



# London Borough of Hounslow

## 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 Goa Eats Limited

*(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

Goi Restaurant, 30 Bath Road, Hounslow, TW3 3EB			
<b>Post town</b>	Hounslow	<b>Postcode</b>	TW3 3EB

Telephone number at premises (if any)	N/A
Non-domestic rateable value of premises	<b>£ 22,750</b>

### Part 2 - Applicant details

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

<input type="checkbox"/>	a)	an individual or individuals *		please complete section (A)
<input checked="" type="checkbox"/>	b)	a person other than an individual *		
<input checked="" type="checkbox"/>	i	as a limited company/limited liability partnership		please complete section (B)

	ii	as a partnership (other than limited liability)		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 (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)

Mr	Mrs	Miss	Ms	Other Title (for example, Rev)	
<b>Surname</b>			<b>First names</b>		
<b>Date of birth</b>		I am 18 years old or over		Please tick 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>	
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)	

**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> or over		I am 18 years old		Please tick 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>					
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: Goan Eats Limited
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Address: 30 Bath Road, Hounslow, England, TW3 3EB
Registered number (where applicable): 16926248
Description of applicants (for example, partnership, company, unincorporated association etc.): Limited company operating a restaurant business
Telephone number (if any): N/A
E-mail address (optional)

**Part 3 Operating Schedule**

When do you want the premises licence to start?

DD	MM	YYYY
2	0	03 2026

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

DD	MM	YYYY

The premises is a two floor restaurant operating as a seated dining establishment. It includes a customer dining area with tables and chairs, kitchen, food preparation area, customer toilets and a service counter. Alcohol will be supplied for consumption on the premises and will be ancillary to table meals. There will be no vertical drinking and no bar-only service. The premises operates as a family-style restaurant with takeaway and dine-in food service. Late night refreshment will be provided to seated customers only. No external drinking or outdoor seating is proposed after 23:00.

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
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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)	

<b><u>Provision of late night refreshment</u></b> (if ticking yes, fill in box I)	✓
<b><u>Supply of alcohol</u></b> (if ticking yes, fill in box J)	✓

**In all cases complete boxes K, L and M**

I

<b>Late night refreshment</b> Standard days and timings (please read guidance note 7)			<b>Will the provision of late night refreshment take place indoors or outdoors or both – please tick</b> (please read guidance note 3)	Indoors	✓
				Outdoors	
Day	Start	Finish		Both	
Mon	23:00	00:00		<b><u>Please give further details here</u></b> (please read guidance note 4)	
Tue	23:00	00:00	Provision of hot food and hot drinks to seated restaurant customers only between 23:00 and 00:00. Service is ancillary to the main restaurant operation. Orders will be taken and served by staff. No external service hatch or street trading. No outdoor late-night seating after 23:00.		
Wed	23:00	00:00	<b><u>State any seasonal variations for the provision of late night refreshment</u></b> (please read guidance note 5)		
Thur	23:00	00:00	No seasonal variations — same hours applied throughout the year.		
Fri	23:00	00:00	<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)  None.		
Sat	23:00	00:00			
Sun	23:00	00:00			



**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).

**L**

<p><b>Hours premises are open to the public</b> Standard days and timings (please read guidance note 7)</p>			<p><b><u>State any seasonal variations</u></b> (please read guidance note 5)</p> <p>No seasonal variations — the premises will operate the same hours throughout the year.</p>
Day	Start	Finish	<p><b><u>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></b> (please read guidance note 6)</p> <p>None.</p>
Mon	9:00	00:00	
Tue	9:00	00:00	
Wed	9:00	00:00	
Thur	9:00	00:00	
Fri	9:00	00:00	
Sat	9:00	00:00	
Sun	9:00	00:00	

## **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)

The premises will operate as a seated restaurant with alcohol supplied ancillary to table meals. Management and staff will be trained in licensing law and responsible alcohol retailing. Written policies will be in place covering age verification, incident reporting, refusal of alcohol sales and customer conduct. The DPS will have overall responsibility for compliance and staff supervision. Appropriate signage will be displayed, and all reasonable steps will be taken to always promote the licensing objectives. No regulated entertainment is offered. Background music only may be played at low level.

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

CCTV will be installed covering entry/exit points and the main customer areas and recordings will be retained for a minimum of 28 days and made available to authorised officers on request.

