

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 Asankabites Ltd

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 106 High Street Rochester Kent ME2 4TR | | | |
| Post town | Rochester | Postcode | ME2 4TR |
| Telephone number at premises (if any) | | | |
| Non-domestic rateable value of premises | | None | |

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) X |
| 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; **X** 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)

| | | | |
|--|--|--------------------------------|--|
| | | Other Title (for example, Rev) | |
| Surname | | First names | |
| Date of birth | | I am 18 years old or over | |
| 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 9-digit share code provided to the applicant by that service (please see note 15 for information) | | | |

SECOND INDIVIDUAL APPLICANT (if applicable)

| | | | | |
|---|--|--------------------------------|----------|--|
| | | Other Title (for example, Rev) | | |
| Surname | | First names | | |
| Date of birth | | I am 18 years old or over | | |
| Nationality | | | | |
| Where applicable (if demonstrating a right to work via the Home Office online right to work checking service), the 9-digit share code provided to the applicant by that service: (please see note 15 for information) | | | | |
| Current residential address if different from premises address | | | | |
| Post town | | | Postcode | |
| Daytime contact telephone number | | | | |
| E-mail address (optional) | | | | |

(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 Asankabites Ltd |
| Address |
| Registered number (where applicable) 16470096 |

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

Part 3 Operating Schedule

When do you want the premises licence to start?

10/10/2025

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

Please give a general description of the premises (please read guidance note 1)
 Is a restaurant with can cater for 10 to 25 people at a time. The location of the premises is a high street

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)

Please
tick all

Provision of regulated entertainment (please read guidance note 2)

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) **X**

f) recorded music (if ticking yes, fill in box F) **X** g) performances of dance (if ticking yes, fill in box G)

anything of a similar description to that falling within (e), (f) or (g)

h)

(if ticking yes, fill in box H)

X

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

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

X

In all cases complete boxes K, L and M

A

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|--|-------|--------|---|----------|--|
| Plays Standard days and timings (please read guidance note 7) | | | <u>Will the performance of a play take place indoors or outdoors or both please tick</u> (please read guidance note 3) | Indoors | |
| | | | | Outdoors | |
| | | | | Both | |
| | | | | | |
| Day | Start | Finish | | | |
| | | | | | |
| Mon | | | <u>Please give further details here</u> (please read guidance note 4) | | |
| | | | | | |
| Tue | | | | | |
| | | | | | |
| Wed | | | <u>State any seasonal variations for performing plays</u> (please read guidance note 5) | | |
| | | | | | |
| Thur | | | | | |
| | | | | | |
| Fri | | | <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> (please read guidance note 6) | | |
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| Sat | | | | | |
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| Films Standard days and timings (please read guidance note 7) | | | <u>Will the exhibition of films take place indoors or outdoors or both please tick</u> (please read guidance note 3) | Indoors | |
| | | | | Outdoors | |
| | | | | Both | |
| Day | Start | Finish | <u>Please give further details here</u> (please read guidance note 4) | | |
| Mon | | | | | |
| | | | | | |
| Tue | | | | | |
| | | | | | |
| | | | | | |
| Wed | | | <u>State any seasonal variations for the exhibition of films</u> (please read guidance note 5) | | |
| | | | | | |
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| Thur | | | | | |
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| Fri | | | <u>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</u> (please read guidance note 6) | | |
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|---|-------|--------|---|
| Indoor sporting events Standard days and timings (please read guidance note 7) | | | <u>Please give further details</u> (please read guidance note 4) |
| Day | Start | Finish | |
| Mon | | | |
| | | | |

