## 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.

(Insert name(s) of applicant) by for a premises licence under section 17 of the Licensing Act 2003 for the mises described in Part 1 below (the premises) and I/we are making this oblication to you as the relevant licensing authority in accordance with section 12 the Licensing Act 2003  rt 1 - Premises details  Post address of premises or, if none, ordnance survey map reference or description  Light Gate  Post town Hereford Postcode HR4 GB  Telephone number at premises (if any)  Non-domestic rateable value of premises  Please state whether you are applying for a premises licence as Please tick as appropriate  a) an individual or individuals*  b) a person other than an individual *  i as a limited company/limited liability partnership (other than limited liability)  ii as an unincorporated association or please complete section (B)  liability)  please complete section (B)	1 100011			ated form for	vour r	ecords.			
(Insert name(s) of applicant)  Day for a premises licence under section 17 of the Licensing Act 2003 for the mises described in Part 1 below (the premises) and I/we are making this oblication to you as the relevant licensing authority in accordance with section 12 the Licensing Act 2003  Total address of premises or, if none, ordnance survey map reference or description  At Eight Gate  Post town Hereford Postcode HR4 OFB  Telephone number at premises (if any)  Non-domestic rateable value of premises  Perat 2 - Applicant details  Pelease state whether you are applying for a premises licence as Please tick as appropriate  (a) an individual or individuals*  b) a person other than an individual *  i as a limited company/limited liability partnership (other than limited liability)  ii as a nunincorporated association or please complete section (B)  liability)  please complete section (B)	Illiay	wish	to keep a copy of the comple	eleu lollil lol	your				
Post town Hereford Postcode HR4 CAB  Telephone number at premises (if any)  Non-domestic rateable value of premises  Part 2 - Applicant details  Please state whether you are applying for a premises licence as please tick as appropriate  a) an individual or individuals *  b) a person other than an individual *  i as a limited company/limited liability partnership  ii as a partnership (other than limited liability)  jiii as an unincorporated association or please complete section (B)  please complete section (B)  please complete section (B)	ply fo emise plicat the L	r a position to	ame(s) of applicant) remises licence under sect scribed in Part 1 below (the o you as the relevant licens ing Act 2003	ion 17 of the	e Licer	nsing Act 2	2003 for th	ne	
Post town   Hereford   Postcode   HR4 OFB   Telephone number at premises (if any)   Non-domestic rateable value of premises   2463767221   Non-domestic rateable value of premises   Please state whether you are applying for a premises licence as   Please tick as appropriate				rdnance sur	vev ma	an reference	e or descri	ption	
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iv other (for example a statutory	appro a)	an i a pe	ndividual or individuals * erson other than an individual as a limited company/limite partnership as a partnership (other than	al * d liability n limited		please co	mplete sec	etion (B)	

corporation)

c)	a recognised club	please complete section (B)
d)	a charity	please complete section (B)
e)	the proprietor of an educational	please complete section (B)
f)	establishment a health service body	please complete section (B)
g) ga)	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 (within the meaning of that Part) in an independent hospital in England	please complete section (B) please complete section (B)
h)	the chief officer of police of a police force in England and Wales	please complete section (B)

<sup>\*</sup> If you are applying as a person described in (a) or (b) please confirm (by ticking yes to one box below):

- 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	Mrs	Miss	Ms	Other Title (for example, Rev)	
Surname		8.	First n	ames	
Date of birt	h	I am 18	years old or ov	er Please tick yes	
Nationality					
Current res address if of from premis address	lifferent			Postcode	
Post town  Daytime conumber	ontact tel	ephone			
E-mail add		2		ors - white rig	ht to
Where app	olicable (if	demonstrating ce), the 'share for information	code biorideo	via the Home Office online rig to the applicant by that service	9

### Second individual applicant (if applicable)

Mr Mrs	Miss	Ms	Other Title (for example, Rev)	
Surname		First	names	
Date of birth		I am 18 year	rs old Please	e tick yes
Nationality				
Current residential address if different from premises address			Postcode	
Post town  Daytime contact tele number	ephone			
E-mail address (optional)				l' - sight to
Where applicable (if work checking service (please see note 15)	ce), the snare	code brovide	rk via the Home Office d to the applicant by t	nat service:

#### (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	BEBROSA L+Q 14503540
Address	. 219 Belmont Road Heregord
	HR2 7 HE

rescription of applicant (for example, partnership, company, unincorporated ssociation etc.)  Company, Number: 145 03570  Telephone number (if any)  O 1463 167 3 2 1  E-mail address (optional)  Belance at a general address licence to start?  If you wish the licence to be valid only for a limited period, when do you want it to end?  Please give a general description of the premises (please read guidance note 1)  Fact stop selling lithuauian food.  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 and Schedules 1 and 2 to the Licensing Act 2003)  Provision of regulated entertainment (please read guidance note 2)  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)	egiste	red number (where applicable)	
elephone number (if any)  O 7463 76 7 2 2 1  E-mail address (optional)  Bebreau Ltd G gmail Com  art 3 Operating Schedule  When do you want the premises licence to start?  If you wish the licence to be valid only for a limited period, when do you want it to end?  Please give a general description of the premises (please read guidance note 1)  Faxt slop selling Lithururan food.  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 and Schedules 1 and 2 to the Licensing Act 2003)  Provision of regulated entertainment (please read guidance note 2)  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)			
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f you wish the licence to be valid only for a limited period, when do you want it to end?  Please give a general description of the premises (please read guidance note 1)  Food slop sclling lithuauian food.  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 and Schedules 1 and 2 to the Licensing Act 2003)  Provision of regulated entertainment (please read guidance note 2)  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)		Operating Schedule	asap
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<ul> <li>a) plays (if ticking yes, fill in box A)</li> <li>b) films (if ticking yes, fill in box B)</li> <li>c) indoor sporting events (if ticking yes, fill in box C)</li> </ul>		vision of regulated entertainment (please read guidance note	
c) indoor sporting events (if ticking yes, fill in box C)		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)   poxilig of wiesuing characteristics	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)	<b>\</b>

In all cases complete boxes K, L and M

A

Plays Standard days and		and	Will the performance of a play take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors
timings	ce note	7)	tick (please read gallacines in the style	Outdoors
Day	Start	Finis h		Both
Mon			Please give further details here (please re	ad guidance note
WIOII		-	4)	
Tue				
				to a place
Wed			State any seasonal variations for perform	ning plays
			(please read guidance note 5)	
Thur				
Fri			Non standard timings. Where you intended premises for the performance of plays a	L different times
			to those listed in the column on the left,	please list
Sat			(please read guidance note 6)	
Sat				
Sun			<u></u>	
		/		

				THE CAN / SEC. 1956	1035930
Films Standard days and			Will the exhibition of films take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors	
timings	ce note	read 7)	tick (please read guidance note o)	Outdoors	
Day	Start	Finis h		Both	
Mon			Please give further details here (please re	ad guidance	note
IVIOII			4)		
Tue					
Wed			State any seasonal variations for the exh	ibition of file	<u>ns</u>
vved		-	(please read guidance note 5)		
Thur					
				d to use the	
Fri			Non standard timings. Where you intended premises for the exhibition of films at di	merent times	to
			those listed in the column on the left, plead guidance note 6)	ease list (ple	ase
Sat			Tead guidance note of		
		/			
Sun					

C

			Please give further details (please read guidance note 4)
Indoor sporting events Standard days and timings (please read guidance note 7)		and read	riease give ration.
Day	Start	Finis h	/
Mon			
Tue			State any seasonal variations for indoor sporting events (please read guidance note 5)
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
Fri			read guidance note 6)
Sat			
Sun			

Boxing or wrestling entertainments Standard days and timings (please read guidance note 7)  Day Start Finis h  Mon Please give further details here (please read guidance note 4)  Please give further details here (please read guidance note 5)  State any seasonal variations for boxing or wrestling entertainment take place indoors or outdoors or both – please tick (please read guidance outdoors)  Dutdoors  Both  State any seasonal variations for boxing or wrestling entertainment (please read guidance note 5)	
Mon Please give further details here (please read guidance 4)  Tue State any seasonal variations for boxing or wrestling	
Tue  State any seasonal variations for boxing or wrestling	
State any seasonal variations for boxing or wrestling	note
Wed  State any seasonal variations for boxing or wrestling entertainment (please read guidance note 5)	
Thur	
Fri  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 lease list (please read guidance note 6)	eft,

Sat

Sun

					-
Live music Standard days and		and	Will the performance of live music take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors	
timings (please read guidance note 7)		read 7)	please tick (please read guidance note 5)	Outdoors	
Day	Start	Finis h		Both	
Mon			Please give further details here (please red4)	ad guidance	note
Tue					
Wed			State any seasonal variations for the permusic (please read guidance note 5)	formance of	live
Thur			-		
Fri			Non standard timings. Where you intenpremises for the performance of live mutimes to those listed in the column on the (please read guidance note 6)	isic at differe	ent e list
Sat			(please read guidance note o)		
Sun /					