A refusals and incident log will be maintained.

Staff will be trained in age verification and refusal procedures.

Alcohol will only be supplied to customers seated and taking meals.

No vertical drinking or bar-only service will be permitted.

The DPS or a trained personal licence holder will be available during alcohol sales.

**c) Public safety**

The premises will comply with all fire safety and health and safety legislation.

Fire exits and escape routes will be kept clear and marked.

Staff will be trained in emergency procedures.

Maximum occupancy limits will be observed.

First aid equipment will be available on site.

Regular safety checks of equipment and facilities will be carried out.

**d) The prevention of public nuisance**

customers will be requested to leave quietly and respect neighbours.

Prominent notices will be displayed at exits asking patrons to minimise noise.

No outdoor drinking will take place after 23:00.

Deliveries and waste collection will be managed to avoid late night disturbance where reasonably practicable.

Doors and windows will be kept closed after 22:00 except for access and egress.

Background music only — no regulated entertainment is proposed

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

A Challenge 25 age verification policy will be operated.

Acceptable ID will be passport, driving licence or PASS hologram card only.

Staff will receive training in age-restricted sales.

A refusals register will be maintained.

Children will be permitted on the premises only when accompanied by an adult and taking meals.

**Checklist:****Please tick to indicate agreement**

•	I have made or enclosed payment of the fee. (Payment to follow on council instruction)	✓
•	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 or my share code issued by the Home Office online right to work checking service (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.**

<b>Declaration</b>	<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</li> </ul>
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	<p>the UK (please read guidance note 15).</p> <ul style="list-style-type: none"> <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, 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)</li> </ul>
Signature	
Date	11.02.2026
Capacity	Authorized Agent acting on behalf of the applicant

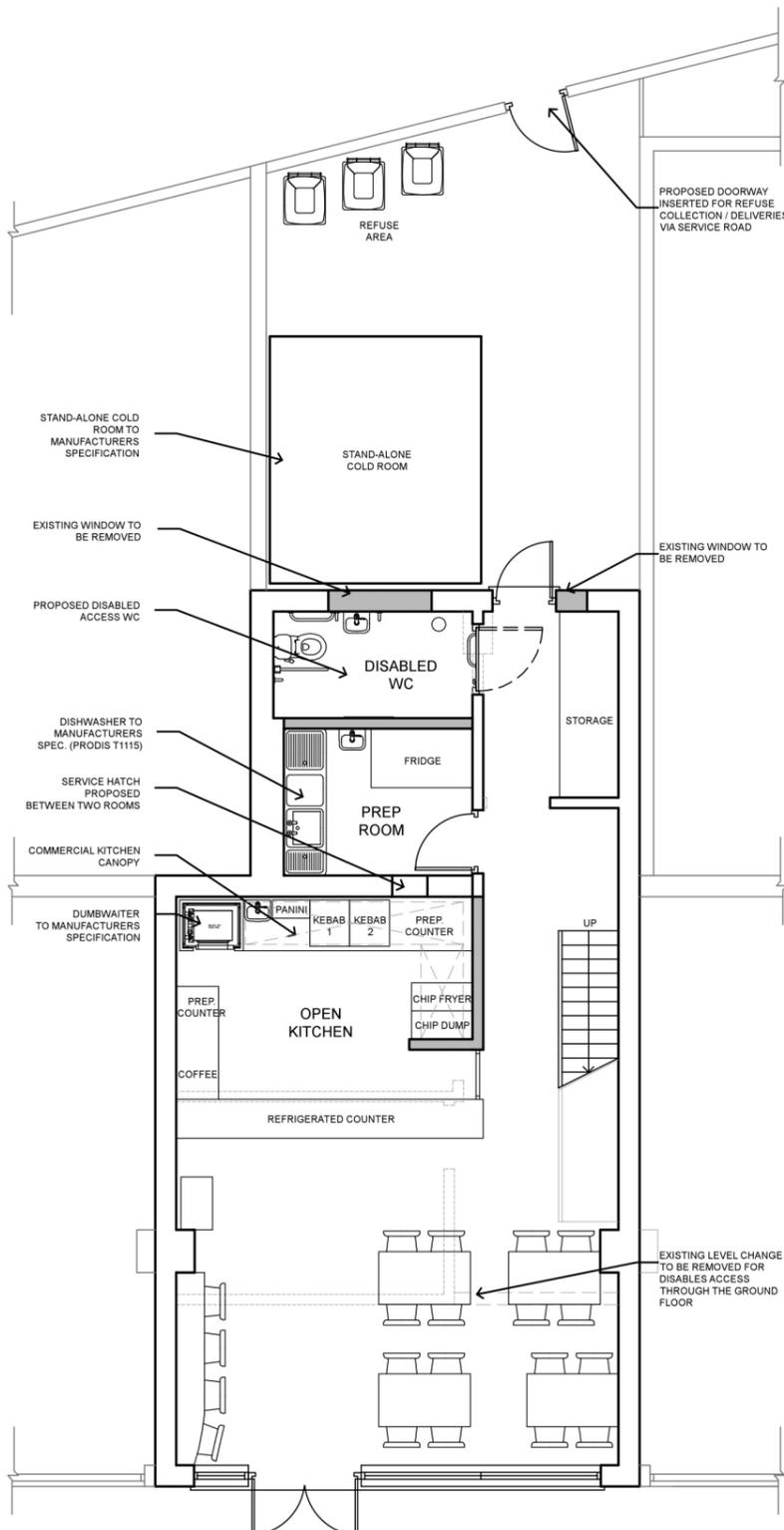
**For joint applications, signature of 2<sup>nd</sup> applicant or 2<sup>nd</sup> applicant's solicitor or other authorised agent (please read guidance note 13). If signing on behalf of the applicant, please state in what capacity.**