| | | | |
|------|--|--|---|
| Tue | | | <u>State any seasonal variations for indoor sporting events</u> (please read guidance note 5) |
| | | | |
| 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 6) |
| | | | |
| Fri | | | |
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|---|-------|--------|--|----------|--|
| Boxing or wrestling entertainments Standard days and timings (please read guidance note 7) | | | <u>Will the boxing or wrestling entertainment take place indoors or outdoors or both please tick</u> (please read guidance note 3) | Indoors | |
| | | | | Outdoors | |
| | | | | Both | |
| Day | Start | Finish | <u>Please give further details here</u> (please read guidance note 4) | | |
| | | | | | |
| Mon | | | | | |
| | | | | | |
| Tue | | | | | |
| | | | | | |
| Wed | | | <u>State any seasonal variations for boxing or wrestling entertainment</u> (please read guidance note 5) | | |
| | | | | | |
| Thur | | | | | |
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|-----|--|--|--|
| Fri | | | <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> (please read guidance note 6) |
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|---|-------|--------|---|----------|---|
| Live music Standard days and timings (please read guidance note 7) | | | <u>Will the performance of live music take place indoors or outdoors or both please tick</u> (please read guidance note 3) | Indoors | X |
| | | | | Outdoors | |
| | | | | Both | |
| Day | Start | Finish | | | |
| Mon | | | <u>Please give further details here</u> (please read guidance note 4) | | |
| | | | | | |
| Tue | | | Nothing at the moment | | |
| | | | | | |
| Wed | | | <u>State any seasonal variations for the performance of live music</u> (please read guidance note 5) | | |
| | | | | | |
| Thur | | | Nothing at the moment | | |
| | | | | | |
| Fri | | | <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> (please read guidance note 6) | | |
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| Recorded music Standard days and timings (please read guidance note 7) | | | <u>Will the playing of recorded music take place indoors or outdoors or both please tick</u> (please read guidance note 3) | Indoors | X |
| | | | | Outdoors | |
| | | | | Both | |
| Day | Start | Finish | | | |
| Mon | | | <u>Please give further details here</u> (please read guidance note 4) | | |
| | | | | | |
| Tue | | | Nothing at the moment | | |
| | | | | | |
| Wed | | | <u>State any seasonal variations for the playing of recorded music</u> (please read guidance note 5) | | |
| | | | | | |
| Thur | | | Nothing at the moment | | |
| | | | | | |
| Fri | | | <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> (please read guidance note 6) | | |
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| Performances of dance Standard days and timings (please read guidance note 7) | | | <u>Will the performance of dance take place indoors or outdoors or both please tick</u> (please read guidance note 3) | Indoors | |
| | | | | Outdoors | |
| | | | | Both | |
| Day | Start | Finish | | | |
| Mon | | | <u>Please give further details here</u> (please read guidance note 4) | | |
| | | | | | |
| Tue | | | | | |
| | | | | | |
| Wed | | | <u>State any seasonal variations for the performance of dance</u> (please read guidance note 5) | | |
| | | | | | |
| Thur | | | | | |

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| Fri | | | <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> (please read guidance note 6) |
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| Sat | | | |
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|---|-------|--------|--|----------|---|
| Anything of a similar description to that falling within (e), (f) or (g) Standard days and timings (please read guidance note 7) | | | Please give a description of the type of entertainment you will be providing None | | |
| Day | Start | Finish | <u>Will this entertainment take place indoors or outdoors or both please tick</u> (please read guidance note 3) | Indoors | X |
| Mon | | | | Outdoors | |
| | | | | Both | |
| Tue | | | <u>Please give further details here</u> (please read guidance note 4) Nothing at the moment | | |
| | | | | | |
| Wed | | | | | |
| Thur | | | <u>State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g)</u> (please read guidance note 5) Nothing at the moment | | |
| | | | | | |
| Fri | | | | | |
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| Sat | | | 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 (please read guidance note 6) Nothing at the moment |
| | | | |
| Sun | | | |
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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 | |
| | | | | Outdoors | |
| | | | | Both | |
| Day | Start | Finish | Please give further details here (please read guidance note 4) | | |
| Mon | | | | | |
| | | | | | |
| Tue | | | | | |
| | | | | | |
| Wed | | | State any seasonal variations for the provision of late night refreshment (please read guidance note 5) | | |
| | | | | | |
| Thur | | | | | |
| | | | | | |
| Fri | | | 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 (please read guidance note 6) | | |
| | | | | | |
| Sat | | | | | |
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J

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|--|-------|--------|--|------------------|---|
| 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 the premises | |
| | | | | Off the premises | |
| | | | | Both | X |
| Day | Start | Finish | <u>State any seasonal variations for the supply of alcohol</u> (please read guidance note 5) Nothing at the moment | | |
| Mon | 10:00 | 22:00 | | | |
| | | | | | |
| Tue | 10:00 | 22:00 | | | |
| | | | | | |
| Wed | 10:00 | 22:00 | | | |
| | | | | | |
| Thur | 10:00 | 22:00 | | | |
| | | | | | |
| | | | | | |
| Fri | 10:00 | 22:00 | | | |
| | | | | | |
| Sat | 10:00 | 22:00 | | | |
| | | | | | |
| Sun | 12:00 | 20:00 | | | |
| | | | | | |

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 Mrs. Jennifer Amponsah | |
| 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).

