

**REPORT ON APPLICATION FROM NISA LOCAL AYLESBURY, UNDER THE LICENSING ACT 2003 FOR A PREMISES LICENCE TO BE GRANTED**

**1. THE APPLICATION**

Applicant(s): Mr Vijay Singh Matta

Premises: Nisa Local, 46 Buckingham Street, Aylesbury, Buckinghamshire, HP20 2LL

**1.1 New Application**

The application is for a new Premises Licence under section 17 of the Act. The detail in respect to the hours and activities applied for are set out in the application form, attached as Appendix 1.

The steps the applicant intends to take to promote the licensing objectives are set out in the operating schedule (see appendix 1, Part P of application form).

In an effort to clarify the proposed permissions these are set out in Appendix 2. A plan of the premises is attached as Appendix 5 and a location plan is attached as Appendix 6.

**2. RELEVANT REPRESENTATIONS**

**2.1 Responsible Authorities**

**Thames Valley Police – A representation from Thames Valley Police was received during the consultation period. A copy of the representation is attached as Appendix 3**

**Environmental Health – No comment**

**Bucks Fire and Rescue – No representation**

**Planning – No representation**

**Trading Standards – No comment**

**Area Child Protection Committee – No comment**

**2.2 Other Parties**

We received two representations during the consultation period and these are attached as Appendix 4.

**3. NOTICE OF HEARING AND RESPONSES**

All parties were served Notices of Hearing on receipt of the representation along with the document, 'Licensing Act 2003 – The Procedure to be followed

at Hearings'. The parties have therefore been notified of the consequences of failing to attend.

No further submissions have been received to date following service of the Notice of Hearing. Members will be notified of any further responses at the hearing.

**4. GENERAL INFORMATION**

The general information Members need to have regard to when determining applications made under the Licensing Act 2003 is attached to the front of this Agenda.

**5 ISSUES RAISED BY THE APPLICATION**

The issues raised by the application are for the Sub-Committee to determine having regard to all the relevant considerations. Whatever, the Sub-Committee decides, it must give reasons.

To assist Members and the parties further, The Licensing Services Manager will draw attention to any issues arising from this application at the hearing.

Contact Officer	Peter Seal 01296 585083
Background Documents	Names of Background documents

Application for a premises licence to be granted  
under the Licensing Act 2003

24 JUL 2012

PLEASE READ THE FOLLOWING INSTRUCTIONS FIRST

RECEIVED  
ENVIRONMENTAL HEALTH & LICENSING SERVICES

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 VIJAY SINGH MATTA

(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  
NISA LOCAL  
46 BUCKINGHAM STREET

Post town	AYLESBURY	Post code	HP20 2LL
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Telephone number at premises (if any)

Non-domestic rateable value of premises £15000

Part 2 - Applicant Details

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

- |   |                                     |                             |
|---|-------------------------------------|-----------------------------|
| a) an individual or individuals *               | <input checked="" type="checkbox"/> | please complete section (A) |
| b) a person other than an individual *          |                                     |                             |
| i. as a limited company                         | <input type="checkbox"/>            | please complete section (B) |
| ii. as a partnership                            | <input type="checkbox"/>            | please complete section (B) |
| iii. as an unincorporated association or        | <input type="checkbox"/>            | please complete section (B) |
| iv. other (for example a statutory corporation) | <input type="checkbox"/>            | please complete section (B) |
| c) a recognised club                            | <input type="checkbox"/>            | please complete section (B) |
| d) a charity                                    | <input type="checkbox"/>            | 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 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)**

<b>Mr</b> <input checked="" type="checkbox"/>	<b>Mrs</b> <input type="checkbox"/>	<b>Miss</b> <input type="checkbox"/>	<b>Ms</b> <input type="checkbox"/>	<b>Other Title (for example, Rev)</b>	
<b>Surname</b> MATTA			<b>First names</b> VIJAY SINGH		
<b>I am 18 years old or over</b>					<input checked="" type="checkbox"/> <b>Please tick yes</b>
<b>Current postal address if different from premises address</b>		[REDACTED ADDRESS]			
<b>Post Town</b>					
<b>Daytime contact telephone</b>					
<b>E-mail address (optional)</b>					

