# 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.

Yo	u may	wish to keep a copy of the completed form for	your r	ecords.		
app des	(In: oly fo cribe	Sert name(s) of applicant) r a premises licence under section 17 of the L d in Part 1 below (the premises) and I/we are licensing authority in accordance with section	maki	na this applicat	i 4	-
Par	t 1 –	Premises details				
Pos	tal ad	dress of premises or, if none, ordnance survey n 72 BRAMBLES STREE	map ref	erence or descri	ption	
Pos	t tow	n COVENTRY		Postcode	CV1 2H	ī
Tele	phon	e number at premises (if any)				
Non	-dom	estic rateable value of premises £ 4-75	-			_
Part	2 - A	Applicant details				_
Plea	se sta	te whether you are applying for a premises licer	nce as	Please tick	as appropriate	
a)	an	individual or individuals *	-	please comple	ete section (A)	
b)	ар	erson other than an individual *				
	i	as a limited company/limited liability partnership		please comple	te section (B)	
	ii	as a partnership (other than limited liability)		please comple	te section (B)	
	iii	as an unincorporated association or		please comple	te section (B)	
	iv	other (for example a statutory corporation)		please comple	te section (B)	
c) a recognised club				please complete section (B)		
d)		narity		please complet	te section (B)	
e) the proprietor of an educational establishment				please complet	te section (B)	

Date of birth	I am 18 years old or over	☐ Please tick yes
Nationality		
Current postal addred different from premaddress		
Post town		Postcode
Daytime contact te	lephone 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	COUNTRY SHOP LTD
	CONTROL ALD
Address	
	72 BRAMBLES STREET
	CV12HL
Registered	d number (where applicable)
	4
	11748447
Description	on of applicant (for example, partnership, company, unincorporated association etc.)
1	IMITED COMPANY
Telephone	number (if any)
E-mail add	dress (optional)

#### Part 3 Operating Schedule

When do you want the premises licence to start?

DD MM YYYY 19062020

	ou wish the licence to be valid only for a limited period, when you want it to end?	DD MM YYYY
SE FRA AT LIKE	SE give a general description of the premises (please read guidance LOCATED AT 72 BRAMBLES GIREET IN COUENT CY 1 2HT, IN THIS PREMISES, 1 RUN AN AFRICO P BY NAME COUNTRY SHOP LID. AT COUNTRY SHOP YOU WILL FIND OIL; FROZEN VEGETABLES AND FROZEN FRESH TOWATDES, BELL PEPPERIS, ONION, GETALTA, COKE, GINGER DRINK AND MANY NESE GOODS ARE DURCHASED FROM COSTOO A COLESALERIS IN COURNTRY AND JUMBO CONTRY	MIRYSHUP, I SELL M. DIY, FROZEN AND ID, RICE, GARRI, BEANX FISH ETC. AS WELL INGER, OKRO ETC. I-AICOHOLIC DRINGS UCLE: MIRES OF
	000 or more people are expected to attend the premises at any time, please state the number expected to attend.	
Wha	t licensable activities do you intend to carry on from the premises?	
(plea	ase see sections 1 and 14 and Schedules 1 and 2 to the Licensing A	ct 2003)
Prov	ision 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 $H$ )	g)
		_
Pro	vision 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

Sunn	ly of alast		******		
Supply of alcohol Standard days and timings (please read			Will the supply of alcohol be for consumption  — please tick (please read guidance note 8)	On the premises	
	guidance note 7)			Off the premises	X
Day	Start	Finish		Both	
Mon	8 <sub>AM</sub>	22 Pm	State any seasonal variations for the supply of a guidance note 5)	lcohol (please i	ead
Tue	8 AM	22 Pm			
Wed	8 AM	22 Pry			
Thur	8AM	22 Pm	Non standard timings. Where you intend to use the supply of alcohol at different times to those I column on the left, please list (please read guidance)	isted in the	or
Fri	8 AM	23 Pm	(please read guidant	ce note 6)	
Sat	8AM	23Pm			
Sun	10 Pm	2DAM			

