

**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 Mr Manmeet Grover / Grover Convenience Store 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

Postal address of premises or, if none, ordnance survey map reference or description						
126 Frimley Rd		<table border="1"> <tr> <td>SURREY HEATH BOROUGH COUNCIL</td> </tr> <tr> <td align="center">- 3 NOV 2014</td> </tr> <tr> <td>COMMUNITY SERVICES - LICENSING</td> </tr> </table>		SURREY HEATH BOROUGH COUNCIL	- 3 NOV 2014	COMMUNITY SERVICES - LICENSING
SURREY HEATH BOROUGH COUNCIL						
- 3 NOV 2014						
COMMUNITY SERVICES - LICENSING						
Post town	Camberley	Post code	GU15 2QN			
Telephone number at premises (if any)	07773026320 / 01784 255 220					
Non-domestic rateable value of premises	£ 14,500 Band B					

Part 2 - Applicant Details

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

- | | | |
|---|-------------------------------------|-----------------------------|
| a) an individual or individuals * | <input type="checkbox"/> | please complete section (A) |
| b) a person other than an individual * | | |
| i. as a limited company | <input checked="" type="checkbox"/> | please complete section (B) |
| ii. as a partnership | <input type="checkbox"/> | please complete section (B) |
| iii. as an unincorporated association or | <input type="checkbox"/> | please complete section (B) |
| iv. other (for example a statutory corporation) | <input type="checkbox"/> | please complete section (B) |
| c) a recognised club | <input type="checkbox"/> | please complete section (B) |
| d) a charity | <input type="checkbox"/> | 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 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 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)	□□□□□				

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 GROVER CONVENIENCE STORE LIMITED
Address 4 WOODLANDS PARADE FELTHAM HILL ROAD ASHFORD MIDDLESEX UNITED KINGDOM TW15 1QD
Registered number (where applicable) Company No. 07601397
Description of applicant (for example, partnership, company, unincorporated association etc.) Limited Company
Telephone number (if any) Business Mob :07773026320 – Business Landline: 01784 255220
E-mail address (optional) Manmeet-grover@hotmail.co.uk

Part 3 Operating Schedule

When do you want the premises licence to start?

Date Month Year
ASAP

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

Date Month Year
N/A

Please give a general description of the premises (please read guidance note1)

Premises will be selling Food and Non foods products aswell as Tobacco and Alcohol Beverages.

Small Convenience/General Grocery and Off Licence Store.

Spirits & Tobacco including high value products will be on display behind the counter out of customer reach.

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 yes

- | | |
|---|--------------------------|
| a) plays (if ticking yes, fill in box A) | <input type="checkbox"/> |
| b) films (if ticking yes, fill in box B) | <input type="checkbox"/> |
| c) indoor sporting events (if ticking yes, fill in box C) | <input type="checkbox"/> |
| d) boxing or wrestling entertainment (if ticking yes, fill in box D) | <input type="checkbox"/> |
| e) live music (if ticking yes, fill in box E) | <input type="checkbox"/> |
| f) recorded music (if ticking yes, fill in box F) | <input type="checkbox"/> |
| g) performances of dance (if ticking yes, fill in box G) | <input type="checkbox"/> |
| h) anything of a similar description to that falling within (e), (f) or (g) (if ticking yes, fill in box H) | <input type="checkbox"/> |

Provision of entertainment facilities:

- i) making music (if ticking yes, fill in box I)
- j) dancing (if ticking yes, fill in box J)
- k) entertainment of a similar description to that falling within (i) or (j)
(if ticking yes, fill in box K)

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

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

In all cases complete boxes N, O and P

A

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

B

Films Standard days and timings (please read guidance note 6)			Will the exhibition of films take place indoors or outdoors or both – please tick (please read guidance note 2)	Indoors	<input type="checkbox"/>						
				Outdoors	<input type="checkbox"/>						
Day	Start	Finish	Both <input type="checkbox"/>								
Mon	□□□□ □	□□□□ □	Please give further details here (please read guidance note 3) □□□□□								
	□□□□ □	□□□□ □									
Tue	□□□□ □	□□□□ □									
	□□□□ □	□□□□ □									
Wed	□□□□ □	□□□□ □				State any seasonal variations for the exhibition of films (please read guidance note 4) □□□□□					
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Thur	□□□□ □	□□□□ □									
	□□□□ □	□□□□ □									
Fri	□□□□ □	□□□□ □							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 (please read guidance note 5) □□□□□		
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Sat	□□□□ □	□□□□ □									
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Sun	□□□□ □	□□□□ □									
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C

Indoor sporting events Standard days and timings (please read guidance note 6)			Please give further details (please read guidance note 3) □□□□□	
Day	Start	Finish		
Mon	□□□□ □	□□□□ □	State any seasonal variations for indoor sporting events (please read guidance note 4) □□□□□	
	□□□□ □	□□□□ □		
Tue	□□□□ □	□□□□ □		
	□□□□ □	□□□□ □		
Wed	□□□□ □	□□□□ □		
	□□□□ □	□□□□ □		
Thur	□□□□ □	□□□□ □		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 (please read guidance note 5) □□□□□
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Fri	□□□□ □	□□□□ □		
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Sun	□□□□ □	□□□□ □		
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D