Signature	
Date	
Capacity	

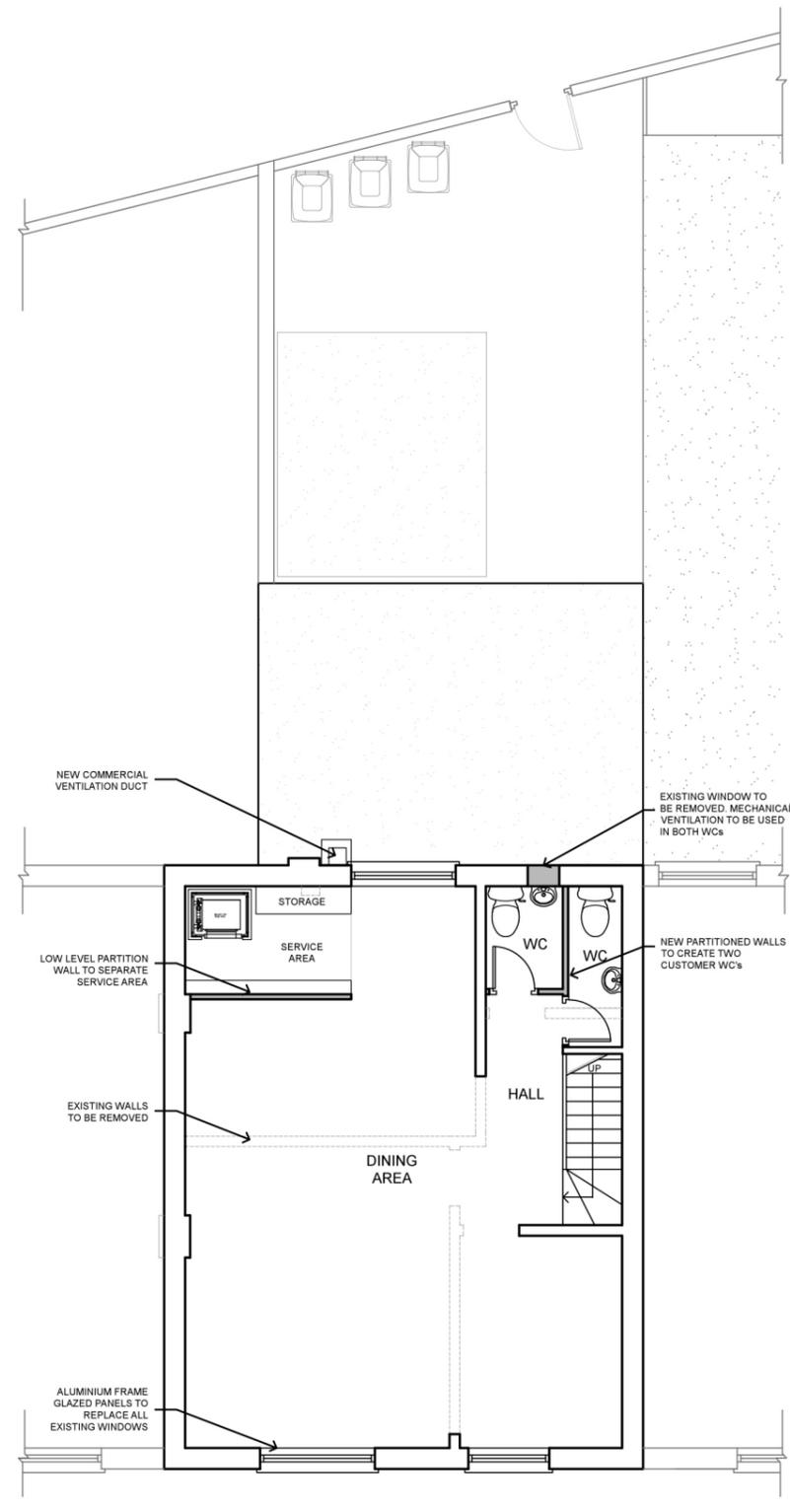
Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 14): Akash Sharma			
Post town	Southall	Postcode	██████
Telephone number (if any)	██████████		
If you would prefer us to correspond with you by e-mail, your e-mail address (optional):			
██████████			



