

#### 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 Mehmet Ozer

(*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

|           | ss of premises or, if none, ordnance survey map re<br>CONVENIENCE STORE<br>FREET | ference or desc | ription |  |  |
|-----------|--|-----------------|---------|--|--|
| Post town | Post townLEDBURYPostcodeHR8 1DS  |                 |         |  |  |
|           |  |                 |         |  |  |

| Telephone number at premises (if any)   | 01531634111 |
|---|-------------|
| Non-domestic rateable value of premises | £14,500     |

#### Part 2 - Applicant details

| Please | state | whether you are applying for a premises licen      | ice as      | Please tick as appropriate  |
|--------|-------|--|-------------|-----------------------------|
| a)     | an i  | ndividual or individuals *                         | $\boxtimes$ | please complete section (A) |
| b)     | a pe  | erson other than an individual *                   |             |                             |
|        | i     | as a limited company/limited liability partnership |             | please complete section (B) |
|        | ii    | as a partnership (other than limited liability)    |             | 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 (E   | <b>B</b> )  |  |  |  |
|--------|--|---------|------------------------------|-------------|--|--|--|
| d)     | a charity  |         | please complete section (E   | <b>B</b> )  |  |  |  |
| e)     | the proprietor of an educational establishment   |         | please complete section (E   | <b>B</b> )  |  |  |  |
| f)     | a health service body  |         | please complete section (E   | <b>B</b> )  |  |  |  |
| g)     | a person who is registered under Part 2 of the<br>Care Standards Act 2000 (c14) in respect of an<br>independent hospital in Wales  |         | please complete section (E   | 3)          |  |  |  |
| ga)    | a person who is registered under Chapter 2 of<br>Part 1 of the Health and Social Care Act 2008<br>(within the meaning of that Part) in an<br>independent hospital in England |         | please complete section (E   | 3)          |  |  |  |
| h)     | the chief officer of police of a police force in<br>England and Wales  |         | please complete section (E   | 8)          |  |  |  |
|        | ou are applying as a person described in (a) or (b) p<br>elow):  | lease c | confirm (by ticking yes to o | ne          |  |  |  |
|        | carrying on or proposing to carry on a business whic<br>ses for licensable activities; or  | ch invo | olves the use of the         | $\boxtimes$ |  |  |  |
| I am r | 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 🗌   |                           | Other Title (for<br>example, Rev) |  |  |  |
|--|---------------------------|-----------------------------------|--|--|--|
| Surname<br>OZER  | First nan<br>MEHME        |                                   |  |  |  |
| Date of birth  | I am 18 years old or over | Please tick yes                   |  |  |  |
| Nationality  |                           |                                   |  |  |  |
| Current residential<br>address if different from<br>premises address |                           |                                   |  |  |  |
| Post town  | I                         | Postcode                          |  |  |  |
| Daytime contact telephone number                                     |                           |                                   |  |  |  |
| E-mail address<br>(optional)   |                           |                                   |  |  |  |

### SECOND INDIVIDUAL APPLICANT (if applicable)

| Mr 🗌 Mrs 🗌  | Miss Ms Ms Other Title (for example, Rev) |  |  |  |
|---|---|--|--|--|
| Surname   | First names                               |  |  |  |
| Date of birth<br>over   | I am 18 years old or Please tick yes      |  |  |  |
| Nationality   |   |  |  |  |
| Current postal address<br>if different from<br>premises address |   |  |  |  |
| Post town   | Postcode                                  |  |  |  |
| Daytime contact telephone number                                |   |  |  |  |
| E-mail address<br>(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  |
|---|
| Address   |
|   |
|   |
|   |
| Registered number (where applicable)  |
|   |
| Description of applicant (for example, partnership, company, unincorporated association etc.) |
|   |
|   |
| Telephone number (if any)   |
| E-mail address (optional)   |

Part 3 Operating Schedule

| When do you want the premises licence to start?  | DD         MM         YYYY           0         8         0         8         2         0         2         3 |
|--|--|
| 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)

Ledbury Convenience Store is a ground floor store located on the main High Street in Ledbury. A full range of typical convenience store products will be available. The range will include a wide variety of beers, wines, and spirits. This includes Lager, Ale, Cider, alcohol free and low alcohol products. Soft drinks and mixers will also be available to purchase. The store will also stock a variety of crisps, snacks, and confectionary. Tobacco products which include vape products will also be available.

