

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 **GOODCARE GLOBAL UK PROPERTIES LTD**

(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			
Lampton Parkside Cafe, Unit 2, 88 Lampton Road			
Post town	Hounslow	Postcode	TW3 4DJ

Telephone number at premises (if any)	
Non-domestic rateable value of premises	£ No rateable value

Part 2 - Applicant details

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

a)	an individual or individuals *	<input type="checkbox"/>	please complete section (A)
b)	a person other than an individual *		
i	as a limited company/limited liability partnership	<input checked="" type="checkbox"/>	please complete section (B)
ii	as a partnership (other than limited liability)	<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	<input type="checkbox"/>	please complete section (B)
f)	a health service body	<input type="checkbox"/>	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	<input type="checkbox"/>	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	<input type="checkbox"/>	please complete section (B)
h)	the chief officer of police of a police force in England and Wales	<input type="checkbox"/>	please complete section (B)

* If you are applying as a person described in (a) or (b) please confirm (by ticking yes to one box below):

- 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)

Title			
Surname			
First names			
Date of birth		I am 18 year old or over	<input type="checkbox"/>
Nationality			
Current residential address if different from premises address			
Post town		Postcode	
Daytime contact telephone number			
E-mail address (optional)			

Where applicable (if demonstrating a right to work via the Home Office online right to work checking service), the 'share code' provided to the applicant by that service

Second individual applicant (if applicable)

Mr	Mrs	Miss	Ms	Other Title (for example, Rev)	
Surname			First names		
Date of birth or over		I am 18 years old		Please tick yes	
Nationality					
Current residential address if different from premises address					
Post town				Postcode	
Daytime contact telephone number					
E-mail address (optional)					
Where applicable (if demonstrating a right to work via the Home Office online right to work checking service), the 'share code' provided to the applicant by that service: (please see note 15 for information)					

(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	GOODCARE GLOBAL UK PROPERTIES LTD
Address	Lampton Parkside Cafe Unit 2, 88 Lampton Road, Hounslow, England, TW3 4DJ
Registered number (where applicable)	
13577027	

Description of applicant (for example, partnership, company, unincorporated association etc.)		
Private Limited Company		
Telephone number (if any)		
E-mail address (optional)		

Part 3 Operating Schedule

When do you want the premises licence to start?

DD	MM	YYYY

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

DD	MM	YYYY

Please give a general description of the premises (please read guidance note 1)

Lampton Parkside Cafe is a vibrant, community-focused cafe located within the Lampton Parkside development, adjacent to Lampton Park. The cafe spans approximately 2,000 square feet on a single ground floor, featuring a main cafe area, kitchen/prep area, flexible event space, and an outdoor terrace. The cafe offers artisanal coffee, freshly baked goods, and light meals, with alcohol sales to be integrated into both daily operations and private events.

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 and Schedules 1 and 2 to the Licensing Act 2003)

Provision of regulated entertainment (please read guidance note 2)		Please tick all that apply
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"/>

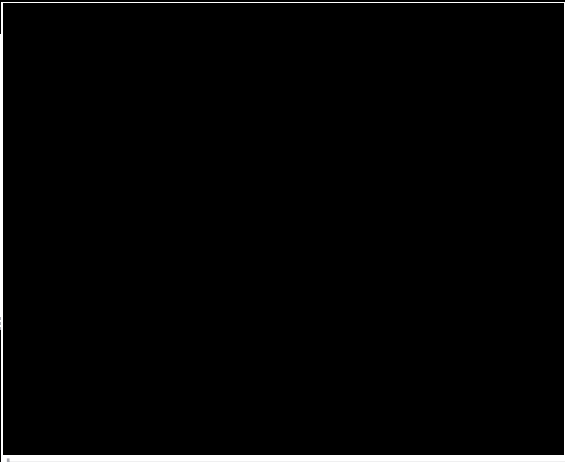
<u>Provision of late night refreshment</u> (if ticking yes, fill in box I)	<input type="checkbox"/>
<u>Supply of alcohol</u> (if ticking yes, fill in box J)	<input checked="" type="checkbox"/>

In all cases complete boxes K, L and M

J

Supply of alcohol Standard days and timings (please read guidance note 7)			<u>Will the supply of alcohol be for consumption – please tick</u> (please read guidance note 8)	On-Premises
Day	Start	Finish		
Mon	12:00-22:00		<u>State any seasonal variations for the supply of alcohol</u> (please read guidance note 5)	No seasonal variations.
Tue	12:00-22:00			
Wed	12:00-22:00			
Thur	12:00-22:00			
Fri	12:00-22:00		<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)	No non-standard or odd timings.
Sat	12:00-22:00			
Sun	12:00-22:00			

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	r. Sandeep Tadipatri	
Date of birth		
Address		
Postcode		
Personal licence number (if known)		
Issuing licensing authority (if known)		

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).

No adult entertainment or services will be provided.