SCALE BAR 1:100



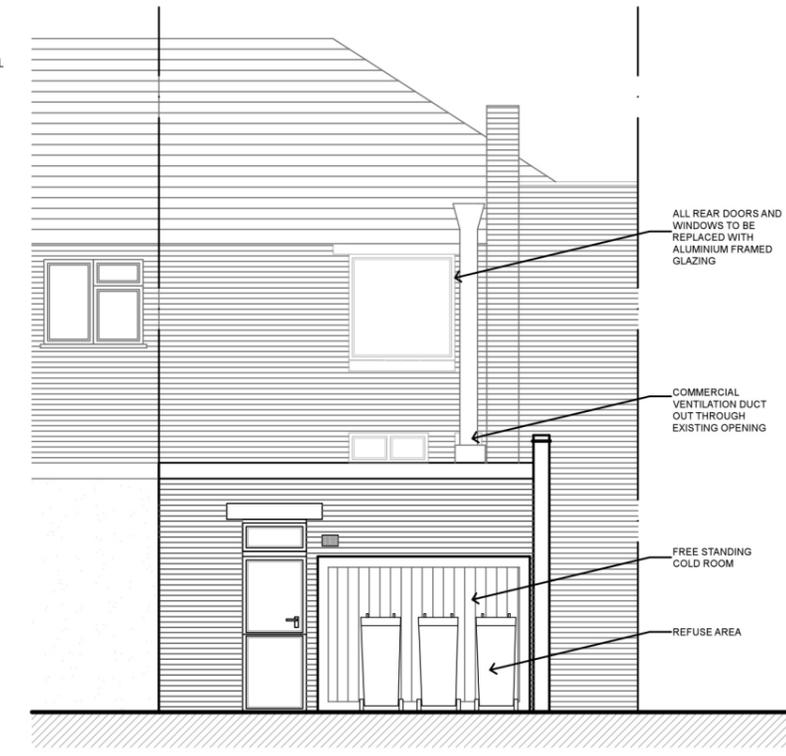
PROPOSED GROUND FLOOR PLAN



PROPOSED FIRST FLOOR PLAN



PROPOSED FRONT ELEVATION



PROPOSED REAR ELEVATION

Rev	Date	Description	Init.
A	14/3/17	AMENDED TO SUIT COUNCIL COMMENTS	IB

Client  
MR N. THAKER

Project Title  
PROPOSED CHANGE OF USE TO A5 TAKEAWAY

30 BATH ROAD, HOUNSLOW, TW3 3EB  
Drawing Title

PROPOSED PLANS AND ELEVATIONS

Cad File	Sheet Size	Scale
P001	A3	1:100
Drawn by	Drawing Date	Approved by
IB	MAR 2017	SB
Project No.	Drawing No.	Revision
1011	P202	A



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PLANNING ISSUE