**SECOND INDIVIDUAL APPLICANT (if applicable)**

<b>Mr</b> <input type="checkbox"/>	<b>Mrs</b> <input type="checkbox"/>	<b>Miss</b> <input type="checkbox"/>	<b>Ms</b> <input type="checkbox"/>	<b>Other Title (for example, Rev)</b>	
<b>Surname</b>			<b>First names</b>		
<b>I am 18 years old or over</b>					<input type="checkbox"/> <b>Please tick yes</b>

<b>Current postal address if different from premises address</b>			
<b>Post Town</b>		<b>Postcode</b>	
<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>
<b>Address</b>
<b>Registered number (where applicable)</b>
<b>Description of applicant (for example, partnership, company, unincorporated association etc.)</b>
<b>Telephone number (if any)</b>
<b>E-mail address (optional)</b>

**Part 3 Operating Schedule**

When do you want the premises licence to start?

<b>Day</b>		<b>Month</b>		<b>Year</b>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

<b>Day</b>		<b>Month</b>		<b>Year</b>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please give a general description of the premises (please read guidance note1)  
NEWSAGENTS, OFF LICENCE AND CONVENIENCE STORE

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 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) | <input type="checkbox"/> |

**Provision of entertainment facilities:**

- |   |                          |
|---|--------------------------|
| i) making music (if ticking yes, fill in box I)   | <input type="checkbox"/> |
| j) dancing (if ticking yes, fill in box J)  | <input type="checkbox"/> |
| k) entertainment of a similar description to that falling within (i) or (j) (if ticking yes, fill in box K) | <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**

**A**

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

**D**

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

**E**

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

**F**

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

H

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

<b>Provision of facilities for making music</b> Standard days and timings (please read guidance note 6)			<b><u>Please give a description of the facilities for making music you will be providing</u></b>	
			<b><u>Will the facilities for making music be indoors or outdoors or both – please tick</u></b> (please read guidance note 2)	
Day	Start	Finish	Indoors	<input type="checkbox"/>
			Outdoors	<input type="checkbox"/>
			Both	<input type="checkbox"/>
Mon			<b><u>Please give further details here</u></b> (please read guidance note 3)	
Tue				
Wed				
Thur			<b><u>State any seasonal variations for the provision of facilities for making music</u></b> (please read guidance note 4)	
Fri				
Sat				
Sun			<b><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></b> (please read guidance note 5)	

J

<b>Provision of facilities for dancing</b> Standard days and timings (please read guidance note 6)			<b>Will the facilities for dancing be indoors or outdoors or both – please tick</b> (see guidance note 2)	Indoors <input type="checkbox"/>
				Outdoors <input type="checkbox"/>
				Both <input type="checkbox"/>
<b>Day</b>	<b>Start</b>	<b>Finish</b>	<b>Please give a description of the facilities for dancing you will be providing</b>	
Mon			<b>Please give further details here</b> (please read guidance note 3)	
Tue				
Wed			<b>State any seasonal variations for providing dancing facilities</b> (please read guidance note 4)	
Thur				
Fri			<b>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</b> (please read guidance note 5)	
Sat				
Sun				



**K**

<b>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)</b>			<b><u>Please give a description of the type of entertainment facility you will be providing</u></b>	
Day	Start	Finish	<b><u>Will the entertainment facility be indoors or outdoors or both – please tick (please read guidance note 2)</u></b>	Indoors <input type="checkbox"/>
Mon				Outdoors <input type="checkbox"/>
				Both <input type="checkbox"/>
Tue			<b><u>Please give further details here (please read guidance note 3)</u></b>	
Wed				
Thur			<b><u>State any seasonal variations for the provision of facilities for entertainment of a similar description to that falling within i or j (please read guidance note 4)</u></b>	
Fri				
Sat			<b><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 (please read guidance note 5)</u></b>	
Sun				