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 and Schedules 1 and 2 to the Licensing Act 2003)

| Prov | vision 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) |                            |

Provision of late night refreshment (if ticking yes, fill in box I)

**<u>Supply of alcohol</u>** (if ticking yes, fill in box J)

In all cases complete boxes K, L and M



 $\boxtimes$ 

A

| Plays<br>Standard days and<br>timings (please read |           |        | Will the performance of a play take place<br>indoors or outdoors or both – please tick<br>(please read guidance note 3)                               | Indoors                |             |
|--|-----------|--------|---|------------------------|-------------|
|  | ce note 7 |        |   | Outdoors               |             |
| Day  | Start     | Finish |   | Both                   |             |
| Mon  |           |        | Please give further details here (please read gui   | dance note 4)          |             |
|  |           |        |   |                        |             |
| Tue  |           |        |   |                        |             |
|  |           |        |   |                        |             |
| Wed  |           |        | State any seasonal variations for performing p<br>guidance note 5)  | <u>lays</u> (please re | ad          |
| Thur   |           |        |   |                        |             |
| Fri  |           |        | Non standard timings. Where you intend to us<br>for the performance of plays at different times<br>the column on the left, please list (please read g | to those listed        | <u>l in</u> |
| Sat  |           |        |   |                        |             |
| Sun  |           |        |   |                        |             |

| Films<br>Standard days and<br>timings (please read |                  |        | <u>Will the exhibition of films take place</u><br><u>indoors or outdoors or both – please tick</u><br>(please read guidance note 3)                     | Indoors                 |    |
|--|------------------|--------|---|-------------------------|----|
|  | guidance note 7) |        |   | Outdoors                |    |
| Day  | Start            | Finish |   | Both                    |    |
| Mon  |                  |        | Please give further details here (please read gui   | dance note 4)           |    |
| Tue  |                  |        |   |                         |    |
| Wed  |                  |        | State any seasonal variations for the exhibition read guidance note 5)  | <b>1 of films</b> (plea | se |
| Thur   |                  |        |   |                         |    |
| Fri  |                  |        | Non standard timings. Where you intend to us<br>for the exhibition of films at different times to<br>column on the left, please list (please read guida | those listed in         | _  |
| Sat  |                  |        |   |                         |    |
| Sun  |                  |        |   |                         |    |

B

С

| <b>Indoor sporting events</b><br>Standard days and<br>timings (please read<br>guidance note 7) |       | nd<br>read | <u>Please give further details</u> (please read guidance note 4)  |
|--|-------|------------|---|
| Day  | Start | Finish     |   |
| 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<br>for indoor sporting events at different times to those listed in the<br>column on the left, please list (please read guidance note 6) |
| Fri  |       |            |   |
| Sat  |       |            |   |
| Sun  |       |            |   |

D

| Boxing or wrestling<br>entertainments<br>Standard days and |                        |        | <u>Will the boxing or wrestling entertainment</u><br><u>take place indoors or outdoors or both –</u><br><u>please tick</u> (please read guidance note 3)   | Indoors       |  |
|--|------------------------|--------|--|---------------|--|
| timing   | s (please<br>ce note 7 | read   |  | Outdoors      |  |
| Day  | Start                  | Finish |  | Both          |  |
| Mon  |                        |        | Please give further details here (please read gui  | dance note 4) |  |
| Tue  |                        |        |  |               |  |
| Wed  |                        |        | State any seasonal variations for boxing or wro<br>entertainment (please read guidance note 5)   | estling       |  |
| Thur   |                        |        |  |               |  |
| Fri  |                        |        | Non standard timings. Where you intend to use the premises<br>for boxing or wrestling entertainment at different times to those<br>listed in the column on the left, please list (please read guidance |               |  |
| Sat  |                        |        | note 6)  |               |  |
| Sun  |                        |        |  |               |  |

