

## New Premises Licence

### Premises Details

Premises Address \*

IT IS A LOCAL CONVENIENCE STORE, WHICH HAS BEEN RUNNING LONG TIME UNDER MARTIN'S STORE. IT WILL NOW BE RUN BUY A NEW RETAILER. IT WILL BE REFITTED WITH WITH STANDARD AS A LOCAL DISCOUNT RETAILER OF FOOD, GROCERY AND HOUSEHOLD ITEMS. IT WILL ALSO ADD ALCOHOL AS PART OF THE PRODUCTS RANGE. CAERNARVON COURT CAERNARVON ROAD CHELTENHAM GLOUCESTERSHIRE GL51 3JA

Telephone number at premises (if any)

Non-domestic value of premises. \*

£ 6900

### Applicant Details

I/We 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.

Please state whether you are applying for a premises licence

as:

an individual or individuals

### Applicant Details

If you are applying as a person described in one of the above please confirm: \*

I am carrying on or proposing to carry on a business which involves the use of the premises for licensable activities; or

## Individual Applicant

Title *	<input type="text" value="Mr"/>
First name *	<input type="text" value="THUSITHARAN"/>
Surname *	<input type="text" value="SHANMUGARAJAH"/>
Street address *	<input type="text"/> <input type="text"/> <input type="text"/>
Town/City *	<input type="text"/>
County	<input type="text"/>
Postcode *	<input type="text"/>
Date of Birth *	<input type="text"/>
<input checked="" type="checkbox"/> I am 18 years old or over	
Nationality *	<input type="text"/>
Daytime Contact Telephone Number *	<input type="text"/>
Email *	<input type="text" value="contact@arkalicensing.co.uk"/>

## Operating Schedule

When do you want the premises licence to start? \*

01/03/2019

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. \*

THIS IS A LOCAL CONVENIENCE STORE, WHICH BEEN OPERATING UNDER MARTINS' STORE. IT WILL NOW BE RUN BY A NEW RETAILER AS A CONVENIENCE STORE WITH SALE OF ALCOHOL AS PART OF THE PRODUCT RANGE.

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

## Operating Schedule

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 read guidance note 2) \*

- Plays
  - Films
  - Indoor Sporting Events
  - Boxing or Wrestling
  - Live Music
  - Recorded Music
  - Performances of Dance
  - Anything of a similar description falling under Music or Dance
  - Provision of late night refreshment
  - Supply of Alcohol
-

## Supply of Alcohol Standard Times

Standard days and timings, where you intend to use the premises for the supply of alcohol. (please read guidance note 7) \*  
Please enter times in 24hr format (HH:MM)

Day \*

Every Day

06:00

23:00

## Supply of Alcohol

Will the supply of alcohol be for consumption on premises or off premises or both? (please read guidance note 8) \*

Off the premises

State any seasonal variations for the supply of alcohol. (please read guidance note 5)

Please state any non-standard timings, where you intend to use the premises for the supply of alcohol at different times from the Standard days and times listed? (please read guidance note 6)

## Designated Premises Supervisor

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)

Title *	Mr
First name *	THUSITHARAN
Surname *	SHANMUGARAJAH
Street address *	
Town/City *	GLOUCESTER
County	
Postcode *	
Personal Licence Number (if known)	GLPER/1403
Issuing Licensing Authority (if known)	Gloucester

## Opening Hours Standard Times

Standard days and timings, where the premises are open to the public. (please read guidance note 7) \* Please enter times in 24hr format (HH:MM)

Day *	Every Day
	06:00
	23:00

## Licensing Objectives

Describe any additional steps you intend to take to promote the four licensing objectives as a result of the proposed variation:

a) General - all four licensing objectives (b, c, d and e) (please read guidance note 10)

THE STORE WILL BE MANAGED BY APPLICANT WHO HAS MANAGED AND WORK IN THE RETAIL OVER 6 YEARS. THIS WOULD BE A ONE STOP CONVEINENCE STORE FOR ALL HOUSEHOLD GOODS AND FOOD. THE STORE WOULD OPERATE RESPONSIBLY AND STORE ALCOHOL SECURELY NEAR SALES COUNTER AND BEHIND COUNTER.

b) The prevention of crime and disorder

1. A CCTV system shall be installed and maintained at the premises to cover the entrance and internal public areas, recorded images shall be kept for 31 days and provided to Police or Council Officers, in a useable form, upon request.  
2. Ensure an incident book is maintained at the premises to record details of any incidents the nature of which may have compromised any of the licensing objectives under the Licensing Act 2003. CCTV recording dates & times shall be linked to incident book entries.

c) Public safety

THE STORE WILL FOLLOW GENERAL HEALTH SAFETY AND FIRE SAFETY LAW.

d) The prevention of public nuisance

THE MANAGEMENT WILL MAINTAIN THE AREA CLEAN AND TIDY ALL TIMES.

e) The protection of children from harm

3. Ensure that a Challenge 25 policy is operated at the premises with appropriate signage displayed inside and outside the premises. 4. Ensure that all staff are given regular training in relation to the Licensing Act 2003. Training records will be kept at the premises and refresher training will be given to all staff every year. 5. Ensure a 'refusals register' is in use at the premises to record age related and other refused sales in electronic form or in a hard copy.

## Declarations

Declaration Type \*

Sole Applicant - Individual or Other

## Declarations

I have uploaded a copy of the plan of the premises. I have uploaded a copy of the consent form completed by the individual I wish to be designated premises supervisor, if applicable. I understand I must now advertise my application. 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 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 (please read note 15)

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.

Signature/Declaration of applicant or applicant's solicitor or other duly authorised agent (see Guidance Note 11 & 12). If signing/applying on behalf of the applicant, please state your name and in what capacity you are authorised to sign/apply. When submitting an on-line application form the 'Declaration made' checkbox must be selected.

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).

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).

Full Name \*

THUSITHARAN SHANMUGARAJAH

Date \*

06/01/2019

Capacity \*

Authorised Agent

Declaration made

Do you wish to provide alternative correspondence details? \*

Yes



## Alternative Correspondence

Please provide Contact Name and postal address for correspondence associated with this application.

Title	Mr
First name	NIRA
Surname	SURESH
Street address *	ARKA LICENSING CONSULTANTS
Town/City *	LONDON
County	
Postcode *	
Telephone Number	
Email *	contact@arkalicensing.co.uk

## Email confirmation

On submission an email confirmation will be sent using the details below

Forename	NIRA
Surname /Company Name	SURESH
Email *	contact@arkalicensing.co.uk
Telephone	