		135022			
Recorded music Standard days and		and	Will the playing of recorded music take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors	. 9
guidar	timings (please read guidance note 7)		piease tiek (piease road garante p	Outdoors	
Day	Start	Finis h	/	Both	
Mon			Please give further details here (please re 4)	ad guidance	note
Tue					
Wed			State any seasonal variations for the play music (please read guidance note 5)	ying of reco	<u>rded</u>
Thur					
Fri			Non standard timings. Where you intended premises for the playing of recorded mustimes to those listed in the column on the (please read guidance note 6)	sic at differen	ent e list
Sat			(piease read guidanios noto o)		
Sun					

Performances of dance Standard days and timings (please read guidance note 7)			Will the performance of dance take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors			
		read	please tick (please read guidance note 5)	Outdoors			
Day	Start	Finis h	1. *	Both			
Mon			Please give further details here (please re 4)	ad guidance	note		
Tue							
Wed			State any seasonal variations for the performance of dance (please read guidance note 5)				
Thur							
Fri			Non standard timings. Where you intend premises for the performance of dance a to those listed in the column on the left,	t different ti	mes		
Sat			(please read guidance note 6)				
Sun							

Anything of a similar description to that falling within (e), (f) or (g) Standard days and timings (please read guidance note 7)		within and read	Please give a description of the type of enter be providing	tainment you will
Day	Start	Finis h	Will this entertainment take place indoors or outdoors or both – please	Indoors
Mon			tick (please read guidance note 3)	Outdoors
			/	Both
Tue			Please give further details here (please read)	ad guidance note
Wed				
Thur			State any seasonal variations for entertain similar description to that falling within (conclusion production) (please read guidance note 5)	nment of a e), (f) or (g)
Fri		1		
Sat			Non standard timings. Where you intend premises for the entertainment of a similar that falling within (e), (f) or (g) at different listed in the column on the left, please list guidance note 6)	ar description to t times to those
Sun				

Late night refreshment Standard days and timings (please read guidance note 7)		and	Will the provision of late night refreshment take place indoors or outdoors or both – please tick (please	Indoors	a 9
		read	read guidance note 3)	Qutdoors	
Day	Start	Finis h		Both	
Mon			Please give further details here (please re 4)	ad guidance	note
Tue					
Wed			State any seasonal variations for the pro- night refreshment (please read guidance n	vision of late lote 5)	2
Thur				. (	
Fri			Non standard timings. Where you intend premises for the provision of late night re different times, to those listed in the colu	efreshment a	at eft,
Sat			please list (please read guidance note 6)		
Sun		-			

Will the supply of alcohol be for On the Supply of alcohol consumption - please tick (please read premises Standard days and guidance note 8) timings (please read Off the guidance note 7) premises Finis **Both** Start Day h State any seasonal variations for the supply of alcohol 200 9.00 Mon (please read guidance note 5) 2100 Tue 900 21.00 Wed 900 Non standard timings. Where you intend to use the 21.00 Thur 9.00 premises for the supply of alcohol at different times to those listed in the column on the left, please list (please read guidance note 6) 900 2100 Fri 21.00 9.00 Sat 21.00 900 Sun

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	JANTAS 1	BAGDONAS	
Date of birth			1
Address			
The Victorian Control of the Control			
4			
Postcode			
Postcode Personal licence num	ber (if known)		

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

Hours premises are open to the public Standard days and timings (please read guidance note 7)		blic and read	State any seasonal variations (please read guidance note 5)
Day	Start	Finis h	
Mon	9.00	21.00	
Tue	9.00	21.00	
•Wed	9.00	21.00	Non standard timings. Where you intend the premises
Thur	9.00	21.00	be open to the public at different times from those lister
Fri	900	21.00	
Sat	9.00	21.00	
Sun	9.00	21.00	

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

Ensure that all the simes when the premises are for dicemable activity, there are sufficient competent staff on duty at the premises for the purpose of fulfilling the terms and conditions of the livence fand for preventing crime and disorder. All the staff undantake training in their responsibilities, in relation of the sale of alcohol particularly with depart dunkenness and undarrage persons. Reward will be less all the dime

b) The prevention of crime and disorder

Any incidents of a vinuinal mature that may occause on the premises will be deported to the operated and it's operated and maintained at the premises.

