

665

APPENDIX A

[Insert name and address of relevant licensing authority and its reference number (optional).]

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 NAGARAJAH NAGENDIRARAJAH

(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 74 PISCATAH STREET KENFIG HILL BRIDGEND			
Post town		Postcode	CF33 6BY

Telephone number at premises (if any)	01656-745 333
Non-domestic rateable value of premises	£ 2275

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 please complete section (B)
 - ii. as a partnership 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:

Please tick yes

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)	
Surname NAGENDIRAJAH			First names NAGARAJAH		
I am 18 years old or over				<input checked="" type="checkbox"/> Please tick yes	
Current postal address if different from premises address					
Post town				Postcode	
Daytime contact telephone number			01656 - 745 333		
E-mail address (optional)					

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)	
Surname			First names		
I am 18 years old or over					<input type="checkbox"/> Please tick yes
Current postal 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
Address
Registered number (where applicable)
Description of applicant (for example, partnership, company, unincorporated association etc.)
Telephone number (if any)
E-mail address (optional)

Part 3 Operating Schedule

When do you want the premises licence to start?

DD	MM	YYYY
15	03	2016

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)

plan is attached here with .

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 of the Licensing Act 2003 and Schedules 1 and 2 to the Licensing Act 2003)

Provision of regulated entertainment

Please tick any 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

A

Plays Standard days and timings (please read guidance note 6)			<u>Will the performance of a play take place indoors or outdoors or both – please tick</u> (please read guidance note 2)	Indoors	<input type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Mon			<u>Please give further details here</u> (please read guidance note 3)		
Tue					
Wed			<u>State any seasonal variations for performing plays</u> (please read guidance note 4)		
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 5)		
Sat					
Sun					

J

Supply of alcohol Standard days and timings (please read guidance note 6)			Will the supply of alcohol be for consumption – please tick (please read guidance note 7)	On the premises	<input type="checkbox"/>
				Off the premises	<input checked="" type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	State any seasonal variations for the supply of alcohol (please read guidance note 4)		
Mon	06.00	22.00			
Tue	06.00	22.00			
Wed	06.00	22.00			
Thur	06.00	22.00			
Fri	06.00	22.00			
Sat	06.00	22.00			
			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 (please read guidance note 5)		
			<i>Christmas eve</i> – 06.00 to 20.00 except if Christmas Eve falls on a Sunday the permitted hours will be 08.00 to 20.00 hours		
			<i>Christmas day</i> – 06.00 to 20.00 except if Christmas day falls on a Sunday the permitted hours will be 08.00 to 20.00 hours		
			<i>Good Friday</i> – 06.00 to 22.00 hours		

State the name and details of the individual whom you wish to specify on the licence as designated premises supervisor:

<hr/> <hr/> <hr/> <hr/> <hr/>

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 8).

None

L

Hours premises are open to the public Standard days and timings (please read guidance note 6)			<u>State any seasonal variations</u> (please read guidance note 4)
Day	Start	Finish	<p>None</p> <p><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> (please read guidance note 5)</p> <p><i>Christmas eve</i> – 06.00 to 20.00 except if Christmas Eve falls on a Sunday the permitted hours will be 08.00 to 20.00 hours</p> <p><i>Christmas day</i> – 06.00 to 20.00 except if Christmas day falls on a Sunday the permitted hours will be 08.00 to 20.00 hours</p> <p><i>Good Friday</i> – 06.00 to 22.00 hours</p>
Mon	06.00	22.00	
Tue	06.00	22.00	
Wed	06.00	22.00	
Thur	06.00	22.00	
Fri	06.00	22.00	
Sat	06.00	22.00	
Sun	08.00	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 9)

The Premises Licence Holder will ensure that any Person who wishes to purchase alcohol and appears to look under the age of 18 yrs must produce proof of age in the form of Pass

b) The prevention of crime and disorder

accredited ID, photo driving licence or passport. The Premises Licence holder will ensure that a refusals register is maintained which will detail in chronological order the time and date any sale of alcohol is refused, including the

membership schemes with other licensees to prevent crime and disorder
maintaining incident books to highlight crime and disorder

c) Public safety

Name and signature of the staff member responsible, the product, a description of the customer and a comments section. The register will be countersigned on a weekly basis by the Designated Premises Supervisor. Fire safety and fire prevention measures not covered by other regulatory regimes - there is the installation and maintenance

of CCTV on the premises.