| Live music<br>Standard days and<br>timings (please read |            |        | Will the performance of live music take place<br>indoors or outdoors or both – please tick<br>(please read guidance note 3)                             | Indoors        |            |
|---|------------|--------|---|----------------|------------|
| 0   | ce note 7) |        |   | Outdoors       |            |
| Day   | Start      | Finish |   | Both           |            |
| Mon   |            |        | Please give further details here (please read gui   | dance note 4)  |            |
| Tue   |            |        |   |                |            |
| Wed   |            |        | State any seasonal variations for the performation (please read guidance note 5)  | nce of live mu | <u>sic</u> |
| Thur  |            |        |   |                |            |
| Fri   |            |        | Non standard timings. Where you intend to us<br>for the performance of live music at different t<br>listed in the column on the left, please list (plea | imes to those  |            |
| Sat   |            |        | note 6)   |                |            |
| Sun   |            |        |   |                |            |

| <b>Recorded music</b><br>Standard days and<br>timings (please read |           | nd     | Will the playing of recorded music take place<br>indoors or outdoors or both – please tick<br>(please read guidance note 3)                             | Indoors       |            |
|--|-----------|--------|---|---------------|------------|
| 0  | ce note 7 |        |   | Outdoors      |            |
| Day  | Start     | Finish |   | Both          |            |
| Mon  |           |        | Please give further details here (please read gui   | dance note 4) |            |
| Tue  |           |        |   |               |            |
| Wed  |           |        | State any seasonal variations for the playing of (please read guidance note 5)  | recorded mu   | <u>sic</u> |
| Thur   |           |        |   |               |            |
| Fri  |           |        | Non standard timings. Where you intend to us<br>for the playing of recorded music at different t<br>listed in the column on the left, please list (plea | imes to those |            |
| Sat  |           |        | note 6)   |               |            |
| Sun  |           |        |   |               |            |

F

G

| Performances of<br>dance<br>Standard days and |                         |        | Will the performance of dance take place<br>indoors or outdoors or both – please tick<br>(please read guidance note 3)                                | Indoors          |      |
|---|-------------------------|--------|---|------------------|------|
| timing  | s (please<br>ce note 7) | read   | (1  | Outdoors         |      |
| Day   | Start                   | Finish |   | Both             |      |
| Mon   |                         |        | Please give further details here (please read gui   | dance note 4)    |      |
| Tue   |                         |        |   |                  |      |
| Wed   |                         |        | State any seasonal variations for the performa<br>(please read guidance note 5)   | nce of dance     |      |
| Thur  |                         |        |   |                  |      |
| Fri   |                         |        | Non standard timings. Where you intend to us<br>for the performance of dance at different times<br>the column on the left, please list (please read g | s to those liste | d in |
| Sat   |                         |        |   |                  |      |
| Sun   |                         |        |   |                  |      |

| Anything of a similar<br>description to that<br>falling within (e), (f) or<br>(g)<br>Standard days and<br>timings (please read<br>guidance note 7) |       |        | Please give a description of the type of entertainn providing   | nent you will b                  | e        |
|--|-------|--------|---|----------------------------------|----------|
| Day  | Start | Finish | Will this entertainment take place indoors or   | Indoors                          |          |
| Mon  |       |        | <u>outdoors or both – please tick</u> (please read guidance note 3)   | Outdoors                         |          |
|  |       |        |   | Both                             |          |
| Tue  |       |        | Please give further details here (please read gui   | dance note 4)                    |          |
| Wed  |       |        |   |                                  |          |
| Thur   |       |        | State any seasonal variations for entertainment<br>description to that falling within (e), (f) or (g)<br>guidance note 5)   |                                  |          |
| Fri  |       |        |   |                                  |          |
| Sat  |       |        | Non standard timings. Where you intend to us<br>for the entertainment of a similar description to<br>within (e), (f) or (g) at different times to those<br>column on the left, please list (please read guida | to that falling<br>listed in the | <u>s</u> |
| Sun  |       |        |   |                                  |          |