L

Hours premises are open to the public Standard days and timings (please read guidance note 7)			<u>State any seasonal variations</u> (please read guidance note 5) <div style="border: 1px solid black; height: 150px; margin-top: 5px;"> No seasonal variations. </div>
Day	Start	Finish	<u>Non standard timings. Where you intend to use the 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</u> (please read guidance note 6) <div style="border: 1px solid black; height: 150px; margin-top: 5px;"> No non-standard or odd timings. </div>
Mon	08:00-22:00		
Tue	08:00-22:00		
Wed	08:00-22:00		
Thur	08:00-22:00		
Fri	08:00-22:00		
Sat	08:00-22:00		
Sun	08:00-22:00		

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)

G01: Prominent, clear notices shall be displayed at every public entrance stating the actual operating hours of the premises.

b) The prevention of crime and disorder

CD1: All staff engaged in licensable activity at the premises will receive training and information in relation to the following:

- i. The Challenge 25 scheme in operation at the premises, including the forms of identification that are acceptable.
- ii. The hours and activities permitted by the premises licence issued under the Licensing Act 2003 and conditions attached to the licence.
- iii. How to complete and maintain the refusal register in operation at the premises (in relation to the sale of alcohol).
- iv. Recognising the signs of drunkenness.
- v. The operating procedures for refusing service to any person who is drunk, under-age or appears to be under-age, or appears to be making a proxy purchase.
- vi. Action to be taken in the event of an emergency, including reporting an incident to the emergency services.

Training shall be recorded in documentary form and shall be regularly refreshed at no greater than 12 month intervals. Training records shall be made available for inspection and copying at reasonable times upon request of an authorised officer of a responsible authority. Training records will be retained for at least 12 months.

CD2: An incident log shall be kept and maintained at the premises which will include a log of the following, including pertinent details:

- i. Any incidents of disorder or of a violent or antisocial nature;
- ii. All crimes reported to the venue, or by the venue to the police;
- iii. All ejections of patrons;
- iv. Any complaints received;
- v. Seizures of drugs or offensive weapons;
- vi. Any faults in the CCTV system;
- vii. Any visits by a responsible authority (under the Licensing Act 2003) or emergency service.

Records must be completed within 24 hours of any incident, and will contain the time and date, the nature of the incident, the people involved, the action taken and details of the person responsible for the management of the premises at the time of the incident. The logs shall be kept for at least 12 months following the date of entry and be made available for inspection and copying upon request of an authorised officer of a responsible authority.

CD3: All alcohol on display will be in such a position so as not to be obscured from the constant view of the staff.

CD4: There shall be no self-service of alcohol on the premises.

CD5: In the event that an incident occurs for which the police have been called, the crime scene shall be preserved to enable police to carry out a full forensic investigation.

c) Public safety

PS1: The maximum number of persons (including staff) allowed at the premises shall not exceed 60 people, including patrons and staff.

PS2: The collection of glasses and bottles shall be undertaken at regular intervals to ensure there is no build-up of empties on the premises.

d) The prevention of public nuisance

PN1: A telephone number shall be made available and displayed in a prominent location where it can conveniently be read from the exterior of the premises by the public for local residents to contact in the case of noise-nuisance or anti-social behaviour by persons or activities associated with the premises. The telephone number will be a direct number to the management who are in control during opening hours. A record will be kept by management of all calls received, including the time, date and information of the caller, including action taken following the call. Records will be made available for inspection and copying by an authorised officer of a responsible authority throughout the trading hours of the premises.

PN2: No deliveries (in relation to licensable activities) to the premises shall take place between 23:00 hours and 07:00 hours.

PN3 During the hours of operation of the premises, sufficient measures will be taken to remove and prevent litter and waste arising or accumulating from customers in the area immediately outside the premises.

PN4: No collections of waste or recycling materials (including bottles) from the premises shall take place between 23:00 hours and 07:00 hours on the following day.

e) The protection of children from harm

CH1: All staff, supervisors and managers must be trained in the legality and procedure of alcohol sales, prior to undertaking the sale of alcohol and then at least every 12 months. Training shall be signed and documented. Training records must be kept on the premises and be made available for inspection and copying to an authorised officer of a responsible authority on request. The documentation relating to training should extend back to a period of at least 12 months and should specify the time, date and details of the persons both providing the training and receiving the training.

CH2: There will be in place a written age verification policy in relation to the sale or supply of alcohol, which will specify a Challenge 25 proof of age requirement. This means that staff working at the premises must ask individuals who appear to be under 25 years of age, attempting to purchase alcohol, to produce identification. The only acceptable identification documents will be:

- A photo driving licence
- A passport
- An identification card carrying the PASS hologram

Unless such identification is produced the sale of alcohol must be refused. This policy will include documented steps taken to prevent adults from purchasing alcohol for or on behalf of children under 18.

CH3: The premises shall display prominent signage indicating at any point of sale that a Challenge 25 scheme is in operation.

