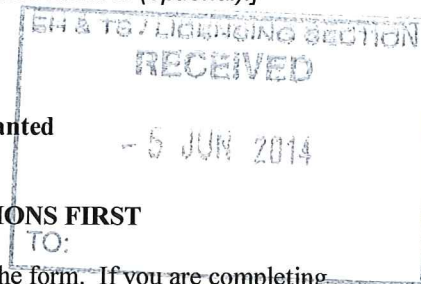


[Insert name and address of relevant licensing authority and its reference number (optional).]



**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 I, HEMEN 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 PREMISES TO BE KNOWN AS: SUPERSAM, 141 – 143, EIGN STREET, HEREFORD, HEREFORDSHIRE.			
Post town	HEREFORD	Postcode	HR4 0AJ

Telephone number at premises (if any)	N/A
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

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 JAMAL			First names HEMEN		
I am 18 years old or over				<input checked="" type="checkbox"/> Please tick yes	
Current postal address if different from premises address		141 – 143, EIGN STREET, HEREFORD, HEREFORDSHIRE.			
Post town	HEREFORD		Postcode	HR4 0AJ	
Daytime contact telephone number			07851 078902		
E-mail address (optional)		N/A			

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

Part 3 Operating Schedule

When do you want the premises licence to start?

DD	MM	YYYY
0	4	072014

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)
 THIS THREE STOREY, SEMI – DETACHED, LOCK UP, PREMISES, ARE SITUATED IN THE MIXED RETAIL AND COMMERCIAL AREA ON THE OUTSKIRTS OF HEREFORD. DUE TO THIS SITE’S PROMINENT RETAIL LOCATION, THE APPLICANT, WHO IS THE NEW OWNER, AIMS TO ATTRACT CUSTOMERS FROM BOTH LOCAL AND ALSO PASSING TRADE.HE FEELS, AS THERE ARE SO MANY DIFFERENT NATIONALITIES IN THIS AREA, THAT THERE IS AN OPPORTUNITY TO COMPLIMENT HIS CUSTOMERS VARIOUS INTERNATIONAL FOOD CHOICES, WITH ALCOHOL AND ALSO WINES FROM AROUND THE WORLD, AS WELL AS THE NORMAL MAIN STREAM BRANDS. ALTHOUGH THERE IS LIMITED FRONTAGE PARKING, THERE IS SHOPPER’S PARKING AVAILABLE NEARBY.

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

N/A

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

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

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

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)	
Day	Start	Finish	Indoors	<input type="checkbox"/>
			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 the playing of recorded music</u> (please read guidance note 4)	
Thur	-----	-----		
Fri	-----	-----	<u>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</u> (please read guidance note 5)	
Sat	-----	-----		
Sun	-----	-----		

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

H

<p>Anything of a similar description to that falling within (e), (f) or (g) Standard days and timings (please read guidance note 6)</p>			<p>Please give a description of the type of entertainment you will be providing</p>		
Day	Start	Finish	<p><u>Will this entertainment take place indoors or outdoors or both – please tick</u> (please read guidance note 2)</p>	Indoors	<input type="checkbox"/>
Mon				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Tue			<p><u>Please give further details here</u> (please read guidance note 3)</p>		
Wed					
Thur			<p><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)</p>		
Fri					
Sat			<p><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)</p>		
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			<u>State any seasonal variations for the provision of late night refreshment</u> (please read guidance note 4)		
Wed			<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)		
Thur					
Fri					
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 ANGELIKA KLAUDIA NAGACZ	
Address 141 – 143, EIGN STREET, HEREFORD, HEREFORDSHIRE.	
Postcode	HR4 0AJ.
Personal licence number (if known) CURRENTLY BEING APPLIED FOR	
Issuing licensing authority (if known) WILL BE HEREFORDSHIRE COUNCIL – LICENSING SECTION	

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).
N/A

L

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) <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)
Day	Start	Finish	
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	

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)

NOTHING BEYOND EXISTING HEALTH & SAFETY / FIRE SAFETY ETC REQUIREMENTS.