H

Ι

| Late night<br>refreshment<br>Standard days and<br>timings (please read |           |        | Will the provision of late night refreshment<br>take place indoors or outdoors or both –<br>please tick (please read guidance note 3)  | Indoors<br>Outdoors |  |
|--|-----------|--------|--|---------------------|--|
|  | ce note 7 |        |  | Outdoors            |  |
| Day  | Start     | Finish |  | Both                |  |
| Mon  |           |        | Please give further details here (please read gui  | dance note 4)       |  |
| Tue  |           |        |  |                     |  |
| Wed  |           |        | State any seasonal variations for the provision of late night<br>refreshment (please read guidance note 5)   |                     |  |
| Thur   |           |        |  |                     |  |
| Fri  |           |        | Non standard timings. Where you intend to use the premises<br>for the provision of late night refreshment at different times, to<br>those listed in the column on the left, please list (please read |                     |  |
| Sat  |           |        | guidance note 6)   |                     |  |
| Sun  |           |        |  |                     |  |

| Supply of alcohol<br>Standard days and<br>timings (please read |            |        | <u>Will the supply of alcohol be for</u><br><u>consumption – please tick</u> (please read<br>guidance note 8)  | On the premises  |           |  |
|--|------------|--------|--|------------------|-----------|--|
| guidan   | ice note 7 | )      |  | Off the premises |           |  |
| Day  | Start      | Finish |  | Both             |           |  |
| Mon  | 08:00      |        | State any seasonal variations for the supply of  | alcohol (pleas   | e         |  |
|  |            | 23:00  | read guidance note 5)<br>NONE  |                  |           |  |
| Tue  | 08:00      |        |  |                  |           |  |
|  |            | 23:00  |  |                  |           |  |
| Wed  | 08:00      |        |  |                  |           |  |
|  |            | 23:00  |  |                  |           |  |
| Thur   | 08:00      |        | Non standard timings. Where you intend to us for the supply of alcohol at different times to the supply of alcohol at different times the supply of alcohol at different times to the supply of alcoho |                  |           |  |
|  |            | 23:00  | column on the left, please list (please read guida   |                  | <u>ne</u> |  |
| Fri  | 08:00      |        | NONE   |                  |           |  |
|  |            | 23:00  |  |                  |           |  |
| Sat  | 08:00      |        |  |                  |           |  |
|  |            | 23:00  |  |                  |           |  |
| Sun  | 08:00      |        |  |                  |           |  |
|  |            | 23:00  |  |                  |           |  |

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<br>ADALAT YOUSEFI   |
|--|
| Date of birth  |
| Address  |
|  |
|  |
|  |
|  |
|  |
| Postcode   |
| Personal licence number (if known)                             |
|  |
| Issuing licensing authority (if known) GLOUCESTER CITY COUNCIL |

J



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 9). NOT APPLICABLE

L

| Hours premises are<br>open to the public<br>Standard days and<br>timings (please read<br>guidance note 7) |       |        | State any seasonal variations (please read guidance note S<br>NONE  |
|---|-------|--------|---|
| Day   | Start | Finish |   |
| Mon   | 08:00 |        |   |
|   |       | 23:00  |   |
| Tue   | 08:00 |        |   |
|   |       | 23:00  |   |
| Wed   | 08:00 |        |   |
|   |       | 23:00  | Non standard timings. Where you intend the premises to  |
| Thur  | 08:00 |        | open to the public at different times from those listed in t<br>column on the left, please list (please read guidance note 6) |
|   |       | 23:00  | NONE  |
| Fri   | 08:00 |        | 1   |
|   |       | 23:00  |   |
| Sat   | 08:00 |        | 1   |
|   |       | 23:00  | 1   |
| Sun   | 08:00 |        | 1   |
|   |       | 23:00  |   |

**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 10)

THE APPLICANT HAS PREVIOUSLY RUN A LOCAL BUSINESS WHICH INCORPORATED THE SALE OF ALCOHOL ON THE PREMISES. HE AND HIS TEAM OF STAFF ARE EXPERIENCED IN THE SALE OF ALCOHOL AND THE VARIOUS CHALLENGES AROUND THEIR RESPONSIBILITIES TO PROTECT THOSE OF A VULNERABLE NATURE AND YOUNG PERSONS. THE TEAM WILL ACT IN A PROFESSIONAL MANNER AT ALL TIMES. THE LICENSING OBJECTIVES ARE PARAMOUNT TO THE SUCCESSFUL OPERATING OF THE CONVENIENCE STORE.

b) The prevention of crime and disorder

AN INCIDENT LOG MUST BE KEPT AT THE PREMISES. INCIDENT LOG RECORDS WILL BE RETAINED FOR A PERIOD OF 12 MONTHS FROM THE DATE IT OCCURRED. IT WILL BE MADE IMMEDIATELY AVAILABLE ON REQUEST TO AN 'AUTHORISED PERSON' (AS DEFINED BY SECTION 13 OF THE LICENSING ACT 2003), AN AUTHORISED TRADING STANDARDS OFFICER OR THE POLICE, AND MUST RECORD THE FOLLOWING: (A) ALL CRIMES REPORTED TO THE PREMISES (WHERE RELEVANT TO THE LICENSING OBJECTIVES) (B) ALL EJECTIONS OF PATRONS (C) ANY COMPLAINTS RECEIVED (WHERE RELEVANT TO THE LICENSING **OBJECTIVES)** (D) ANY INCIDENTS OF DISORDER (E) ANY REFUSAL OF THE SALE OF ALCOHOL (F) ANY VISIT BY A RELEVANT AUTHORITY OR EMERGENCY SERVICES, NOTING TIME, DATE & PURPOSE, AND THOSE OFFICIALS BY NAME ALL STAFF SHALL BE TRAINED PRIOR TO UNDERTAKING ANY SALE OF ALCOHOL ON THE PREMISES. THE TRAINING SHALL INCLUDED: (A) DRUGS AWARENESS **(B) CONFLICT RESOLUTION** 

(C) SELLING TO UNDERAGE PERSON

(D) SELLING TO DRUNKS

SUCH TRAINING WILL BE RECORDED AND RECORDS SHALL BE KEPT AT THE PREMISES WHICH WILL BE PRODUCED TO AN AUTHORISED OFFICER, THE LICENSING AUTHORITY OR THE POLICE ON DEMAND.

A MODERN DIGITAL CCTV SYSTEM AND APPROPRIATE RECORDING EQUIPMENT IS INSTALLED, OPERATED AND MAINTAINED THROUGHOUT THE PREMISES. INTERNALLY AND EXTERNALLY CCTV FOOTAGE IS STORED FOR A MINIMUM OF 28 DAYS, AND THE MANAGEMENT GIVE FULL AND IMMEDIATE COOPERATION AND TECHNICAL ASSISTANCE TO THE POLICE IN THE EVENT THAT CCTV FOOTAGE IS REQUESTED FOR THE PREVENTION AND DETECTION OF SUSPECTED OR ALLEGED CRIME.

c) Public safety

FIRST AID:

A HSE COMPLIANT INDUSTRIAL HIGH RESPONSE FIRST AID KIT SHALL BE KEPT FULLY STOCKED AT THE PREMISES AND KEPT BEHIND THE BAR. SUCH KIT SHALL CONTAIN: 1 X GUIDANCE LEAFLET, 6 X EYE PADS WITH BANDAGE, 8 X TRIANGULAR BANDAGES, 12 X SAFETY PINS, 16 X ASSORTED STERILE DRESSINGS, 20 MOIST WIPES, 3 PAIRS DISPOSABLE GLOVES

FIRE SAFETY: APPROPRIATE FIRE SAFETY PROCEDURES ARE IN PLACE INCLUDING FIRE EXTINGUISHERS (FOAM, H20 AND CO2), FIRE BLANKET, INTERNALLY ILLUMINATED FIRE EXIT SIGNS, NUMEROUS SMOKE DETECTORS AND EMERGENCY LIGHTING. ALL APPLIANCES ARE INSPECTED ANNUALLY. ALL EMERGENCY EXITS SHALL BE KEPT FREE FROM OBSTRUCTION AT ALL TIMES.

#### d) The prevention of public nuisance

NOISE OR VIBRATION SHALL NOT EMANATE FROM THE PREMISES TO CAUSE A NUISANCE.

THE PREMISES LICENCE HOLDER OR DPS OR THE RESPONSIBLE PERSON MUST IMMEDIATELY COMPLY WITH ANY REQUEST TO ADJUST NOISE LEVELS/ FREQUENCY SPECTRA MADE BY AN 'AUTHORISED PERSON' (AS DEFINED BY SECTION 13 OF THE LICENSING ACT 2003) OR THE POLICE.

PROMINENT, CLEAR, AND LEGIBLE SIGNAGE (IN NOT LESS THAN 32 FONT BOLD) SHALL BE DISPLAYED AT ALL EXITS TO ANY GARDEN, PATIO AREA, SMOKING AREA OR SIMILAR, REQUESTING THE PUBLIC TO RESPECT THE NEEDS OF LOCAL RESIDENTS AND TO BE QUIET.

#### e) The protection of children from harm

THE PREMISES SHALL OPERATE A CHALLENGE 25 POLICY. SUCH POLICY SHALL BE WRITTEN DOWN AND KEPT AT THE PREMISES. THE POLICY SHALL BE PRODUCED ON DEMAND OF THE POLICE OR AN 'AUTHORISED PERSON' (AS DEFINED BY SECTION 13 OF THE LICENSING ACT 2003) OR AN AUTHORISED TRADING STANDARDS OFFICER THE LOCAL AUTHORITY/COUNCIL. PROMINENT, CLEAR AND LEGIBLE SIGNAGE (IN NOT LESS THAN 32 FONT BOLD) SHALL ALSO BE DISPLAYED AT ALL ENTRANCES TO THE PREMISES AS WELL AS AT, AT LEAST ONE LOCATION BEHIND ANY COUNTER.

A WRITTEN REGISTER OF REFUSALS WILL BE KEPT INCLUDING A DESCRIPTION OF THE PEOPLE WHO HAVE BEEN UNABLE TO PROVIDE REQUIRED IDENTIFICATION TO PROVE THEIR AGE. SUCH RECORDS SHALL BE KEPT FOR A PERIOD OF 12 MONTHS AND WILL BE COLLECTED BY THE DESIGNATED PREMISES SUPERVISOR AND PRODUCED TO THE POLICE OR AN 'AUTHORISED PERSON' (AS DEFINED BY SECTION 13 OF THE LICENSING ACT 2003) OR AN AUTHORISED TRADING STANDARDS OFFICER THE LOCAL AUTHORITY/COUNCIL ON DEMAND.

Checklist:

#### Please tick to indicate agreement

- I have made or enclosed payment of the fee.
- I have enclosed the plan of the premises.