**L**

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

**M**

<b>Supply of alcohol</b> Standard days and timings (please read guidance note 6)			<b>Will the supply of alcohol be for consumption (Please tick box)</b> (please read guidance note 7)	On the premises	<input type="checkbox"/>			
				Off the premises	<input checked="" type="checkbox"/>			
				Both	<input type="checkbox"/>			
<b>Day</b>	<b>Start</b>	<b>Finish</b>	<b>State any seasonal variations for the supply of alcohol</b> (please read guidance note 4)					
Mon	08:00	23:00						
	HRS	HRS						
Tue	08:00	23:00						
	HRS	HRS						
Wed	08:00	23:00						
	HRS	HRS						
Thur	08:00	23:00				<b>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</b> (please read guidance note 5)		
	HRS	HRS						
Fri	08:00	23:00						
	HRS	HRS						
Sat	08:00	23:00						
	HRS	HRS						
Sun	08:00	23:00						
	HRS	HRS						

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

<b>Name</b> VIJAY SINGH MATTA	
<b>Address</b> <del>XXXXXXXXXXXXXXXXXXXXXXXXXXXX</del> <del>XXXXXXXXXXXXXXXXXXXXXXXXXXXX</del>	
<b>Postcode</b>	TW5 9LG
<b>Personal Licence number (if known)</b> LBHIL 2298	
<b>Issuing licensing authority (if known)</b> LONDON BOROUGH OF HILLINGDON	

**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**

<b>Hours premises are open to the public</b> Standard days and timings (please read guidance note 6)			<b>State any seasonal variations</b> (please read guidance note 4)	
<b>Day</b>	<b>Start</b>	<b>Finish</b>		
Mon	08:00	23:00		
	HRS	HRS		
Tue	08:00	23:00		
	HRS	HRS		
Wed	08:00	23:00		
	HRS	HRS		
Thur	08:00	23:00		<b>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</b> (please read guidance note 5)
	HRS	HRS		
Fri	08:00	23:00		
	HRS	HRS		
Sat	08:00	23:00		
	HRS	HRS		
Sun	08:00	23:00		
	HRS	HRS		

**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)**

STRICT IMPLEMENTATION OF CHALLENGE 25 POLICY  
SEPARATING ALCOHOL FROM CHILDRENS SECTION  
ALL STAFF TO BE TRAINED IN RESPONSIBLE ALCOHOL RETAILING  
CCTV IN OPERATION 24HRS. RECORDING & MONTHLY STORING SYSTEM.  
JOINING RETAILWATCH SCHEMES & KEEPING IN TOUCH WITH THE POLICE

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

TRAIN ALL STAFF & DEVELOP THE RIGHT ATMOSPHERE WITH CUSTOMERS  
CCTV INSTALLED INSIDE AND OUTSIDE. JOIN RETAILWATCH SCHEMES  
KEEP A CLOSE WATCH ON ALL CUSTOMERS & KEEP CLEAR VIEW OF PREMISES  
LIASE WITH THE LOCAL POLICE  
BE CALM AND DECISIVE & DO NOT REACT TO PROVOCATION  
ALL PURCHASES MADE FROM WHOLESALERS/CASH AND CARRYS ONLY

**c) Public safety**

INSTALLATION OF APPROPRIATE & ADEQUATE SAFETY EQUIPMENT.  
INSTALLATION OF EMERGENCY LIGHTING AND EVACUATION PROCEDURES BE IN PLACE WITH WARNING SIGNS .  
FIRE EVACUATION PROCEDURES. TO COMPLY WITH ALL CURRENT, FIRE AND HEALTH AND SAFETY LEGISLATION AS REQUIRED BY THE LAW  
ALL PURCHASES TO BE MADE FROM WHOLESALERS/CASH AND CARRYS ONLY

**d) The prevention of public nuisance**

A MANAGEMENT POLICY IN PLACE TO TAKE INTO ACCOUNT THE EXTERNAL AREAS OF THE PREMISES AND THE CONDUCT OF THE CUSTOMERS .  
NOTICE TO CUSTOMERS REGARDING CONSIDERATION FOR NEIGHBOURS.  
TO MONITOR ANTI SOCIAL BEHAVIOUR BY USE OF CCTV  
JOIN RETAILWATCH SCHEMES  
STRICT POLICY NOT TO SERVE DRUNKEN CUSTOMERS.  
CHALLENGE 25 IN FORCE ALL THE TIME

