

[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, ARI RASHED RAZYI

(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 TO BE KNOWN AS: ZABKA, 16, EIGN GATE, HEREFORD, HEREFORDSHIRE.			
Post town	HEREFORD	Postcode	HR4 0AB
Telephone number at premises (if any)		N/A	
Non-domestic rateable value of premises		£32250	

Part 2 - Applicant Details

Please state whether you are applying for a premises licence as

Please tick as appropriate

- | | | |
|---|-------------------------------------|-----------------------------|
| a) an individual or individuals * | <input checked="" type="checkbox"/> | please complete section (A) |
| b) a person other than an individual * | | |
| i. as a limited company | <input 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 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 RAZYI			First names ARI RASHED		
I am 18 years old or over				<input checked="" type="checkbox"/> Please tick yes	
Current postal address if different from premises address		[REDACTED]			
Post town	[REDACTED]			Postcode	[REDACTED]
Daytime contact telephone number		[REDACTED]			
E-mail address (optional)	N/A				

Part 3 Operating Schedule

When do you want the premises licence to start?

DD	MM	YYYY
1	7	04 2013

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)
THESE THREE STOREY TERRACED, LOCK UP PREMISES, ARE SITUATED IN A BUSY RETAIL AREA. THE APPLICANT, WHO IS AN EXPERIENCED RETAILER, WISHES TO ATTRACT CUSTOM FROM BOTH LOCAL AND PASSING TRADE, BOTH OF WHICH COMPRISE OF MANY FOREIGN NATIONALITIES. IT IS ALSO HIS INTENTION, TO COMPLIMENT FOREIGN CUSTOMERS FOOD CHOICES, WITH ALCOHOL FROM THE SAME COUNTRIES. THERE IS SHOPPERS CAR PARKING 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)
- 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)

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Supply of alcohol Standard days and timings (please read guidance note 6)			Will the supply of alcohol be for consumption – <u>please tick</u> (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 ARI RASHED RAZYI.	
Address [REDACTED]	
Postcode	[REDACTED]
Personal licence number (if known) [REDACTED]	
Issuing licensing authority (if known) [REDACTED]	

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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

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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)

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

b) The prevention of crime and disorder

SEE ABOVE, THESE LOCK UP - PREMISES WILL HAVE CORRECT POLICE SPECIFICATION, INTERNAL CCTV, IMAGES OF WHICH WILL BE RETAINED FOR THIRTY ONE DAYS. CCTV WILL ALSO BE RECORDING AT ALL TIMES, AND TIMES AND DATES TO BE VISIBLE AND ACCURATE. 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 REFRESHER COURSES, IN RESPECT OF THEIR RESPONSIBILITIES UNDER THE LICENSING ACT 2003, INCLUDING 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 CCTV ETC.
PREMISES WILL HAVE A FIRE ALARM AND FIRE FIGHTING EQUIPMENT WILL BE COVERED BY A MAINTENANCE CONTRACT. BOTH EMERGENCY LIGHTING AND SMOKE DETECTORS ARE ALREADY INSTALLED.**

d) The prevention of public nuisance

**SEE ABOVE, THE APPLICANT IS INVESTING IN INTERNAL CCTV AS HE REALISES IT IS A PROVEN DETERRENT TO ANTI SOCIAL BEHAVIOUR AND CRIME AND ALSO A REASSURANCE TO HIS STAFF.
THE APPLICANT, WHO IS ALSO THE DESIGNATED PREMISES SUPERVISOR AND HIS STAFF, WILL AT ALL TIMES BE VIGILANT IN RELATION TO ANY LITTER ISSUES.**

e) The protection of children from harm

(SEE ABOVE), INTERNAL 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.

NON - ALCOHOLIC / SOFT DRINKS, CRISPS AND CONFECTIONERY WILL BE SITUATED AWAY FROM THE ALCOHOL DISPLAY AREA.

Checklist:

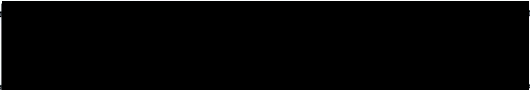
Please tick to indicate agreement

- 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	
Date	17 TH MARCH 2013
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