

New Premises Licence

Premises Details

Premises Address *

CHELTENHAM LOCAL 216-218 HEWLETT ROAD
CHELTENHAM GLOUCESTERSHIRE GL52 6UJ

Telephone number at premises (if any)

[REDACTED]

Non-domestic value of premises. *

£ 16250

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:

a person other than an individual -as a limited company/
limited liability partnership

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

Other Applicant (Non Individual)

Name *

Gaba Ventures Ltd

Registered Address *

[REDACTED]

[REDACTED]

[REDACTED]

Town/City *

[REDACTED]

Other Applicant (Non Individual)

County

Postcode *

Registered Number (where applicable)

Description of applicant (for example partnership, company, unincorporated association, etc) *

Telephone Number

Email *

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. *

The premises is an off-licence shop and grocery store located in Cheltenham. It operates primarily as a retail outlet for the sale of alcohol for consumption off the premises, alongside a range of grocery products. The premises consists of a sales floor area with shelving and refrigeration units, a customer service counter, and storage facilities. It serves walk-in customers and functions as a convenience store for the local community.

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

Operating Schedule

- 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
	00:00
	23:59

Supply of Alcohol

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

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

Supply of Alcohol

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 *	<input type="text" value="Mr"/>
First name *	<input type="text" value="Rinkel Singh"/>
Surname *	<input type="text" value="Gaba"/>
Street address *	<input type="text" value="REDACTED"/>
	<input type="text" value="REDACTED"/>
	<input type="text"/>
Town/City *	<input type="text" value="REDACTED"/>
County	<input type="text" value="REDACTED"/>
Postcode *	<input type="text" value="REDACTED"/>
Personal Licence Number (if known)	<input type="text" value="REDACTED"/>
Issuing Licensing Authority (if known)	<input type="text" value="REDACTED"/>

Adult Entertainment

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).

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 *

Opening Hours Standard Times

00:00

23:59

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)

We are committed to promoting the licensing objectives by ensuring responsible retailing, staff training, and maintaining a safe and welcoming environment for all customers. Our premises will operate in full compliance with all legal requirements and best practices to prevent crime, ensure safety, and minimise any disturbance to the local community.

b) The prevention of crime and disorder

We will implement a Challenge 25 policy to prevent underage sales, train all staff on responsible alcohol retailing, and maintain a refusal log. The premises is equipped with 24-hour CCTV covering both inside and outside areas to deter crime and assist with any investigations. We will also work closely with local authorities and police to respond promptly to any issues.

c) Public safety

The premises will comply fully with health and safety regulations, including regular risk assessments, clear signage, well-maintained fire safety equipment, and ensuring safe access and egress for customers. Staff will be trained to manage any incidents effectively and to assist customers safely during opening hours.

d) The prevention of public nuisance

To reduce disturbance, particularly during late-night hours, the premises plans to operate a window hatch to serve customers between 11pm and 7am. This will minimise noise from customers entering and leaving the shop. Waste and deliveries will be managed responsibly to avoid nuisance. Alcohol consumption on site will not be permitted.

e) The protection of children from harm

We will strictly enforce a Challenge 25 policy to ensure that no person under 18 is sold alcohol or other age-restricted products. All staff will be trained to recognise valid identification and refuse sales where appropriate. Prominent signage outlining age restrictions will be displayed, and staff will monitor the premises to prevent underage access to alcohol or nicotine products.

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 *

Gaba Ventures Ltd

Date *

10/08/2025

Capacity *

Applicant

Declaration made

Do you wish to provide alternative correspondence details? *

No

Alternative Correspondence

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

Title

Mr

First name

Alternative Correspondence

Surname

Street address *

Town/City *

County

Postcode *

Telephone Number

Email *

Email confirmation

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

Forename

Surname /Company Name

Email *

Telephone