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

STRICT IMPLEMENTATION OF CHALLENGE 25 POLICY  
ALCOHOL TO BE KEPT AWAY FROM CHILDRENS CONFECTIONERY SHELVES  
SIGNS TO BE PUT ON SHELVES REGARDS TO NO ID NO SALE ON ALCOHOL SHELVES  
CIGARETTES & SPIRITS TO BE KEPT BEHIND THE COUNTER AWAY FROM CHILDREN.  
STAFF FULLY TRAINED ON NO ID NO SALE CHALLENGE 25 POLICY  
HEALTH & SAFETY MEASURES ARE IN PLACE WHERE EQUIPMENT IS OF DANGER TO YOUNG PERSONS.

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	[REDACTED]
Date	20/07/2012
Capacity	AGENT

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 12). If signing on behalf of the applicant please state in what capacity.

Signature	
Date	
Capacity	

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

PERSONAL LICENCE COURSES LTD  
S.PANCHAL  
STUDIO 8  
HAYES BUSINESS STUDIO  
HAYES CAMPUS  
COLLEGE WAY

Post town HAYES Post code UB3 3BB

Telephone number (if any) [REDACTED]

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

v [REDACTED]

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

**VIJAY SINGH MATTA**

.....  
*[full name of prospective premises supervisor]*



.....  
*[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 APPLICATION**

.....  
*[type of application]*

by

**VIJAY SINGH MATTA**

.....  
*[name of applicant]*

relating to a premises licence **NEW PREMISES**

.....  
*[number of existing licence, if any]*

for

**NISA LOCAL  
46 BUCKINGHAM STREET  
AYLESBURY  
HP20 2LL**

.....  
*[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

VIJAY SINGH MATTA

-----  
*[name of applicant]*

concerning the supply of alcohol at

NISA LOCAL  
46 BUCKINGHAM STREET  
AYLESBURY  
HP20 2LL

-----  
*[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

LBHIL 2298

-----  
*[insert personal licence number, if any]*

Personal licence issuing authority

LONDON BOROUGH OF HILLINGDON

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

Signed



Name (please print)

VIJAY SINGH MATTA

Date

20/07/2012



## Appendix 2

### The application relates to the sale of alcohol

	Sale of Alcohol (Off the premises only)			
	Existing		Proposed	
	From	To	From	To
Monday	N/A	N/A	08 00	23 00
Tuesday	N/A	N/A	08 00	23 00
Wednesday	N/A	N/A	08 00	23 00
Thursday	N/A	N/A	08 00	23 00
Friday	N/A	N/A	08 00	23 00
Saturday	N/A	N/A	08 00	23 00
Sunday	N/A	N/A	08 00	23 00

	Open to the Public			
	Existing		Proposed	
	From	To	From	To
Monday	N/A	N/A	08 00	23 00
Tuesday	N/A	N/A	08 00	23 00
Wednesday	N/A	N/A	08 00	23 00
Thursday	N/A	N/A	08 00	23 00
Friday	N/A	N/A	08 00	23 00
Saturday	N/A	N/A	08 00	23 00
Sunday	N/A	N/A	08 00	23 00

Appendix 3  
AYLESBURY VALE DISTRICT COUNCIL  
Environmental Health & Licensing



Please ask for: Kerryann Ashton  
Direct Line: (01296) 585560  
Switchboard: (01296) 585858  
Minicom Line: (01296) 585055  
Email: [kashton@aylesburyvaledc.gov.uk](mailto:kashton@aylesburyvaledc.gov.uk)  
Our Ref: 12/01048/LAPRE/PR1238  
Your Ref:

FILE COPY

22nd August 2012

Mr S Panchal  
Personal Licence Courses LTD  
Studio 8  
Hayes Business Studio  
Hayes Campus  
College Way  
Hayes  
UB3 3BB

Dear Mr S Panchal

**Licensing Act 2003 - Application for a Premises Licence**  
**Nisa Local, 46 Buckingham Street, Aylesbury, Buckinghamshire, HP20 2LL**

I write with reference to the response we received from Thames Valley Police on the 20<sup>th</sup> August 2012 (copy enclosed).