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					
Ivanic	MRS	EVELIN	JE BAUL	INCHE BUMA	VULIELIE
Date of birth					
Address					
Co Constant and Constant					
	-				
Postcode					
Personal licence	e number	(if Imaxim)			
r organiar meeme	c number	(II Known)	2190	00286	
Inquino li			13 10	00200	
Issuing licensing	ng authori	ty (if known)	( 012	2,000	
			000	WIRY CI	TY COUNCIL

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

open Standa timing	s premises to the pub ard days and ard please in the note 7	<b>olic</b> nd read	State any seasonal variations (please read guidance note 5)
Day	Start	Finish	
Mon	8AM	22 Pm	
Tue	MA8	22 PM	
Wed	8AM	22 PM	
Thur	8Am	22 Pm	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)
Fri	8 Am	32 Pry	(1) CHRISTMAS EVE (2) CHRISTMAS DAY (3) NEW YEAR EVE
Sat	8 AM	23 Pm	(5) BOXING DAY
Sun	10Pm	20ÅN	BANK HOLIDAYS,

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)

ANTHORITY AND BUSINESS NEEDS TO KLOCK IN PARTNER-SHIP KLITH THE LOCAL AUTHORITY, POLICE, LOCAL BUSINESS AND LOCAL PEOPLE

B WORK IN PARTNERSHIP WITH POLICE PLANNING AUTHORITIES CHILD PROTECTION AGENCIES, LOCAL TRANSPORTATION AND ENVIRONENTAL HEALTH AND SAFETY

CRIME AND DISORDER REDUCTION PARTICERSHIP

b) The prevention of crime and disorder

CRIME AND DISORDER REDUCTION PARTNERSHIP (CORPS) HAS BEEN SET UP TO ESTABLISH LOCAL POLICE TO REDUCE CRIME AND DISORDER THROUGH THE LOCAL AUTHORITY AND THE POLICE.

AS A DERSONAL LIENCE HOLDER, I HAVE TO BE DUVBLUED WITH LOCAL PARTNERSHIP

c) Public safety

AS A RETAILER OF ALCOHOL, I SHIDULD MORK WITH LOCAL POLICE TO EXAMINE KLAYS OF MINIMISING OF ALCOHOL RELATED CRIME AND DISORDER IN THE MEIGHBOUR HOOD

DCCTY SYSTEM INSTALLED

2 EXTERNAL LIGHTINGO BRAMBLES STREET

d) The prevention of public nuisance

PELSONAL LIENCE HOLDERS NEEDS TO BE VIGILANT TO AND TAKE A PESPONSIBLE APPROACH TO ENSURE THAT, THERE TO NO OVER CONSUMPTION OR ANTI-SOCIAL BEHAVIOUR AS THIS UNDERMINE'S THE CRIMES AND DISCROER, PUBLIC NUISSANCE AND PUBLIC SAFETY = DANY NOISE REDUCTION MEASURES TAKEN TO ADDRESS THE PUBLIC NUISSANCE.

e) The protection of children from harm IT IS AN DEFENCE TO SELL ALCOHOL TO SOME ONE UNDER 18 IN ANY CIRCUMSTANCES REGARDLESS OF MIHERETHE ALCOHOL IS SOLD IT IS THE RESPONSIBILITY OF THE DUTY LIENCE HOLDER AND ANY ONE NORKIS IN THE LIENCE PREMISES NOT TO SELL ALCOHOL TO A DERSON AGED UNDER 48 YEAR OF AGE.

THERE IS ARE NO EXCEPTIONS TO THIS RULE

Che	ecklist: Please tick to indicate agree	ment
•	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.	$\checkmark$
	[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).	Ø

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> <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 licesable 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	
Date	18/05/2020
Capacity	BUSINESS OWNER.

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					
this application (	please read guidar	iy given) and pos	tal address for co	rrespondend	ce associated with
Post town			P	ostcode	
Telephone numb	er (if any)				
If you would pre	fer us to correspon	nd with you by e-	nail, your e-mail	address (op	otional)

#### **Notes for Guidance**

- 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. In terms of specific regulated entertainments please note that: