

**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 HEMAN JAMAL
(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 SUPERSAM 141 – 143 EIGN STREET HEREFORD HEREFORDSHIRE			
Post town	HEREFORDSHIRE	Postcode	HR4 QAJ

Telephone number at premises (if any)	
Non-domestic rateable value of premises	£6300

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 X

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	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
Surname JAMAL			First names HEMAN		
I am 18 years old or over				<input checked="" type="checkbox"/>	Please tick yes
Current postal address if different from premises address		SUPERSAM 141 - 143 EIGN STREET HEREFORD HEREFORDSHIRE			
Post town	HEREFORDSHIRE			Postcode	HR4 QAJ
Daytime contact telephone number					
E-mail address (optional)					

Part 3 Operating Schedule

When do you want the premises licence to start?

DD	MM	YYYY					
0	9	1	2	2	0	1	4

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
DOUBLE FRONTED GENERAL STORE WISHING TO SELL ALCOHOL ALONG WITH THE
OTHER PRODUCTS ON OFFER

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)			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					
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"/>
			Both	<input type="checkbox"/>
			Please give further details here (please read guidance note 3)	
			State any seasonal variations for the exhibition of films (please read guidance note 4)	
			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)	
Day	Start	Finish		
Mon				
Tue				
Wed				
Thur				
Fri				
Sat				
Sun				

C

Indoor sporting events Standard days and timings (please read guidance note 6)			<u>Please give further details</u> (please read guidance note 3)
Day	Start	Finish	
Mon			
Tue			<u>State any seasonal variations for indoor sporting events</u> (please read guidance note 4)
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 5)
Fri			
Sat			
Sun			

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)	
Day	Start	Finish	Indoors	<input type="checkbox"/>
Mon			Outdoors	<input type="checkbox"/>
Tue			Both	<input type="checkbox"/>
Wed			<u>Please give further details here</u> (please read guidance note 3)	
Thur				
Fri				
Sat			<u>State any seasonal variations for boxing or wrestling entertainment</u> (please read guidance note 4)	
Sun				
			<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 5)	

E

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

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						
Tue			Please give further details here (please read guidance note 3)			
Wed						
Thur			State any seasonal variations for the playing of recorded music (please read guidance note 4)			
Fri						
Sat			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)			
Sun						

G

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

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	<u>Will this entertainment take place 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					
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 4)		
Fri					
Sat			<u>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</u> (please read guidance note 5)		
Sun					

I

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"/>
					Both	<input type="checkbox"/>
Day	Start	Finish				
Mon			<u>Please give further details here</u> (please read guidance note 3)			
Tue						
Wed			<u>State any seasonal variations for the provision of late night refreshment</u> (please read guidance note 4)			
Thur						
Fri			<u>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</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	08:00	22:00			
Tue	08:00	22:00			
Wed	08:00	22:00			
Thur	08:00	22:00			
Fri	08:00	22:00			
Sat	08:00	22:00			
Sun	08:00	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)		

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

Name HEMAN JAMAL	
Address SUPERSAM 141 – 143 EIGN STREET HEREFORD HEREFORDSHIRE	
Postcode	HR4 QAJ
Personal licence number (if known) 2499	
Issuing licensing authority (if known) HEREFORDSHIRE COUNCIL	

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).
 NON

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	
Mon	08:00	22:00	<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>
Tue	08:00	22:00	
Wed	08:00	22:00	
Thur	08:00	22:00	
Fri	08:00	22:00	
Sat	08:00	22:00	
Sun	08:00	22:00	

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)

No alcohol or tobacco will ever be purchased from sellers calling at the premise. Exceptions to the condition would be purchases made from authorised representatives who have made prior appointments to visit the store.

- All alcohol and tobacco products sold at the premises shall have the relevant UK duty paid.
- Foreign tobacco, which does not comply with relevant UK legislation, shall not be stored and/or sold at the premise.
- Invoices, or copies of invoices, for all alcohol and tobacco purchases for the sale at the premises, will be retained and kept at the premises, and made available to officers from Trading Standards, the Police or HMRC, upon request
- A stock control system will be maintained, to enable the licensee and designated premises supervisor to quickly identify where and when alcoholic and tobacco product have been purchased
- An ultra-violet light will be available at the premises and will be used for the purpose of checking the UK Duty Stamps on spirits as soon as practicable after purchase
- If any spirits purchased for or on behalf of the business have UK Duty Stamps that do not fluoresce under ultra-violet light, or are otherwise suspicious, the licensee and/or designated premises supervisor shall notify the supplier to Staffordshire County Council Trading Standards and HMRC as soon as possible.
- If any tobacco products purchased for or on behalf of the business does not have UK Duty Paid fiscal mark or are otherwise suspicious, the licensee and/or designated premises supervisor shall notify the supplier to Staffordshire County Council Trading Standards and HMRC as soon as possible.

~~Protecting Children from Harm~~

b) The prevention of crime and disorder

1. The CCTV system must be installed and operate internally to cover all areas that licensable activities take place and where alcohol is displayed within any public area.
2. The CCTV unit shall be positioned in a secure part of the licensed premise. Access to the system should be allowed immediately to the Police upon request.
3. A competent trained person in the use of and operation of the CCTV will be in attendance at the premises at all times that licensable activities take place and be able to fully operate the CCTV system to be able to down load in a recognised format any information requested by the Police.
4. The CCTV system clock should be set correctly and maintained (taking account of GMT and BST).
5. A facility will be available for the Police to remove from the CCTV system a copy of any material relevant to any ongoing Police investigation.
6. All CCTV images will be retained for a period of not less than 31 day
7. An incident register of all occurrences and ejections from the premises will be maintained at the premises and all details of public order offences will be recorded.
8. All persons involved in the sale of alcohol will receive initial and subsequent 6 monthly refresher training by the Designated Premises Supervisor or an appropriately accredited training provider with regards to the law in relation to the sale of alcohol. This will be recorded in a staff training register and will include, signature of the member of staff, the DPS or an appropriately accredited training provider together with the date.
9. At any time when there is no Personal License holder on the premises there must be at least one member of staff on duty inside the premise who has been authorised by the DPS. Any such person should have seen, read and be fully aware of the conditions of the premise licence and take all steps to ensure that such conditions are adhered to whilst they have responsibility for the premise.
10. A record should be kept detailing, the name and address relative to the person left in charge of the premise and the times and dates when the authority to cover exists, in writing.
11. These should be individual entries covering short periods of time only and should not exceed more than a three week period.
12. The authorised person should also sign on each occasion that he/she has physically seen inspected and is fully aware of all the conditions attached to the premise licence. The DPS should sign to acknowledge that they agree to the authorised person being in charge of the premise for any times specified. The records of these matters should be kept fully updated at all times.

All Records shall be retained at the premises for a period of no less than 12 months and made available to responsible authorities on request.

c) Public safety

ALL EMERGENCY LIGHTING WILL BE CHECKED WEEKLY
ENTRANCES , EXITS AND PASSEGEWAYS ARE KEPT CLEAR

d) The prevention of public nuisance

PROMINENT SIGNS WILL BE DISPLAYED REQUESTING CUSTOMERS TO HAVE REGARD FOR LOCAL RESIDENTS WHEN LEAVING THE PREMISES
ADEQUATE BINS ARE AVAILABLE FOR CUSTOMERS TO DISPOSE OF LITTER

e) The protection of children from harm

- A Challenge 25 policy will be adopted in order to reduce the potential for underage sales of age restricted products including alcohol. If a customer appears to be under 25 years of age and cannot prove that they are eligible to purchase the age restricted item with a valid UK or Ireland Photocard Driving Licence, a valid Passport or PASS accredited proof of age scheme card, they will be refused service.
- Challenge 25 posters will be displayed at the premises to reinforce this policy. Posters will be placed at; each till, each area alcohol is stocked and at the point of entry into the store. The posters will be displayed prominently and in sight of customers and staff.
- A Refusals Register is to be used to record all incidents when a sale is refused. The register is to be kept in the store at all times unless it is requested by authorised officers of responsible authorities. The Refusal/Challenge Register is to be checked and signed off by the Designated Premises Supervisor every two weeks.
- All staff working at the premises involved in the sale of age restricted products including alcohol will receive on-going training and will be refreshed at least every 6 months. This will be recorded in a staff training register and will also include a written test of knowledge. The Training records must be made available to authorised officers of responsible authorities on request. Records shall be retained at the premises.

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	[REDACTED]
Date	10.11.14
Capacity	AGENT FOR THE APPLICANT

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)

PMB LICENSING
 THE DOG AND PARTRIDGE
 136 HIGH STREET

Post town	DUDLEY	Postcode	DY5 3BP
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Telephone number (if any)	07779351620
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If you would prefer us to correspond with you by e-mail, your e-mail address (optional)
 pmblicensing@yahoo.com

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.

Consent of individual to being specified as premises supervisor

HEMAN JAMAL

[full name of prospective premises supervisor]

of

141 - 143 EIGN STREET
HEREFORD
HEREFORDSHIRE
HR4 0AJ

[home address of prospective premises supervisor]

hereby confirm that I give my consent to be specified as the designated premises supervisor in relation to the application for

NEW PREMISES LICENCE

[type of application]

by

HEMAN JAMAL

[name of applicant]

relating to a premises licence

TBA

[number of existing licence, if any]

for

SUPERSAM
141 - 143 EIGN STREET
HEREFORD
HEREFORDSHIRE
HR4 0AJ

[name and address of premises to which the application relates]

and any premises licence to be granted or varied in respect of this application made by

HEMAN JAMAL

[name of applicant]

concerning the supply of alcohol at

SUPERSAM

141 - 143 EIGN STREET

HEREFORD

HEREFORDSHIRE

HR4 0AJ

[name and address of premises to which application relates]

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

2499

[insert personal licence number, if any]

Personal licence issuing authority

HEREFORDSHIRE COUNCIL

[insert name and address and telephone number of personal licence issuing authority, if any]

