

**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.

We Delights Cafe and Restaurant 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**

<b>Postal address of premises or, if none, ordnance survey map reference or description</b>			
Delights Café and Restaurant Kiosk 1 & 3 – Sandson Palais 8 Cavendish Parade Hounslow			
<b>Post town</b>	<b>Hounslow</b>	<b>Postcode</b>	<b>TW4 7DJ</b>

Telephone number at premises (if any)	██████████
Non-domestic rateable value of premises	<b>£9900</b>

**Part 2 - Applicant details**

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

- a) an individual or individuals \*       please complete section (A)
- b) a person other than an individual \*
  - i as a limited company/limited liability partnership       please complete section (B)
  - i as a partnership (other than limited liability)       please complete section (B)
  - i as an unincorporated association or       please complete section (B)
  - i
  - i other (for example a statutory corporation)       please complete section (B)
  - v

- 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)
- g a) 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 <input checked="" type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
<b>Surname</b>			<b>First names</b>		
<b>Date of birth</b>		I am 18 years old or over		<input type="checkbox"/> 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>					

**SECOND INDIVIDUAL APPLICANT (if applicable)**

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

**(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> Delights Café and Restaurant Ltd
<b>Address</b>  Kiosk 3 Sandson Palais 8 Cavendish Parade - Bath Road – Hounslow – TW4 7DJ
Registered number (where applicable) <b>12080766</b>

Description of applicant (for example, partnership, company, unincorporated association etc.)	
<b>Ltd</b>	
Telephone number (if any)	██████████
E-mail address	████████████████████

**Part 3 Operating Schedu**

When do you want the premises licence to start?

DD			MM		YYYYY			
10	0	6	2	0	2	6		

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

DD		MM		YYYY			

<p><b>Please give a general description of the premises (please read guidance notes</b></p> <p><b>It's a Café and Restaurant</b></p>
--

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

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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)
- 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)

**Provision of late night refreshment** (if ticking yes, fill in box I)

**Supply of alcohol** (if ticking yes, fill in box J)

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





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).**

**Not Applicable**

L

<b>Hours premises are open to the public</b> Standard days and timings (please read guidance note 7)			<b><u>State any seasonal variations</u></b> (please read guidance note 5)
Day	Start	Finish	
Mon	07:00	21:00	<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)
Tue	07:00	21:00	
Wed	07:00	21:00	
Thur	07:00	21:00	
Fri	07:00	21:00	
Sat	07:00	21:00	
Sun	07:00	21:00	

**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)**

**Please see attachment**

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

**Please see attachment**

c) Public safety

**d) The prevention of public nuisance**

**Please see attachment**

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

**Please see attachment**

**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 (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 the UK (please read guidance note 15).</li> <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, if appropriate (please see note 15)</li> </ul>
Signature	<i>Manuel Rocha</i>
Date	<b>11/06/2026</b>
Capacity	<b>Agent</b>

**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)

**Manuel Rocha**

[Redacted]

Post town	[Redacted]	Postcode	[Redacted]
Telephone number (if any)	[Redacted]		
If you would prefer us to correspond with you by e-mail, your e-mail address (optional)			
[Redacted]			

## **DELIGHTS CAFÉ AND RESTAURANT**

**Kiosk 3 - Sandson Palais – 8 Cavendish Parade - Bath Road – Hounslow TW14 7DJ**

### **GENERAL LICENSE CONDITIONS To Protect the 4x License Objectives-**

#### **– On and OFF License**

##### **General Conditions**

A Challenge 25 proof of age scheme shall be operated at the premises where the only acceptable forms of identification are recognised photographic identification cards, such as a driving licence, passport or proof of age card with the PASS Hologram.

A CCTV system will be installed at the premises covering the entrance, the external area and all internal areas.

An incident log shall be kept at the premises and made available on request to the Police or an authorised officer of the Local Authority

All staff members engaged, or to be engaged, on the premises shall receive full training pertinent to the Licensing Act

##### **The Prevention of Crime and Disorder**

A CCTV system will be installed at the premises covering the entrance, the external area and all internal areas. A head and shoulders image to identification standard shall be captured of every person entering the premises. Images shall be kept for 31 days and supplied to the police or local authority on request.

A member of staff trained in the use of the CCTV system must be always available at the premises that the premises is open to the public.

The CCTV system will display, on screen and on any recording, the correct time and date that images were captured.

CCTV signage will be displayed, reminding customers that CCTV is in operation.

An incident log shall be kept at the premises and made available on request to the Police or an authorised officer of the Local Authority. The log will record the following:

The premises shall operate a zero-tolerance policy to the supply and use of drugs.

Anyone who appears to be drunk or intoxicated shall not be allowed entry to the premises and those who have gained entry will be escorted from the business immediately

Substantial food and non-intoxicating beverages, including drinking water, shall be available in the premises where alcohol is sold or supplied for consumption on the premises.

All staff members should be checked to ensure they have the right to work in the UK. These checks should be made available upon requests to all responsible authorities.

## **Public Safety**

Health and Safety Compliance: Regularly conduct risk assessments to ensure the restaurant complies with all health and safety regulations, including fire safety, emergency exits, and first aid provisions.

Capacity Management: Implement a system to monitor and control the number of patrons to prevent overcrowding, ensuring everyone can evacuate safely in case of an emergency.