If you agree with these amendments and you are willing to amend your application for your premises licence to include the following conditions please sign and return the copy of this letter by return.

1. Refusals register to be kept at point of sale

I confirm that I agree with the above mentioned amendments being made to the above application, and that I am authorised to do so.

Signature: .....

Print Name: .....

Position in Company: .....

Date: .....

Should you wish to discuss any matters raised in this letter, or have any queries, please do not hesitate to contact me.



Environmental Health & Licensing  
PO Box 622 Aylesbury HP20 1ZL  
Fax (01296) 585674 DX 4130 Aylesbury  
[www.aylesburyvaledc.gov.uk](http://www.aylesburyvaledc.gov.uk)  
Visitors please call at 66 High Street Aylesbury



Shaded sections, where possible, to be completed **BEFORE** being allocated to the individual undertaking the assessment. The rest to be completed by the officer undertaking the assessment. Attach AL 3 to the application form.



# THAMES VALLEY POLICE

## Premise Licence Application, Police Response

To be completed **BEFORE** :

Triage Categorisation  
**A/B/C**

Name of premises		Address And phone number(s)	Name of applicant (individual or company)	Company name if different to applicant
Nisa Local		46 Buckingham Street Aylesbury HP20 2LL	Vijay Matta	
Date application received & allocated to officer	TVP licensing officer dealing with application	Licensing Authority dealing with application	Type of Application	
Received	24/7/12	Trevor Hooper	AVDC	New*
Allocated	24/7/12			Variation*
*delete as appropriate				

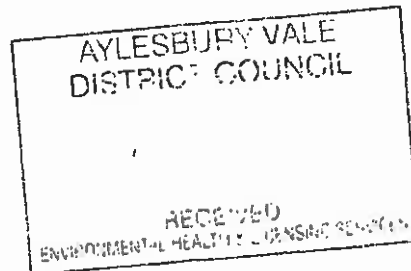
Applicants correspondence address if different to premises	Date assessment process began	Date(s) contact made between licensing and applicant or other:		Other person acting on behalf of applicant
		Date	Persons	
	24/7/12	13/8/12	Solicitor	
	<b>Date Responded</b>	16/8/12	Applicant	
	20/8/12			

**Applicant spoken with and has agreed an additional condition to  
be placed on licence.  
Refusals register to be kept at point of sale.**

**Thames Valley Police are satisfied with this  
application and do not wish to make a  
representation**

Aylesbury Vale District Council  
Licensing Services Manager  
66 High Street  
Aylesbury  
HP20 1SD

Paulina Tokarczyk  
Miroslaw Gorski



11<sup>th</sup> August 2012

Dear Sir/Madame

We are writing to you to register our objection to the application for a premises licence by Mr Vijay Singh Matta for 46 Buckingham Street, Aylesbury, HP20 2LL.

The proposed site is in the middle of a residential area. As a residents we believe that another off-licence is not needed in an area already inundated with convenience stores.

New of-licence will cause a nuisance on our doorsteps with issues such as litter, noise and traffic pollution. There would also be drunken louts and under-aged drinkers gathered outside.

This area is known for anti-social behaviour and with the majority of people living in the area with little children, we strongly oppose to an off-licence on our doorsteps.

We want to see the application refused so our community can live in peace and harmony.

Your sincerely

Paulina Tokarczyk



Miroslaw Gorski



# OUR NEIGHBOURS :




1)

  
P MCEVOY

2) Anna Snowmond

3) ALAN DE SOUSA

4) Simon Sorels

  
  
MICHAL SVITEK  




13/08/2013

Aylesbury Vale District Council  
Environmental Health & Licensing  
66 High Street  
Aylesbury  
HP20 1ZL

Dear Sirs,

Ref: 12/01048/LAPRE

Application for premises licence by Mr. VIJAY SINGH MATTA for 46 Buckingham Street Aylesbury HP20 2LL .