CH4: An alcohol sales refusal register shall be kept at the premises and be maintained to include details of all alcohol sales refused. The register will include:

- i. the date and time of refusal
- ii. the reason for refusal
- iii. details of the person refusing the sale
- iv. description of the customer
- v. any other relevant observations

The refusals register will be made available for inspection and copying on request of an authorised officer of a responsible authority. All entries must be made within 24 hours of the refusal.

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">• [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).• 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, or have conducted an online right to work check using the Home Office online right to work checking service which confirmed their right to work (please see note 15)
Signature	<i>Deepak Tayal</i>
Date	25/07/2025
Capacity	Director

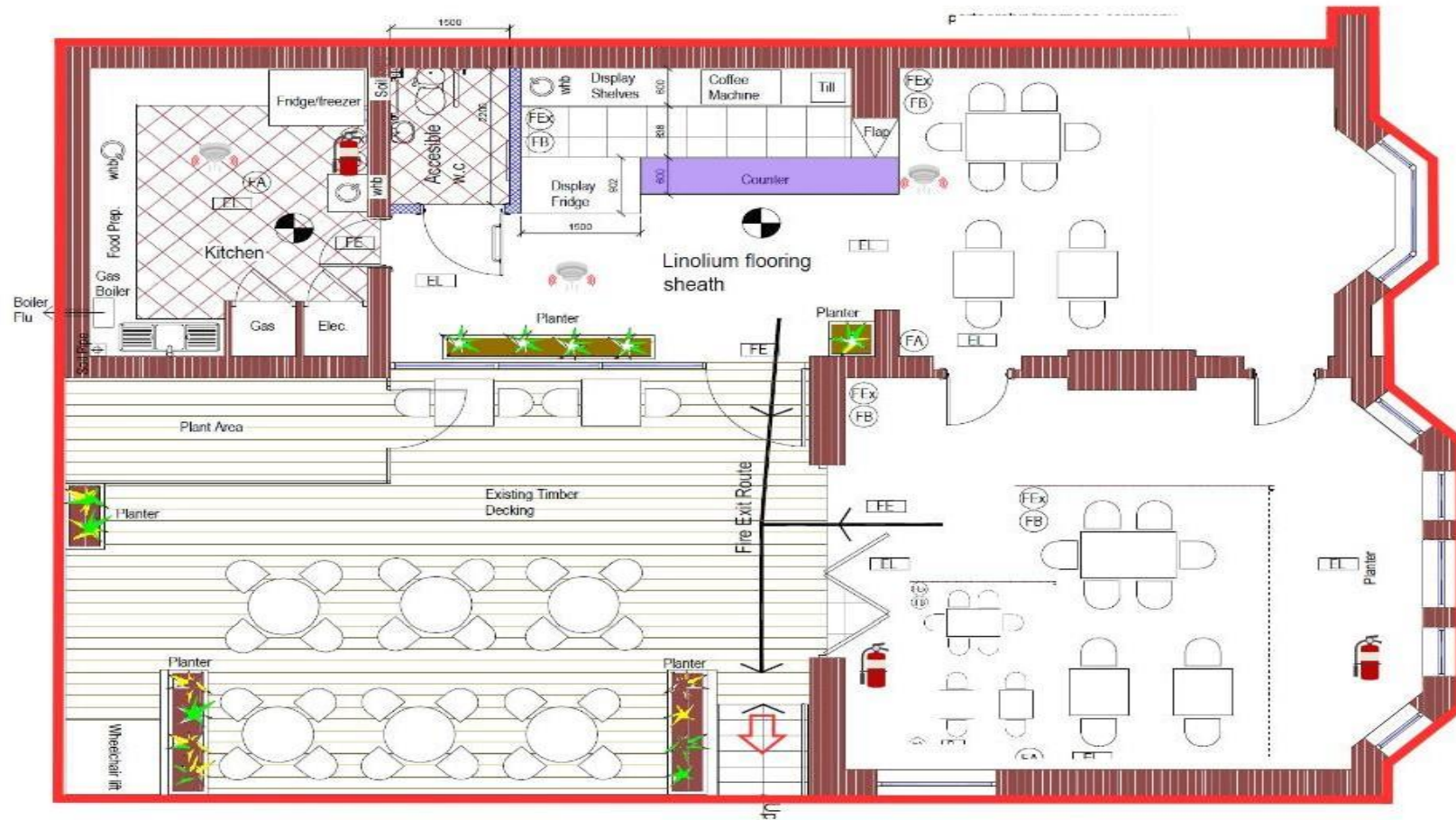
For joint applications, signature of 2nd applicant or 2nd applicant's solicitor or other authorised agent (please read guidance note 13). **If signing on behalf of the applicant, please state in what capacity.**

Signature	
Date	
Capacity	

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)			

Lampton Parkside Cafe, Unit 2, 88 Lampton Road, Hounslow, England, TW3 4DJ



-  Service Counter
-  Supply of alcohol
-  Fire alarm
-  Fire extinguisher
-  Fire exit

Scale: 1:100 @ A1