOHAMMED ASIF PARVEZ
[full name of prospective premises supervisor]

of 68 LAVENDER VALE

WALLINGTON

SURREY

SM6 9RT

[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

EVA CHOWDHRY & MUHAMMAD WASEEM KHAN-SITELAWI
[name of applicant]

relating to a premises licence

NOT KNOWN
[number of existing licence, if any]

for

BUDGENS

1 CHERTSEY ROAD

WOKING

SURREY GU21 5AA

[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

EVA CHAUDHURY & MUHAMMAD WASEEM KHAN-SHELLANI
[name of applicant]

concerning the supply of alcohol at

BUDGENS
1 CHERTSEY ROAD,
WOKING
SURREY GU24 5AA
[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

5870 / 10 / 00412 / LAPERS
[insert personal licence number, if any]

Personal licence issuing authority

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

Signed



Name (please print)

MOHAMMED ASIF PARVEZ

Date

4th October 2018

BUDGENS, 1 CHERTSEY ROAD, WOKING, SURREY

⊗ CCTV - BUDGENS

⊠ COUNCIL CAMERA

