

9/8/16

12/7/16
£190
012509



Coventry
Application for a premises licence
Licensing Act 2003

For help contact
licensing@coventry.gov.uk
Telephone: 02476 831888

* required information

Section 1 of 19

You can save the form at any time and resume it later. You do not need to be logged in when you resume.

System reference	Not Currently In Use	This is the unique reference for this application generated by the system.
Your reference		You can put what you want here to help you track applications if you make lots of them. It is passed to the authority.

Are you an agent acting on behalf of the applicant?

Put "no" if you are applying on your own behalf or on behalf of a business you own or work for.

- Yes
 No

Applicant Details

* First name	SIMKO	
* Family name	DAWUDY	
* E-mail	simko2003@hotmail.com	
Main telephone number	07753491478	Include country code.
Other telephone number		

Indicate here if you would prefer not to be contacted by telephone

Are you:

- Applying as a business or organisation, including as a sole trader
 Applying as an individual

A sole trader is a business owned by one person without any special legal structure. Applying as an individual means you are applying so you can be employed, or for some other personal reason, such as following a hobby.

Applicant Business

* Is your business registered in the UK with Companies House? Yes No

* Registration number	9949533	
* Business name	EURO SUPERMARKET (COVENTRY) LTD	If your business is registered, use its registered name.
* VAT number	- NONE	Put "none" if you are not registered for VAT.
* Legal status	Private Limited Company	

Continued from previous page...

* Your position in the business

Home country

The country where the headquarters of your business is located.

Registered Address

Address registered with Companies House.

* Building number or name

* Street

District

* City or town

County or administrative area

* Postcode

* Country

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PREMISES DETAILS

I/we, as named in section 1, apply for a premises licence under section 17 of the Licensing Act 2003 for the premises described in section 2 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.

Premises Address

Are you able to provide a postal address, OS map reference or description of the premises?

- Address OS map reference Description

Postal Address Of Premises

Building number or name

Street

District

City or town

County or administrative area

Postcode

Country

Further Details

Telephone number

Non-domestic rateable value of premises (£)

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APPLICATION DETAILS

In what capacity are you applying for the premises licence?

- An individual or individuals
- A limited company
- A partnership
- An unincorporated association
- A recognised club
- A charity
- The proprietor of an educational establishment
- A health service body
- A person who is registered under part 2 of the Care Standards Act 2000 (c14) in respect of an independent hospital in Wales
- A person who is registered under Chapter 2 of Part 1 of the Health and Social Care Act 2008 in respect of the carrying on of a regulated activity (within the meaning of that Part) in an independent hospital in England
- The chief officer of police of a police force in England and Wales
- Other (for example a statutory corporation)

Confirm The Following

- I am carrying on or proposing to carry on a business which involves the use of the premises for licensable activities
- I am making the application pursuant to a statutory function
- I am making the application pursuant to a function discharged by virtue of Her Majesty's prerogative

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NON INDIVIDUAL APPLICANTS

Provide name and registered address of applicant in full. Where appropriate give any registered number. In the case of a partnership or other joint venture (other than a body corporate), give the name and address of each party concerned.

Non Individual Applicant's Name

Name

Details

Registered number (where applicable)

Description of applicant (for example partnership, company, unincorporated association etc)

Continued from previous page...

COMPANY

Address

Building number or name

Street

District

City or town

County or administrative area

Postcode

Country

Contact Details

E-mail

Telephone number

Other telephone number

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OPERATING SCHEDULE

When do you want the premises licence to start? / /
dd mm yyyy

If you wish the licence to be valid only for a limited period, when do you want it to end / /
dd mm yyyy

Provide a general description of 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.

THE STORE WILL SELL GROCERIES, MEAT PRODUCTS, FROZEN FOOD PRODUCTS, ALCHOL OFF PREMISES CONSUMPTION, COGRETTES ETC.

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

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PROVISION OF PLAYS

Will you be providing plays?

- Yes No

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PROVISION OF FILMS

Will you be providing films?

- Yes No

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PROVISION OF INDOOR SPORTING EVENTS

Will you be providing indoor sporting events?