b) The prevention of crime and disorder

SEE ABOVE, THESE PREMISES, WILL HAVE INTERNAL AND EXTERNAL CCTV. THE CCTV WILL BE INSTALLED TO THE SPECIFICATIONS AND RECOMMENDATIONS OF THE POLICE. THE CCTV IMAGES, WILL BE RETAINED FOR THIRTY ONE DAYS AND DOWNLOADABLE ON REQUEST. CCTV WILL ALSO BE RECORDING AT ALL TIMES THE PREMISES IS OPEN FOR LICENSABLE ACTIVITY. CCTV TIMES AND DATES, ARE TO BE VISIBLE AND ACCURATE. THE PREMISES WILL ALSO BE FULLY ALARMED. THE DESIGNATED PREMISES SUPERVISOR WILL ENSURE THAT ANY STAFF INVOLVED IN THE SALE OF ALCOHOL WILL HAVE FULLY RECORDED AND DOCUMENTED TRAINING, INCLUDING SIX MONTHLY REFRESHER COURSES, IN RESPECT OF THEIR RESPONSIBILITIES UNDER THE LICENSING ACT 2003, THIS INCLUDES ANY CHANGES OF LEGISLATION AND ALSO SIMILAR TRAINING IN THE USAGE AND CHRONICLED STORAGE OF CCTV. ALL TRAINING RECORDS WILL BE RETAINED AND AVAILABLE ON SITE FOR INSPECTION AT ANY TIME.

c) Public safety

**SEE ABOVE,
ALSO, INTERNAL AND EXTERNAL CCTV ETC.
PREMISES WILL HAVE A FIRE ALARM AND THE FIRE FIGHTING EQUIPMENT, WILL BE COVERED BY A MAINTENANCE CONTRACT. BOTH EMERGENCY LIGHTING AND SMOKE DETECTORS ARE ALSO TO BE INSTALLED.**

d) The prevention of public nuisance

**SEE ABOVE, BOTH INTERNAL AND PARTICULARLY EXTERNAL CCTV, IS A PROVEN DETERRENT IN TERMS OF ANY ANTI - SOCIAL ACTIVITIES WITHIN THE IMMEDIATE VICINITY OF THE PREMISES.
THE APPLICANT, DESIGNATED PREMISES SUPERVISOR AND THEIR STAFF, WILL AT ALL TIMES BE VIGILANT IN RELATION TO ANY LITTER ISSUES.**

e) The protection of children from harm

(SEE ABOVE), INTERNAL AND EXTERNAL CCTV ETC.
LAYOUT OF SHOP GIVES CONSIDERATION TO THE PREVENTION OF CHILDREN'S ACCESS TO ALCOHOL AND ANY ALCOHOL DISPLAYED WILL NOT BE OBSTRUCTED FROM THE VIEW OF THE SALES ASSISTANTS. PREMISES WILL OPERATE A PROOF OF AGE SCHEME VIA ACCEPTABLE FORMS OF IDENTIFICATION AND INCORPORATING 'THE CHALLENGE 25' POLICY. A SALES REFUSAL AND INCIDENT BOOK WILL BE FULLY MAINTAINED AND AVAILABLE FOR INSPECTION AT ANY TIME. IT WILL ALSO BE SIGNED OFF WEEKLY BY THE DESIGNATED PREMISES SUPERVISOR.
NON – ALCOHOLIC / SOFT DRINKS, CRISPS AND CONFECTIONERY WILL BE SITUATED AWAY FROM THE ALCOHOL DISPLAY AREA.

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	4 TH JUNE 2014
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	N/A
Capacity	N/A

Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 13) LICENSED TRADE LEGAL SERVICES LIMITED, REGENT HOUSE, BATH AVENUE, WOLVERHAMPTON, WEST MIDLANDS.			
Post town	WOLVERHAMPTON	Postcode	WV1 4EG
Telephone number (if any)	01902 810048		
If you would prefer us to correspond with you by e-mail, your e-mail address (optional) N/A			

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.

Consent of individual to being specified as premises supervisor

ANGELIKA KLAUDIA NAGACZ

[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

A PREMISES LICENCE

[type of application]

by

HEMEN JAMAL

[name of applicant]

relating to a premises licence

CURRENTLY BEING APPLIED FOR

[number of existing licence, if any]

for

PREMISES TO BE KNOWN AS:
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

HEMEN JAMAL

[name of applicant]

concerning the supply of alcohol at

PREMISES TO BE KNOWN AS:
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

TBA

[insert personal licence number, if any]

Personal licence issuing authority

WILL BE, THE LICENSING SECTION, HEREFORDSHIRE COUNCIL,
BLUESCHOOL HOUSE, PO BOX 233, HEREFORD, HR1 2ZB.
TEL: 01432 261761

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

Signed



Name (please print)

ANGELIKA KLAUDIA NAGACZ

Date

4TH JUNE 2014