Staff Training: Train staff in emergency procedures, including fire drills and first aid, ensuring they know how to react in case of an incident.

Designated Smoking Areas: Clearly designate and manage smoking areas to prevent accidents and ensure that these areas do not obstruct public pathways or emergency exits.

There shall be no vertical drinking at the premises. Table service only

The premises will have a refusal book or electronic system to record all refusals of sales, this must be made available to the police and local authority officers upon reasonable request.

## **Prevention of Noise Nuisance**

During the hours of operation, the licence holder shall ensure sufficient measures are in place to remove and prevent litter or waste arising or accumulating from customers in the area immediately outside the premises, and that this area shall be swept and or washed and litter and sweepings collected and stored in accordance with the approved refuse storage arrangements by close of business.

Clear and legible notices will be prominently displayed at the exit to remind customers to leave quietly and have regard to our neighbours.

No beers, ales, lagers, or ciders of 6% ABV or above to be sold.

## **Protection of children from harm**

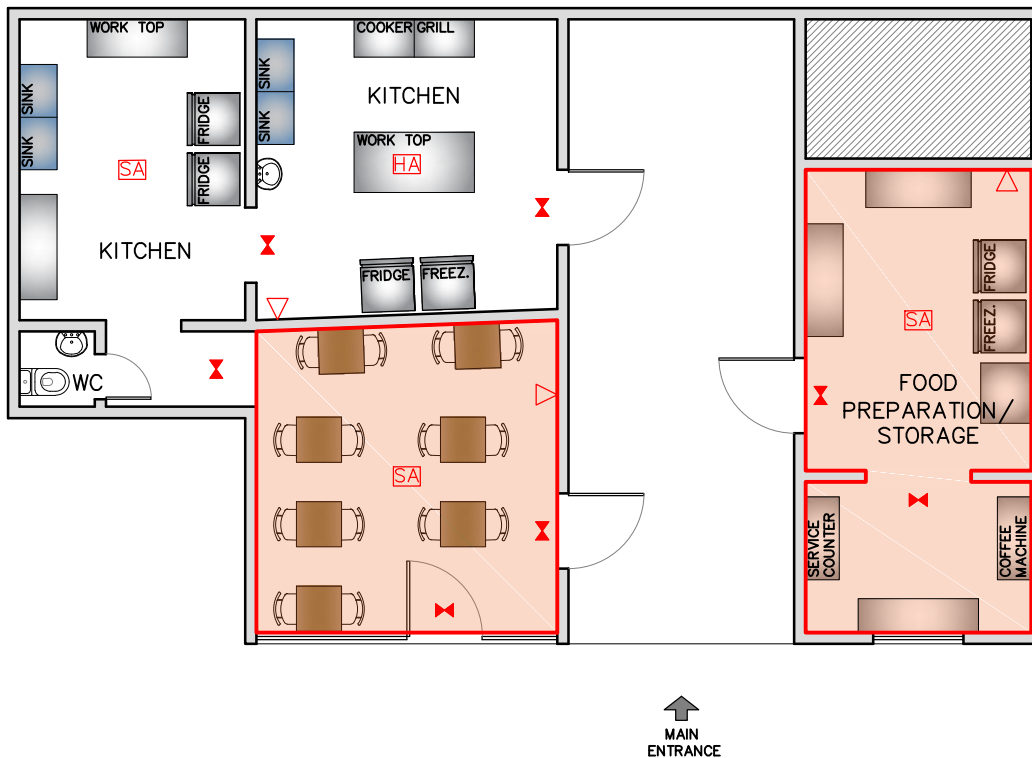
A challenge 25 policy will be in operation at the premises with operate signage on display throughout the premises.

All staff members engaged, or to be engaged, on the premises shall receive full training pertinent to the Licensing Act, specifically regarding age-restricted sales, and the refusal of sales to persons believed to be under the influence of alcohol or drugs. This shall take place every 12 months.

Alcohol shall not be in the immediate vicinity of the entrances and exit to the premises, but shall be in an area in which it shall be monitored by staff on a frequent and daily basis whilst licensable activities are taking place.

For all orders taken over the phone or via the internet, customers should be informed of Challenge 25 and the requirement to have ID ready for inspection should the need arise before receipt of alcoholic beverages.

All such training is to be fully documented and signed by not only the employee but the person delivering the training. Training records shall be kept at the premises and made available upon request to either Police Officers or an authorised officer of the Local Authority



PAVEMENT

MAIN ROAD

 LICENSABLE AREA

 SMOKE ALARM

 FIRE EXTINGUISHER

 HEAT ALARM

 EMERGENCY LIGHT

RESTAURANT/CAFE

**ALCOHOL LICENSE – ON+OFF LICENSE**

JOSE MANUEL ROCHA  
 70 BEAUFORT COURT – BEAUFORT ROAD – RICHMOND  
 LONDON TW10 7YQ  
 TEL: +44 (0) 7868-697778 / E-MAIL: manuelrocha01@hotmail.com

APPLICANT:

**DELIGHTS CAFE**

KIOSK 1-3  
 8 CAVENDISH PARADE  
 SANDSON PALIS  
 HOUNSLOW – TW4 7DJ

SCALE:

A4\_1/100

DATE:

06-MAY-2026