- Yes No

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PROVISION OF BOXING OR WRESTLING ENTERTAINMENTS

Will you be providing boxing or wrestling entertainments?

- Yes No

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PROVISION OF LIVE MUSIC

Will you be providing live music?

- Yes No

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PROVISION OF RECORDED MUSIC

Will you be providing recorded music?

- Yes No

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PROVISION OF PERFORMANCES OF DANCE

Will you be providing performances of dance?

- Yes No

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PROVISION OF ANYTHING OF A SIMILAR DESCRIPTION TO LIVE MUSIC, RECORDED MUSIC OR PERFORMANCES OF DANCE

Will you be providing anything similar to live music, recorded music or performances of dance?

- Yes No

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LATE NIGHT REFRESHMENT

Will you be providing late night refreshment?

Section 15 of 19**SUPPLY OF ALCOHOL**

Will you be selling or supplying alcohol?

 Yes No**Standard Days And Timings**

MONDAY

Start End Start End 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.

TUESDAY

Start End Start End

WEDNESDAY

Start End Start End

THURSDAY

Start End Start End

FRIDAY

Start End Start End

SATURDAY

Start End Start End

SUNDAY

Start End Start End

Will the sale of alcohol be for consumption:

 On the premises Off the premises BothIf the sale of alcohol is for consumption on
the premises select on, if the sale of alcohol
is for consumption away from the premises
select off. If the sale of alcohol is for
consumption on the premises and away
from the premises select both.

State any seasonal variations

For example (but not exclusively) where the activity will occur on additional days during the summer months.

Continued from previous page...

Non-standard timings. Where the premises will be used for the supply of alcohol at different times from those listed in the column on the left, list below

For example (but not exclusively), where you wish the activity to go on longer on a particular day e.g. Christmas Eve.

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

Name

First name

Family name

Enter the contact's address

Building number or name

Street

District

City or town

County or administrative area

Postcode

Country

Personal Licence number (if known)

Issuing licensing authority (if known)

PROPOSED DESIGNATED PREMISES SUPERVISOR CONSENT

How will the consent form of the proposed designated premises supervisor be supplied to the authority?

- Electronically, by the proposed designated premises supervisor
- As an attachment to this application

Reference number for consent form (if known)

If the consent form is already submitted, ask the proposed designated premises supervisor for its 'system reference' or 'your reference'.

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ADULT ENTERTAINMENT

Highlight any adult entertainment or services, activities, or other entertainment or matters ancillary to the use of the premises that may give rise to concern in respect of children

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 etc gambling machines etc.

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HOURS PREMISES ARE OPEN TO THE PUBLIC

Standard Days And Timings

MONDAY

Start

End

Start

End

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.

TUESDAY

Start

End

Start

End

WEDNESDAY

Start

End

Start

End

THURSDAY

Start

End

Start

End

FRIDAY

Start

End

Start

End

SATURDAY

Start

End

Start

End

SUNDAY

Start

End

Start

End

State any seasonal variations

Continued from previous page...

STICK POLICY NOT TO SERVE DRUNKEN CUSTOMERS.
CHALLENGE 25 IN FORCE ALL THE TIME.

e) The protection of children from harm

"CHALLENGE 25" SIGN WHICH IS A RETAILING STRATEGY THAT ENCOURAGES ANYONE WHO IS OVER 18 BUT LOOKS UNDER 25 TO CARRY ACCEPTABLE ID (A CARD BEARING THE PASS HOLOGRAM, A PHOTOGRAPHIC DRIVING LICENSE OR A PASSPORT) IF THEY WISH TO BUY ALCOHOL. WELL TRAINED STAFF ABOUT REQUIREMENT FOR PERSON'S IDENTIFICATION, AGE ESTABLISHMENT ETC. ALL THE DETAILS PROVIDED IN TRAINING RECORD BOOK AVAILABLE THE RETAIL UNIT. LOG BOOK WILL BE KEPT UPON THE PREMISES ALL THE TIME. NOTHING BELONG EXISTING HEALTH & SAFETY REQUIREMENTS.

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PAYMENT DETAILS

This fee must be paid to the authority. If you complete the application online, you must pay it by debit or credit card.