I am writing to register my objection to the application for a premises licence by Mr Vijay Singh for 46 Buckingham Street, Aylesbury, HP20 2LL. The basis for this opposition is that granting a licence for these premises will not promote the licensing objectives, particularly the prevention of crime, disorder, antisocial behaviour and protection of children from harm.

An Additional Off-licence in Buckingham Street( THREE LICENCE ) is likely to add to existing notable levels of crime and disorder experienced in the area in relation to the night time economy and town centre drunks.

A new off licence has the potential to become 'flashpoint' for disorder and underage drinkers (in relation to this point one has to question if there is a need for an additional off licence in such close proximity to so many others and directly opposite an established off-licence)

Buckingham Street is already filled up with off-licences, restaurants, takeaways and nightclubs and enabling another premise to sell alcohol would be totally detrimental to its aims and objectives. The application proposes that alcohol will be sold for consumption off the premises between 6:00am and 11.00pm, seven days a week. Granting a licence would provide a further source of alcohol within an area already so heavily populated with licensed premises that crime, disorder and public nuisance have already reached problem levels for the local police.

A new off-licence opposite an existing off-licence will cause un-necessary price wars and this will lead to excess drinking and cause crime and disorder and nuisance to public.

I have been working closely with Thames Valley Police to reduce the problems with Antisocial behaviour, town centre drunks, underage drinking and proxy buying (adults buying alcohol for under 18s).

I have worked very hard and have gained a lot of experience in the last 12 years and have put a lot of measures in place to achieve the 4 licencing objectives.

- the prevention of crime and disorder;
- public safety;
- the prevention of public nuisance; and
- the protection of children from harm.

By allowing a new off-licence to open earlier the licensing committee will undermine the hard work we have put in to promote licencing objectives on this part of the street and the licensing authority will also undermine its own policy of upholding the objectives. For this reason I urge the committee that the application to be refused.

**The protection of children from harm.**

Mirage night club which is also based on Buckingham Street some time hold underage parties. At this time we have to be very careful so that we do not sever alcohol to anyone under the age of 18 or any adult who we think will pass alcohol or cigarettes to under 18s.

The protection of children from harm requires experience and trained staff. I have gained a lot of experience. Me and my trained staff confidently can handle the nights when there are underage parties in the nightclub. A new off-licence will not have the needed experience or the trained staff to be able to protect children from harm.

A new off-licence will give the underage another place to try their luck and could possibly buy alcohol or cigarettes. A new off-licence will also not have any experience to deal with busy and potentially disorderly evenings when there are underage parties in the nightclubs. By granting the application the licencing authority will undermine its objective of protecting children from harm.

**In view of all the above, I would urge the Licensing Authority to refuse the application.**

If for some reason the Licencing Authority decides to grant the application I would request that the following conditions to be attached so that the licencing objectives are upheld.

- The opening hours to be limited from 11am until 7pm.
- No alcohol to be displayed in front area of the shop.
- No posters or promotional posters to do with alcohol should be displaced on shop window.
- A colour CCTV must be installed with cameras covering the entrance, counter area, alcohol display area, car park. Recording must be kept for 31 days and made available to responsible authorities on request.
- A challenge 25 scheme to be installed and refusal register to be kept.
- Single cans of beer or cider must not be sold.
- Alcopops must not be sold.
- There should be no buy 1 get 1 free offers on alcohol.
- No alcohol should be given free with any offers.
- Customers must not be allowed to drink alcohol in the car park adjacent to the shop.
- There should always be a personal licence holders present at the shop to authorize sales of alcohol and cigarettes.

- There should be a minimum of 3 or 4 staff present at the shop at all times.
- If the shop opens before 11am then alcohol display must be covered out of view of customers.

Finally again I urge the committee to refuse the application and I look forward to hearing from you.