L

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|--|-------|--------|--|
| Hours premises are open to the public Standard days and timings (please read guidance note 7) | | | State any seasonal variations (please read guidance note 5) Nothing at the moment |
| Day | Start | Finish | |
| Mon | 10:00 | 22:00 | |
| | | | |
| Tue | 10:00 | 22:00 | |
| | | | |
| Wed | 10:00 | 22:00 | |
| | | | |
| Thur | 10:00 | 22:00 | |
| | | | |
| Fri | 10:00 | 22:00 | |
| | | | |
| Sat | 10:00 | 22:00 | |
| | | | 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 (please read guidance note 6) Nothing at the moment |

| | | |
|-----|-------|-------|
| | | |
| Sun | 12:00 | 20:00 |
| | | |

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)

As this is a small business, all basic measures necessary has been implemented. fire safety measures, emergency access, control of the capacity, installation of CCTV, training of staff and other protocol to keep the premises safe

b) The prevention of crime and disorder

CCTV are installed in the premises, as it is a small business, staff will be trained to manage this.

c) Public safety

Measure have been put in place to secure for fire safety (all fire extinguishers in place), emergency access, measures to prevent accidents and injuries, control of capacity and providing safe exit routes. Staff will be trained to manage these crises.

d) The prevention of public nuisance

We have put measures for noise control, lighting system, operation time has been put in to consideration, deliveries will be managed within hours that will not be a distract .

e) The protection of children from harm

Staff will be trained for age verification to prevent harm, The policy will be printed and displayed for customer.

Checklist:**Please tick to indicate agreement**

X I have made or enclosed payment of the fee.

X I have enclosed the plan of the premises.

X I have sent copies of this application and the plan to responsible authorities and others where applicable.

X I have enclosed the consent form completed by the individual I wish to be designated premises supervisor, if applicable.

X I understand that I must now advertise my application.

X I understand that if I do not comply with the above requirements my application will be rejected. **X** [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).

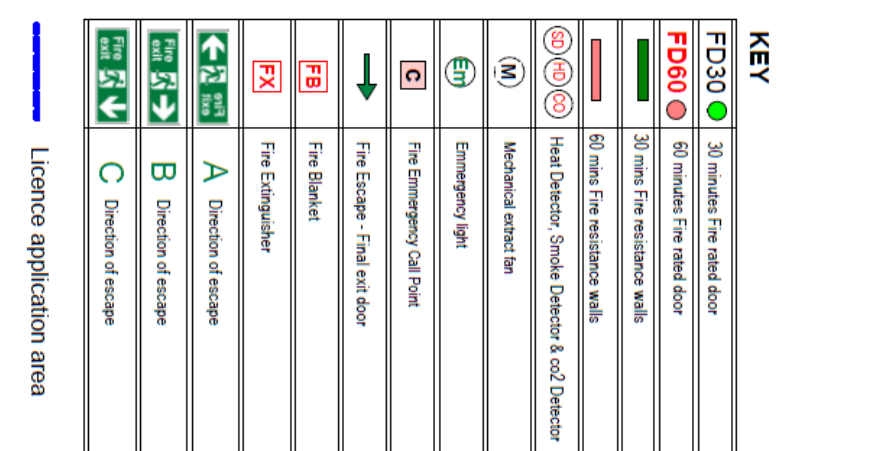
If signing on behalf of the applicant, please state in what capacity.

| | |
|--------------------|--|
| 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 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 | Jennifer Amponsah |

| | |
|----------|------------|
| Date | 2025-09-09 |
| Capacity | Applicant |

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) | | | |



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| No. | Description | Date | |
| A | License application area indicated | 23/09/25 | |
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| PROJECT 104-106 High Street, ME2 4TS | | | CLIENT Jennifer A. Amponsah |
| DRAWING TITLE Fire Strategy Plan | | Date 15.11.24 | Scale (@ A3) 1 : 100 |
| | | DRAWING NUMBER JAA - P 10 | REV A |
| | | Drawn by Author | |