d) The prevention of public nuisance

The premises licence holder applicant will identify any particular issues having regard to the vicinity of the premises - steps will be taken to reduce the impact of noise from patrons congregating outside. A prohibition on customers taking alcoholic drinks or carrying open or sealed bottles onto the premises

e) The protection of children from harm

The Applicant will set out in the operating schedule staff awareness, training - ie awareness of offences. Staff training for the protection of children and young persons and vulnerable adults at the premises including proof of age measures and awareness of proxy sales of alcohol. Active support and enforcement of a proof of age scheme. Age warranted exclusion of children from certain areas. Risk assessment hazard location of cigarette machines in areas that can be seen by staff.

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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.

IT IS AN OFFENCE, LIABLE ON SUMMARY CONVICTION TO A FINE NOT EXCEEDING LEVEL 5 ON THE STANDARD SCALE, UNDER SECTION 158 OF THE LICENSING ACT 2003, TO MAKE A FALSE STATEMENT IN OR IN CONNECTION WITH THIS APPLICATION.

Part 4 – Signatures (please read guidance note 10)

Signature of applicant or applicant’s solicitor or other duly authorised agent (see guidance note 11).
If signing on behalf of the applicant, please state in what capacity.

Signature	
Date	06 - 06 - 2016
Capacity	SOLICITOR

For joint applications, signature of 2nd applicant or 2nd applicant’s solicitor or other authorised agent (please read guidance note 12). **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 13)

SOLIDUM SOLICITORS
UNIT 4, 257 NORTHOLT ROAD
SOUTH HARROW

Post town SOUTH HARROW Postcode HA2 8HS

Telephone number (if any) 02089125241

If you would prefer us to correspond with you by e-mail, your e-mail address (optional)

info@solidumsolicitors.co.uk.

Notes for Guidance

1. Describe the premises, for example the type of premises, its general situation and layout and any other information which could be relevant to the licensing objectives. Where your application includes off-supplies of alcohol and you intend to provide a place for consumption of these off-supplies, you must include a description of where the place will be and its proximity to the premises.
2. Where taking place in a building or other structure please tick as appropriate (indoors may include a tent).
3. For example the type of activity to be authorised, if not already stated, and give relevant further details, for example (but not exclusively) whether or not music will be amplified or unamplified.
4. For example (but not exclusively), where the activity will occur on additional days during the summer months.
5. For example (but not exclusively), where you wish the activity to go on longer on a particular day e.g. Christmas Eve.
6. Please give timings in 24 hour clock (e.g. 16:00) and only give details for the days of the week when you intend the premises to be used for the activity.
7. If you wish people to be able to consume alcohol on the premises, please tick 'on the premises'. If you wish people to be able to purchase alcohol to consume away from the premises, please tick 'off the premises'. If you wish people to be able to do both, please tick 'both'.
8. Please give information about anything intended to occur at the premises or ancillary to the use of the premises which may give rise to concern in respect of children, regardless of whether you intend children to have access to the premises, for example (but not exclusively) nudity or semi-nudity, films for restricted age groups or the presence of gaming machines.
9. Please list here steps you will take to promote all four licensing objectives together.
10. The application form must be signed.
11. An applicant's agent (for example solicitor) may sign the form on their behalf provided that they have actual authority to do so.
12. Where there is more than one applicant, each of the applicant or their respective agent must sign the application form.
13. This is the address which we shall use to correspond with you about this application.

