



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 RAVI TRADERS 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			
GERMAN DONER KEBAB 38 THE CENTRE			
Post town	FELTHAM	Postcode	TW13 4AU

Telephone number at premises (if any)	
Non-domestic rateable value of premises	£ 33500

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 *	<input type="checkbox"/>	
	i	as a limited company/limited liability partnership	<input checked="" type="checkbox"/> 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)	
Surname			First names		
Date of birth		I am 18 years old or over		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)	

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	RAVI TRADERS LTD
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Address 9 FOREST ROAD, ILFORD IG6 3HA
Registered number (where applicable) 12100774
Description of applicant (for example, partnership, company, unincorporated association etc.) LIMITED COMPANY
Telephone number (if any) XXXXXXXXXX
E-mail address (optional)

Part 3 Operating Schedule

When do you want the premises licence to start?

DD	MM	YYYY
1	3	04 2026

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

DD	MM	YYYY

<p>Please give a general description of the premises (please read guidance note 1)</p> <p>The premises is a German Doner Kebab (GDK) takeaway and casual dining restaurant open to public from 11:00 until 23:00; 7 days a week, located at Unit 38, The Centre, Feltham TW13 4AU. Situated in the heart of Feltham's main shopping centre, a vibrant community hub with retail stores, an Asda supermarket, library, medical centre, and ample parking, the premises benefits from high footfall in a busy urban high street environment. It features an open kitchen concept for fresh preparation of premium halal doner kebabs, wraps, and related items made to order, with limited seating available for dine-in customers in a clean, modern, air-conditioned interior, alongside strong focus on takeaway and delivery services. No alcohol is sold or consumed on-site, and operations emphasise quick service with controlled late-night trading to support the licensing objectives.</p>

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)	

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

In all cases complete boxes K, L and M

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Late night refreshment Standard days and timings (please read guidance note 7)			Will the provision of late night refreshment take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors	
Day	Start	Finish		Outdoors	
					Both
Mon	2300	0300	<u>Please give further details here</u> (please read guidance note 4) NO MUSIC AFTER 23:00		
Tue	2300	0300			
Wed	2300	0300	<u>State any seasonal variations for the provision of late night refreshment</u> (please read guidance note 5) CHRISTAMS EVE NEW YEARS EVE HALLOWEEN NIGHT BOXING DAY, GUY FAWKES NIGHT		
Thur	2300	0300			
Fri	2300	0300			
Sat	2300	0300			
Sun	2300	0300	<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 6) CHRISTAMS EVE NEW YEARS EVE HALLOWEEN NIGHT BOXING DAY GUY FAWKES NIGHT		

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)

We promote the four objectives with no alcohol sales or consumption, 24/7 CCTV (31-day storage, 48-hour police access), minimum three trained staff on-site at all times, we don't sell glass bottles, no dine-in after 23:00, address-only deliveries, quiet exit posters, double-glazing and air-conditioning for noise control, weekly refuse disinfection and 10m litter pick-up, maintained extraction, immediate spill cleaning, supervised secluded areas, incident log, quarterly fire drills, and front table removal after 23:00 for clear access.

b) The prevention of crime and disorder

24/7 CCTV covering entry/exit (31-day storage, available within 48 hours to police), minimum three staff trained in conflict resolution, no glass after 22:00, supervised restrooms and secluded areas, no alcohol, incident log, front table removed after 23:00 for unobstructed access/egress.

c) Public safety

Staff trained in emergencies, quarterly fire drills and on-site risk assessment, immediate spill cleaning, minimum three staff present, double-glazing and air-conditioning, no dine-in after 23:00 to reduce crowding, front table removed after 23:00 for clear pathways.

d) The prevention of public nuisance

Quiet exit posters, double-glazed windows and air-conditioning to contain noise, maintained extraction to prevent odours, weekly bin disinfection and 10m litter pick-up, no dine-in after 23:00, deliveries to addresses only, staff ensure orderly dispersal.

e) The protection of children from harm

Full staff supervision including restrooms, no alcohol, staff trained in safeguarding, incident logging, no dine-in after 23:00 to minimise late-night child presence.

Checklist:

Please tick to indicate agreement

•	I have made or enclosed payment of the fee.	
•	I have enclosed the plan of the premises.	
•	I have sent copies of this application and the plan to responsible authorities and others where applicable.	
•	I have enclosed the consent form completed by the individual I wish to be designated premises supervisor, if applicable.	
•	I understand that I must now advertise my application.	
•	I understand that if I do not comply with the above requirements my application will be rejected.	
•	[Applicable to all individual applicants, including those in a partnership which is not a limited liability partnership, but not companies or limited liability partnerships] I have included documents demonstrating my entitlement to work in the United Kingdom 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.**

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
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	<p>the UK (please read guidance note 15).</p> <ul style="list-style-type: none"> 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	
Date	10 MARCH 2026
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.**

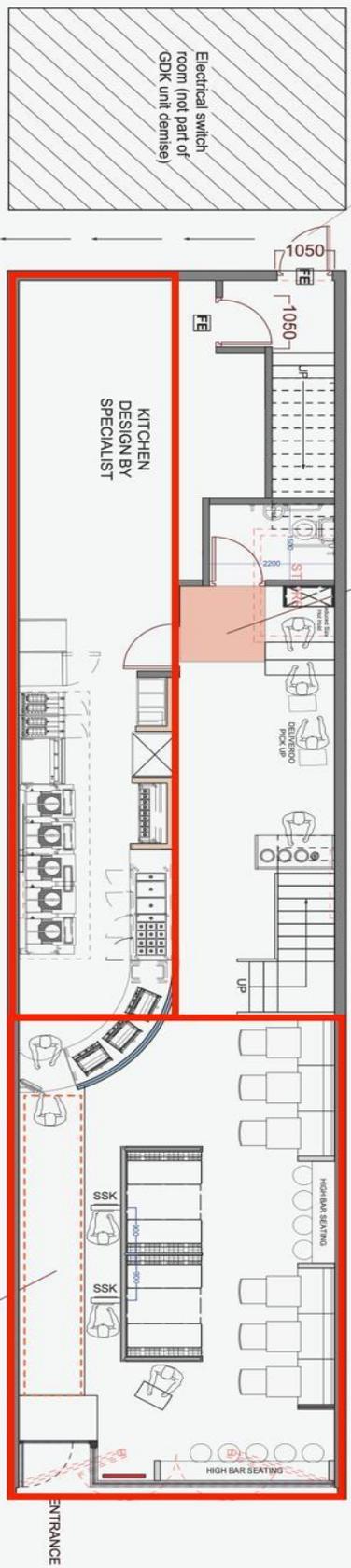
Signature	
Date	
Capacity	

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)			

Notes for Guidance

PLEASE NOTE AT LEAST 1000MM OF CLEAR SPACE IS NECESSARY WITH DOORS AND FRAMES REMOVED TO AID THE INSTALLATION OF KITCHEN EQUIPMENT.

1500 X 1500MM UNOBSTRUCTED MOVEMENT SPACE IN FRONT OF WHEELCHAIR ACCESSIBLE TOILET DOOR (SHOWN SHADED PINK)



GROUND FLOOR

SCALE 1:100

PLEASE NOTE OVERHEAD MESH BULKHEAD LINE IN INDICATIVE AND WILL BE SPLIT INTO 2 SECTIONS