 $\boxtimes$ 

| • | I have sent copies of this application and the plan to responsible authorities and others where applicable.  | $\boxtimes$ |
|---|--|-------------|
| • | I have enclosed the consent form completed by the individual I wish to be designated premises supervisor, if applicable.   | $\boxtimes$ |
| • | I understand that I must now advertise my application.   | $\boxtimes$ |
| • | I understand that if I do not comply with the above requirements my application will be rejected.  | $\boxtimes$ |
| 5 | [Applicable to all individual applicants, including those in a partnership which is not<br>a limited liability partnership, but not companies or limited liability partnerships] I<br>have included documents demonstrating my entitlement to work in the United | $\boxtimes$ |

#### 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)

Kingdom (please read note 15).

**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 licensable 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      | 06/07/2023 |
| Capacity  | Applicant  |

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      | 06/07/2023 |
| Capacity  | Agent      |

|   | e (where not prev<br>blication (please re | ••• | - | or correspond | lence associated |  |
|---|---|-----|---|---------------|------------------|--|
| Post town   |   |     |   | Postcode      |                  |  |
| Telephone number (if any)   |   |     |   |               |                  |  |
| If you would prefer us to correspond with you by e-mail, your e-mail address (optional) |   |     |   |               |                  |  |

#### 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. In terms of specific regulated entertainments please note that:
  - Plays: no licence is required for performances between 08:00 and 23.00 on any day, provided that the audience does not exceed 500.
  - Films: no licence is required for 'not-for-profit' film exhibition held in community premises between 08.00 and 23.00 on any day provided that the audience does not exceed 500 and the organiser (a) gets consent to the screening from a person who is responsible for the premises; and (b) ensures that each such screening abides by age classification ratings.
  - Indoor sporting events: no licence is required for performances between 08.00 and 23.00 on any day, provided that the audience does not exceed 1000.
  - Boxing or Wrestling Entertainment: no licence is required for a contest, exhibition or display of Greco-Roman wrestling, or freestyle wrestling between 08.00 and 23.00 on any day, provided that the audience does not exceed 1000. Combined fighting sports – defined as a contest, exhibition or display which

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

# ADALAT YOUSEFI [ [full name of prospective premises supervisor] of

[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

#### **GRANT OF A PREMISES LICENCE**

[type of application]

by

#### LEDBURY CONVENIENCE STORE

[name of applicant]

TBA

relating to a premises licence

[number of existing licence, if any]

for a premises called

LEDBURY CONVENIENCE STORE 23 HIGH STREET LEDBURY HR8 1DS

[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

#### LEDBURY CONVENIENCE STORE

[name of applicant]

concerning the supply of alcohol at

LEDBURY CONVENIENCE STORE 23 HIGH STREET LEDBURY HR8 1DS

[name and address of premises to which application relates]

I also confirm that I am entitled to work in the United Kingdom and intend to apply for a personal licence, details of which I set out below.

Personal licence number

[insert personal licence number, if any]

Personal licence issuing authority

## **GLOUCESTER CITY COUNCIL**

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

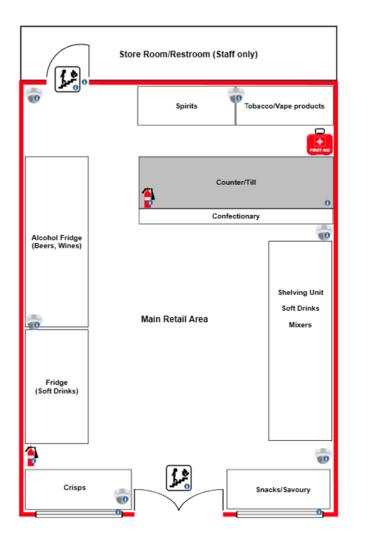
Name (please print)

Adalat Yousefi

Date

Signed

06/07/2023





LEDBURY CONVENIENCE STORE 23 HIGH STREET, LEDBURY, HR8 1DS

July 05.2023