Signed



Name (please print)

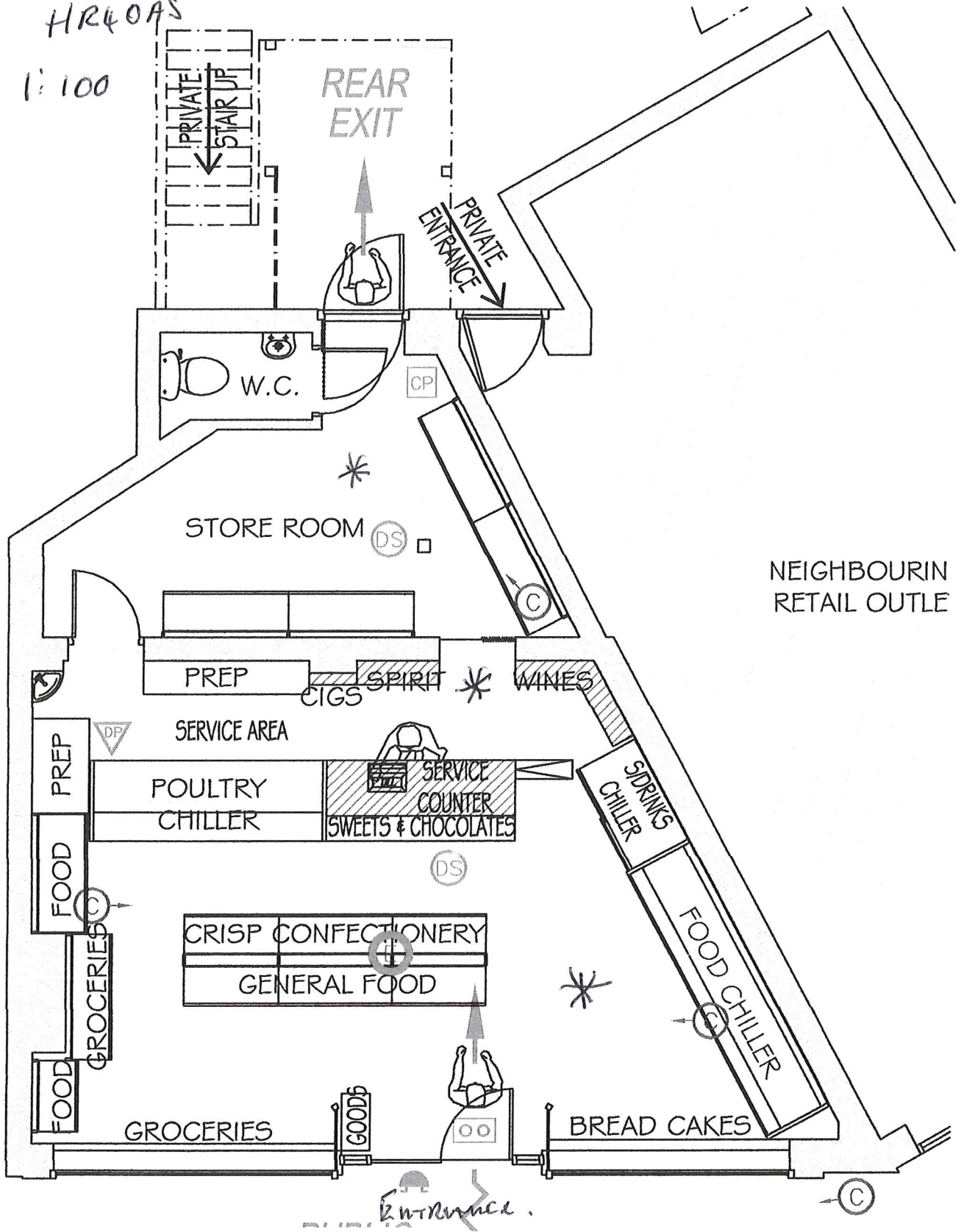
HEMAN JAMAL

Date

10-11-14

SUPER SAM
141-143 EIGH ST
HR40AS

SCALE 1:100



* LICENSABLE ACTIVITY

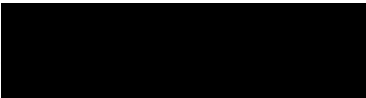
FORM OF AUTHORITY

**APPLICATION FOR A PERSONAL LICENCE
AND/OR PREMISES/ VARIATION LICENCE/
TRANSFER OF LICENCES/T.E.N/APPEAL**

I give consent for:

**PATRICK M BURKE F.B.I.I
OF
PMB LICENCING**

- to act as my agent in connection with any applications made under the Licensing Act 2003 and for authority for all correspondence, licences and permits for the enclosed application to be forwarded to his office.

Signed..... 

Print Name... HEMAN JAMAL

Date... 10.11.14

**PMB LICENCING
The Dog and Partridge
136 High Street, Dudley, West Midlands, DY5 3BP
Tel: 0800 2425011
Mobile: 07779 351620**