Premises Licence Fees are determined by the non domestic rateable value of the premises.

To find out a premises non domestic rateable value go to the Valuation Office Agency site at http://www.voa.gov.uk/business_rates/index.htm

Band A - No RV to £4300	£100.00
Band B - £4301 to £33000	£190.00
Band C - £33001 to £8700	£315.00
Band D - £87001 to £12500	£450.00*
Band E - £125001 and over	£635.00*

*If the premises rateable value is in Bands D or E and the premises is primarily used for the consumption of alcohol on the premises then you are required to pay a higher fee

Band D - £87001 to £12500	£900.00
Band E - £125001 and over	£1,905.00

There is an exemption from the payment of fees in relation to the provision of regulated entertainment at church halls, chapel halls or premises of a similar nature, village halls, parish or community halls, or other premises of a similar nature. The costs associated with these licences will be met by central Government. If, however, the licence also authorises the use of the premises for the supply of alcohol or the provision of late night refreshment, a fee will be required.

Schools and sixth form colleges are exempt from the fees associated with the authorisation of regulated entertainment where the entertainment is provided by and at the school or college and for the purposes of the school or college. If, however, the licence also authorises the use of the premises for the supply of alcohol or the provision of late night refreshment, a fee will be required.

If you operate a large event you are subject to additional fees based upon the number in attendance at any one time

Capacity 5000-9999	£1,000.00
Capacity 10000 -14999	£2,000.00
Capacity 15000-19999	£4,000.00
Capacity 20000-29999	£8,000.00
Capacity 30000-39999	£16,000.00
Capacity 40000-49999	£24,000.00
Capacity 50000-59999	£32,000.00
Capacity 60000-69999	£40,000.00
Capacity 70000-79999	£48,000.00
Capacity 80000-89999	£56,000.00
Capacity 90000 and over	£64,000.00

* Fee amount (£)

190.00

Continued from previous page...

For example (but not exclusively) where the activity will occur on additional days during the summer months.

Non standard timings. Where you intend to use the premises to be open to the members and guests at different times from those listed in the column on the left, list below

For example (but not exclusively), where you wish the activity to go on longer on a particular day e.g. Christmas Eve.

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LICENSING OBJECTIVES

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

a) General – all four licensing objectives (b,c,d,e)

List here steps you will take to promote all four licensing objectives together.

STRICT IMPLEMENTATION OF CHALLENGE 25 POLICY.
SEPARATING ALCHOL FROM CHILDREN SECTION.
ALL STAFF TO BE TRAINED IN RESPONSIBLE ALCOHOL TRAINING.
EVERY SALE OF ALCHOL MADE OR AUTHORISED BY A PERSON WHO HOLDS A PERSONAL LICENCE.
CCTV IN OPERATION 24 HOURS. RECORDING AND STORING (MONTHLY) SYSTEM.
JOINING NEIGHBOURHOOD SCHEMES AND KEEPING IN TOUCH WITH THE POLICE.

b) The prevention of crime and disorder

TRAIN ALL STAFF AND BUILD THE RIGHT ATMOSPHERE WITH CUSTOMERS.
WINDOWS, DOOR AND FRAMES TO BE REINFORCED MAKING IT MORE DIFFICULT FOR INTRUSION.
CCTV INSTALLED INSIDE AND OUTSIDE. CCTV TO STORE IMAGE FOR 31 DAYS AND A MEMBER OF STAFF BE ABLE TO OPERATE, REPLAY AND EXPORT IMAGES ON THE LIASE WITH THE LOCAL POLICE
BE CALM AND DECISIVE AND DO NOT REACT TO PROVOCATION.

c) Public safety

HEALTH AND SAFETY RISK ASSESSMENTS TO BE CARRIED OUT REGULARLY.
INSTALLATION OF APPROPRIATE AND AQUEQUATE SAFETY EQUIPMENTS.
INSTALLATION OF EMERGENCY LIGHTING AND EVACUATION PROCEDURES BE IN PLACE WITH WARNING SIGNS.
FIRE EVACUATION PROCEDURES.
TO COMPLY WITH ALL THE CURRENT, FIRE AND HEALTH AND SAFETY LEGISLATION AS REQUIRED BY LAW.
ALL PURCHASES TO BE MADE FROM WHOLESALERS/CASH AND CARRY ONLY.