Boxing or wrestling entertainments Standard days and timings (please read guidance note 6)			Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick (please read guidance note 2)		Indoors	<input type="checkbox"/>
					Outdoors	<input type="checkbox"/>
					Both	<input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 3) □□□□□			
Mon	□□□□ □	□□□□ □				
	□□□□ □	□□□□ □				
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			State any seasonal variations for boxing or wrestling entertainment (please read guidance note 4) □□□□□			
			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 (please read guidance note 5) □□□□□			

E

Live music Standard days and timings (please read guidance note 6)			Will the performance of live music take place indoors or outdoors or both – please tick (please read guidance note 2)	Indoors	<input type="checkbox"/>		
Day	Start	Finish		Outdoors	<input type="checkbox"/>		
Mon	□□□□ □	□□□□ □	Please give further details here (please read guidance note 3) □□□□□	Both	<input type="checkbox"/>		
	□□□□ □	□□□□ □					
Tue	□□□□ □	□□□□ □					
	□□□□ □	□□□□ □					
Wed	□□□□ □	□□□□ □		State any seasonal variations for the performance of live music (please read guidance note 4) □□□□□			
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Thur	□□□□ □	□□□□ □					
	□□□□ □	□□□□ □					
Fri	□□□□ □	□□□□ □			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 (please read guidance note 5) □□□□□		
	□□□□ □	□□□□ □					
Sat	□□□□ □	□□□□ □					
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F

Recorded music Standard days and timings (please read guidance note 6)			Will the playing of recorded music take place indoors or outdoors or both – please tick (please read guidance note 2)	Indoors	<input type="checkbox"/>						
				Outdoors	<input type="checkbox"/>						
Day	Start	Finish	Both								
			<input type="checkbox"/>								
Mon	□□□□ □	□□□□ □	Please give further details here (please read guidance note 3) □□□□□								
	□□□□ □	□□□□ □									
Tue	□□□□ □	□□□□ □									
	□□□□ □	□□□□ □									
Wed	□□□□ □	□□□□ □				State any seasonal variations for the playing of recorded music (please read guidance note 4) □□□□□					
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Thur	□□□□ □	□□□□ □									
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Fri	□□□□ □	□□□□ □							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 (please read guidance note 5) □□□□□		
	□□□□ □	□□□□ □									
Sat	□□□□ □	□□□□ □									
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G

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

Anything of a similar description to that falling within (e), (f) or (g) Standard days and timings (please read guidance note 6)			Please give a description of the type of entertainment you will be providing □□□□□		
Day	Start	Finish	Will this entertainment take place indoors or outdoors or both – please tick (please read guidance note 2)	Indoors	<input type="checkbox"/>
Mon	□□□□ □	□□□□ □		Outdoors	<input type="checkbox"/>
	□□□□ □	□□□□ □		Both	<input type="checkbox"/>
Tue	□□□□ □	□□□□ □	Please give further details here (please read guidance note 3) □□□□□		
Wed	□□□□ □	□□□□ □	State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g) (please read guidance note 4) □□□□□		
	□□□□ □	□□□□ □			
Thur	□□□□ □	□□□□ □			
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Fri	□□□□ □	□□□□ □			
	□□□□ □	□□□□ □			
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 5) □□□□□		
	□□□□ □	□□□□ □			
Sun	□□□□ □	□□□□ □			
	□□□□ □	□□□□ □			

Provision of facilities for making music Standard days and timings (please read guidance note 6)			Please give a description of the facilities for making music you will be providing □□□□□	
			Will the facilities for making music be indoors or outdoors or both – please tick (please read guidance note 2)	
Day	Start	Finish	Both <input type="checkbox"/>	
Mon	□□□□ □	□□□□ □	Please give further details here (please read guidance note 3) □□□□□	
	□□□□ □	□□□□ □		
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Thur	□□□□ □	□□□□ □		
	□□□□ □	□□□□ □		
Fri	□□□□ □	□□□□ □	Non standard timings. Where you intend to use the premises for provision of facilities for making music at different times to those listed in the column on the left, please list (please read guidance note 5) □□□□□	
	□□□□ □	□□□□ □		
Sat	□□□□ □	□□□□ □		
	□□□□ □	□□□□ □		
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	□□□□ □	□□□□ □		

J

Provision of facilities for dancing Standard days and timings (please read guidance note 6)			Will the facilities for dancing be indoors or outdoors or both – please tick (see guidance note 2)	Indoors <input type="checkbox"/>				
				Outdoors <input type="checkbox"/>				
				Both <input type="checkbox"/>				
			Please give a description of the facilities for dancing you will be providing □□□□□					
Day	Start	Finish	Please give further details here (please read guidance note 3) □□□□□					
	Mon	□□□□ □				□□□□ □		
	□□□□ □	□□□□ □						
Tue	□□□□ □	□□□□ □						
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Thur	□□□□ □	□□□□ □						
	□□□□ □	□□□□ □						
Fri	□□□□ □	□□□□ □				Non standard timings. Where you intend to use the premises for the provision of facilities for dancing entertainment at different times to those listed in the column on the left, please list (please read guidance note 5) □□□□□		
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Sat	□□□□ □	□□□□ □						
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	□□□□ □	□□□□ □						