Retailer Name: Ranjan

Trading Name; Pisjah Convenience Store 500 sq.ft

BOOKER
Date: Aug 14



Address: 74 Postage Street, Kenfighill, Bridgend

Promo Bays= 1

Drawing No: G.T 1

Post code: CF 33 6BU

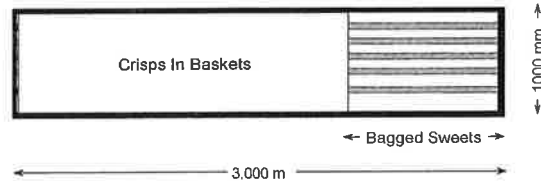
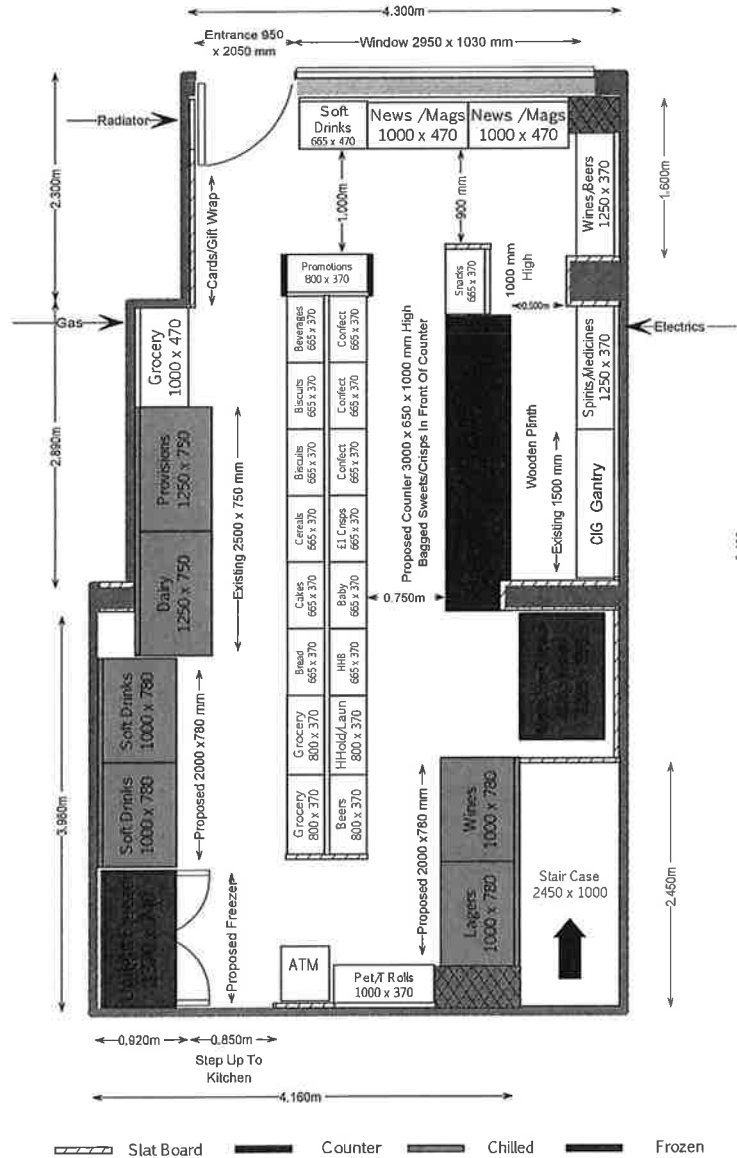
Frozen mtr= 2.7

Telephone: 07958 432738

Cust Number:

Chilled mtr= 6.5

Drawing not to be scaled.
This is for layout purposes only. Any accurate measurements should be carried out by a skilled third party.



Counter 3000 x 650 x 1000 mm High. With 900 mm Slat Board Under Front Of Counter For Bagged Sweets And Existing Crisp Baskets. All TBC

- No:1 Twisted Bamboo Pelmit Boards Throughout Store
- No:2 Box Over Chillers/Freezers With Maple Boards
- No:3 Gondola Height 1410 mm
- No:4 Wall Bays To Ceiling
- No:5 Floor Covering/Suspended Ceiling&Lighting Style TBC
- No:6 10 tier Magazine Unit Per Bay
- No:7 New Shelving With Gray Ticket Strip
- No:8 Hooks/Pricing Label Tags/Risers/Dividers/Baskets/Plastic Card Holders Quantities TBC