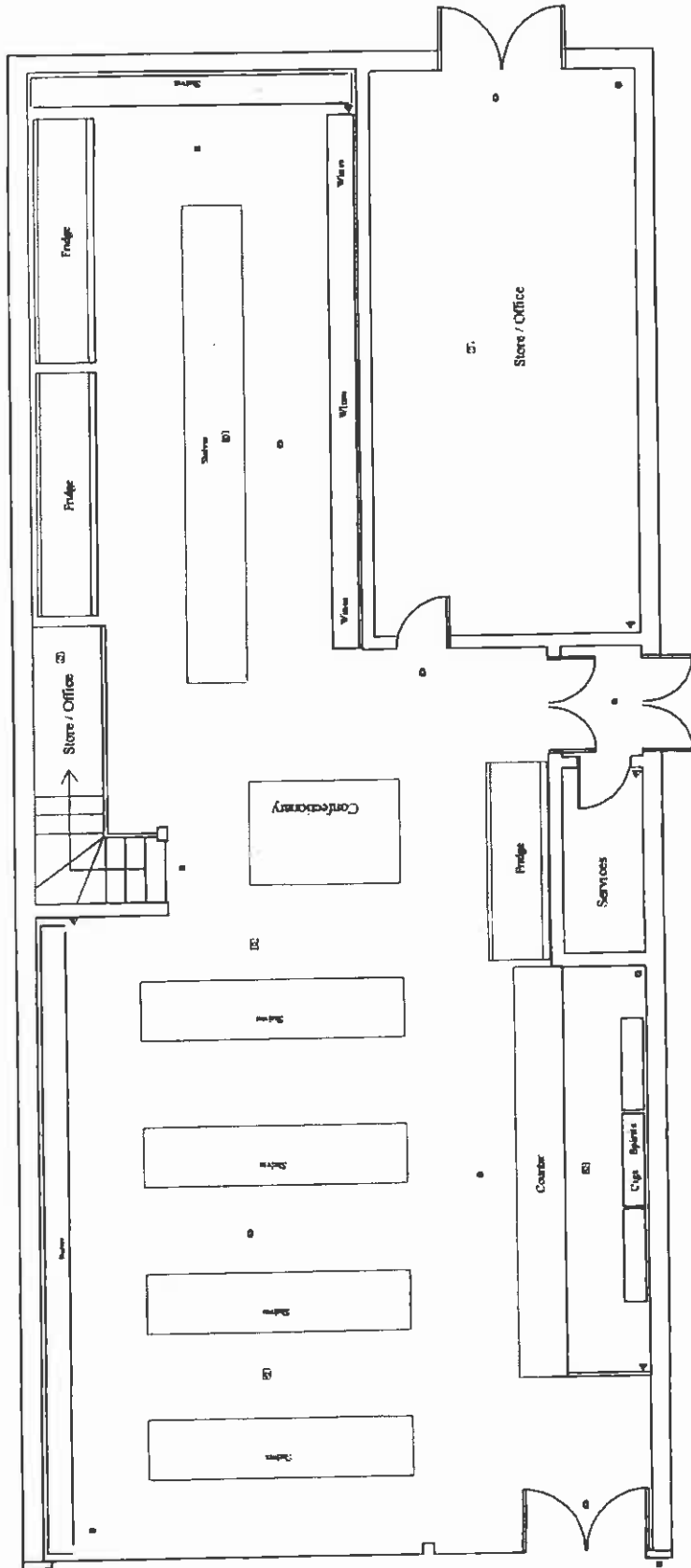
Many Thanks

Yours Sincerely

P.PRASHANTHAN



PROPOSED LICENSING PLAN



KEY

SCALE : 1 : 100

▲	FIRE EXTINGUISHERS
□	FIRE EXIT SIGNS
□	EMERGENCY LIGHTING
□	CCTV CAMERAS
□	CCTV RECORDING 31 DAYS
□	SHUTTERS PROVIDED
□	ALARM SYSTEM TO AOI SPEC OR SIMILAR FITTED

46 Buckingham Street  
 Aylesbury  
 HP20 2LH

# Appendix 6



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Nisa Local  
 46 Buckingham Street  
 Aylesbury, Bucks, HP20 2LL



Scale : 1:1000