d) The prevention of public nuisance

A MANAGEMENT POLICY IN PLACE TO TAKE INTO ACCOUNT THE EXTERNAL AREAS OF THE PREMISES AND THE CONDUCT OF THE CUSTOMERS.
NOTICE TO CUSTOMERS REGARDING CONSIPERATION FOR NEIGHBOURS.
TO MONITOR ANTI SOCIAL BEHAVIOUR BY USE OF CCTV.
JOIN RETAIL WATCH SCHEME.

Continued from previous page...

DECLARATION

* I/we understand 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.

Ticking this box indicates you have read and understood the above declaration

This section should be completed by the applicant, unless you answered "Yes" to the question "Are you an agent acting on behalf of the applicant?"

* Full name

* Capacity

* Date / /
dd mm yyyy

[Add another signatory](#)

Once you're finished you need to do the following:

1. Save this form to your computer by clicking file/save as...
2. Go back to <https://www.gov.uk/apply-for-a-licence/premises-licence/coventry/apply-1> to upload this file and continue with your application.

Don't forget to make sure you have all your supporting documentation to hand.

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

OFFICE USE ONLY

Applicant reference number

Fee paid

Payment provider reference

ELMS Payment Reference

Payment status

Payment authorisation code

Payment authorisation date

Date and time submitted

Approval deadline

Error message

Is Digitally signed

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* required information

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Are you an agent acting on behalf of the applicant?

Yes No

Put "no" if you are applying on your own behalf or on behalf of a business you own or work for.

Applicant Details

* First name

* Family name

* E-mail

Main telephone number Include country code.

Other telephone number

Indicate here if you would prefer not to be contacted by telephone

Are you:

Applying as a business or organisation, including as a sole trader

Applying as an individual

A sole trader is a business owned by one person without any special legal structure. Applying as an individual means you are applying so you can be employed, or for some other personal reason, such as following a hobby.

Applicant Business

* Is your business registered in the UK with Companies House? Yes No

* Registration number

* Business name If your business is registered, use its registered name.

* VAT number Put "none" if you are not registered for VAT.

* Legal status

Continued from previous page...

* Your position in the business

Home country

The country where the headquarters of your business is located.

Registered Address

Address registered with Companies House.

* Building number or name

* Street

District

* City or town

County or administrative area

* Postcode

* Country

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CONSENT

Name Of Proposed Premises Supervisor

* First name

* Family name

Address Of Proposed Premises Supervisor

* Building number or name

* Street

District

* City or town

County or administrative area

Postcode

* Country

I hereby confirm that I give my consent to be specified as the designated premises supervisor in relation to the following application, and any premises licence to be granted or varied in respect of this application concerning the supply of alcohol at the premises

* Type of application

For instance 'Application for a premises licence' or 'Variation of a premises licence'

Is the application or variation that this consent is being submitted in connection with being supplied electronically to the authority

- Yes No Don't know

Continued from previous page...

Reference number of
electronic application (if
known)

If the application or variation form is already
submitted, ask its applicant for the form's
'system reference' or 'your reference'.

Premises Licence Holder

* Name

Address Of Premises

* Building number or name

* Street

District

* City or town

County or administrative area

Postcode

Premises

Premise licence number

* Name of premises

I also confirm that I am applying for, intend to apply for or currently hold a personal licence, details of which I set out below

Personal licence number

Personal licence issuing
authority name

Address Of Personal Licence Issuing Authority

Building number or name

Street

District

City or town

County or administrative area

Postcode

Contact Details Of Personal Licence Issuing Authority

Telephone number

Section 3 of 3

DECLARATION

Continued from previous page...

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Ticking this box indicates you have read and understood the above declaration

This section should be completed by the applicant, unless you answered "Yes" to the question "Are you an agent acting on behalf of the applicant?"

* Full name

* Capacity

Date (dd/mm/yyyy)

[Add another signatory](#)

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