K

Provision of facilities for entertainment of a similar description to that falling within i or j Standard days and timings (please read guidance note 6)			<u>Please give a description of the type of entertainment facility you will be providing</u> □□□□□		
Day	Start	Finish	<u>Will the entertainment facility be indoors or outdoors or both – please tick</u> (please read guidance note 2)	Indoors	<input type="checkbox"/>
Mon	□□□□ □	□□□□ □		Outdoors	<input type="checkbox"/>
	□□□□ □	□□□□ □		Both	<input type="checkbox"/>
Tue	□□□□ □	□□□□ □	<u>Please give further details here</u> (please read guidance note 3) □□□□□		
Wed	□□□□ □	□□□□ □	<u>State any seasonal variations for the provision of facilities for entertainment of a similar description to that falling within i or j</u> (please read guidance note 4) □□□□□		
	□□□□ □	□□□□ □			
Thur	□□□□ □	□□□□ □			
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Fri	□□□□ □	□□□□ □			
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Sat	□□□□ □	□□□□ □			
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Sun	□□□□ □	□□□□ □	□□□□□		
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L

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

M

Supply of alcohol Standard days and timings (please read guidance note 6)			Will the supply of alcohol be for consumption (Please tick box) (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) None Same Licensing hours Everyday		
Mon	06:00 □□□□ □	23:00 □□□□ □			
Tue	06:00 □□□□ □	23:00 □□□□ □			
Wed	06:00 □□□□ □	23:00 □□□□ □			
Thur	06:00 □□□□ □	23:00 □□□□ □			
Fri	06:00 □□□□ □	23:00 □□□□ □			
Sat	06:00 □□□□ □	23:00 □□□□ □			
Sun	06:00 □□□□ □	23:00 □□□□ □			
			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)		

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

Name Manmeet Singh Grover	
Address 62 Hounslow Road Hanworth Feltham Middlesex	
Postcode	TW13 6QH
Personal Licence number (if known) H03217	

Issuing licensing authority (if known)
London borough of Hounslow
LB Hounslow SMPP
The Civic Centre, Lampton Road, Hounslow, TW3 4DN

N

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)

O

Hours premises are open to the public Standard days and timings (please read guidance note 6)			State any seasonal variations (please read guidance note 4) N/A
Day	Start	Finish	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 5) N/A
Mon	06:00	23:00	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Tue	06:00	23:00	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Wed	06:00	23:00	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Thur	06:00	23:00	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Fri	06:00	23:00	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Sat	06:00	23:00	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Sun	06:00	23:00	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

P Describe the steps you intend to take to promote the four licensing objectives:

a) General – all four licensing objectives (b,c,d,e) (please read guidance note 9)

Management will control an effective training to all staff that they are aware of the premises licence requirements.

Management will also be made aware of four licensing objectives, Training and key followings

- Underage challenge.
- Drunk and Disorder behavior
- CCTV recording.
- Public Safety

b) The prevention of crime and disorder

A Tamper resistant CCTV system will be in place at the premises which is maintained regularly CCTV images are on record for period of 28 days, Recordings of any incidents at the premises to be made secure for inspection by the Police and will be provided on lawful request. This means a member of staff will be available within 24 hours who is capable of operating the CCTV system and providing recordings.

c) Public safety

A member of management will be on the premises at all times the store is trading and will be trained to manage the store including looking after the safety of public.

The store will be obliged to all rules and regulations relating to public safety.

Premises will also be taking part in fire safety and health and safety including periodic risk assessments.

Premises will also provide public liability Insurance

d) The prevention of public nuisance

Store intends to be an active member of the community. We will be happy to liaise with Police and enforcement authority should the need arise.

Store will also keep an active incident book which will be available to write any incidents by all member of staff.

e) The protection of children from harm

All staff will be trained and regularly refreshed with the Think 21 and Challenge 25 policy when selling age restricted products.

New tills will be installed which will operate a 'Challenge 25' policy as a minimum requirement whereby any person appearing to be aged 25 or under must prove that they are in fact over the lawful age of 18 for the purpose of sale of alcohol.

We will also display signage of Challenge 25 and Think 21 policy Signage.

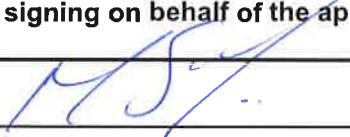
Please tick yes

- 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 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 CONVICTION TO A FINE UP TO 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	03 - NOV - 2014
Capacity	DIRECTOR →

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)			
Post town		Post code	
Telephone number (if any)			
If you would prefer us to correspond with you by e-mail your e-mail address (optional)			

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, if you wish people to be able to purchase alcohol to consume away from the premises please tick off. 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, 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, both applicants or their respective agents must sign the application form.
13. This is the address which we shall use to correspond with you about this application.