Police will have access to car at any reosonable dime.

c) Public safety

Appropriate fire sayety procedures are it place fire extinguishes, fire exit siphs, smake detection.

d) The prevention of public nuisance

all the customers will be asked to leave quictly.

e) The protection of children from harm

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photograph	and dute y	of birth a	cteon.
A register of	ayusal sales maintened	shall be kep	t and
Chacklist	maintened	on the	premises.

Checklist:

Please tick to indicate agreement

	I have made or enclosed payment of the fee.	V
•	I have enclosed the plan of the premises.	V
•	I have sent copies of this application and the plan to responsible authorities and others where applicable.	V
•	I have enclosed the consent form completed by the individual I wish to be designated premises supervisor, if applicable.	V
•	I understand that I must now advertise my application.	V
•	I understand that if I do not comply with the above requirements my application will be rejected.  [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 or my share code issued by the Home Office online right to work checking service (please read note 15).	V

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</li> </ul>
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	the UK (please read guidance note 15).
	<ul> <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 licensable activity) and I have seen a copy of his or her proof of entitlement to work, or have conducted an online right to work check using the Home Office online right to work checking service which confirmed their right to work (please see note 15)</li> </ul>
Signature	
Date	J. 11. 1011
Capacity	MANTAS BAGDONAS
	ations, signature of 2 <sup>nd</sup> applicant or 2 <sup>nd</sup> applicant's solicitor or other it (please read guidance note 13). If signing on behalf of the e state in what capacity.
Signature	
Date	

Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 14)

Post town
Telephone number (if any)

If you would prefer us to correspond with you by e-mail, your e-mail address (optional)

**Notes for Guidance** 

Capacity

#### Consent of individual to being specified as premises supervisor

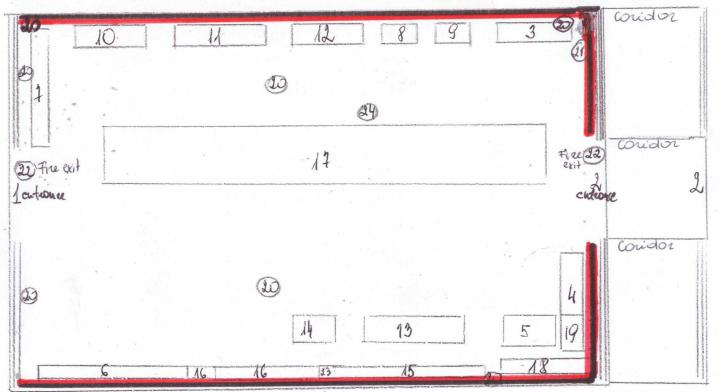
ı	- MANTA	5	BAGZ	SONAS	S	
•	[full name of prospective premi	ses supervis	or]			
of						
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[nor	ne address or prospective premis	es superviso	rj			
here	eby confirm that I give my	consent t	o be specifi	ed as the o	designated	premises
	ervisor in relation to the app				-	
	e of application]					
by	0.50	1				
lnar	BEBROSA ne of applicant]	Ltd				
[rian	пе от аррисанц					
rela	ating to a premises licence	[number o	f ovieting licens	o if and		
for		[Humber of	f existing licenc	е, п апуј		
for						
4	94 Fign Gate, me and address of premises to w	Her	yout	HRY	OAB	
[na	me and addiess of premises to w	hich the appl	ication relates]			

and any premises licence to by	be granted or varied in respect of this application made
BEBROSA L	44
concerning the supply of alc	ohol at
	L 24 Eigh Galy, Heneford, HR4 OAKs to which application relates]
I also confirm that I am en intend to apply for or cur below.	titled to work in the United Kingdom and am applying for, ently hold a personal licence, details of which I set out
Personal	if any]
Personal licence issuing a	
[insert name and address and t	удрионе напъска скратова
Signed	
Name (please print)	MANTAS BAGDONAS
Date	19.12, 2012

# LINCENSING AREA

ALL SHOP APART FROM WINDOWS

BEBROSA Ltd Company Number 14503570



1,2- ENTRANCE	13: COUNTER	DONE BY MANTAS BAGDONAS
345,6 - SHELVING	14' - FRIDGE	
48.9.10; FREEZERS	18,- SPIRITS SHELVING	24.11. 2022
11- BAIRY FRIDGE	16; - BEER SHELVING	SCALE 1: 100
12 - MEAT TRADEE	17 GONDOLA SHELVING	LINCENSING AREA
18,- 570 EE ROOM	19, - TOILET	
20,- CCTV	II - FIRE EXINGUSISHERS COL; FO	DAM; MYDREX
22- FIRE EVITS	23,- WORK TABLE + SINK 24 SMO	KE DETEGOR