

Application for a premises licence to be granted

under the Licensing Act 2003

14 NOV 2025

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.

18 NOV 2025

You may wish to keep a copy of the completed form for your records.

I/We Perkins Newsagent Ltd, T/A Mr Tee's Local

(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

Mr Tee's Local
12 RED LION STREET
BOSTON
PE21 6NY

Post town	BOSTON	Postcode	PE21 6NY
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Telephone number at premises (if any)	[REDACTED]
Non-domestic rateable value of premises	£5200

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 type="checkbox"/> please complete section (A)
b) a person other than an individual *	<input checked="" type="checkbox"/> please complete section (B)
i as a limited company/limited liability partnership	<input type="checkbox"/> please complete section (B)
ii as a partnership (other than limited liability)	<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	<input type="checkbox"/> please complete section (B)
d) a charity	<input type="checkbox"/> please complete section (B)
e) the proprietor of an educational establishment	<input type="checkbox"/> please complete section (B)
f) a health service body	<input type="checkbox"/> 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	<input type="checkbox"/> 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 (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 His Majesty's prerogative

(A) INDIVIDUAL APPLICANTS (fill in as applicable)

Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
Surname			First names		
Date of birth:			I am 18 years old or over <input type="checkbox"/> Please tick yes		
Nationality					
Current residential address if different from premises address					
Post town				Postcode	
Daytime contact telephone number					
E-mail address (optional)					

SECOND INDIVIDUAL APPLICANT (if applicable)

Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
Surname			First names		
Date of birth			I am 18 years old or over <input type="checkbox"/> Please tick yes		
Nationality					
Current postal address if different from premises address					
Post town				Postcode	
Daytime contact telephone number					
E-mail address (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 Perkins Newsagent Ltd
Address 7 Market Place, Horncastle. LN9 5HB
Registered number (where applicable) Company number 14226708
Description of applicant (for example, partnership, company, unincorporated association etc.) Limited company
Telephone number (if any) [REDACTED]
E-mail address (optional) [REDACTED]

Part 3 Operating Schedule

When do you want the premises licence to start?

DD	MM	YYYY
01	01	2026

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)

Two-story terraced building, ground floor operates as a retail convenience store, adjoining pizza shop, butcher, launderettes and barber. The premises has a glass fronted shop area with a small staff cloakroom and toilet facilities at the rear. Above the shop there are self-contained flats with a separate entrance.

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

NA

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)

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)

Supply of alcohol (if ticking yes, fill in box J)

In all cases complete boxes K, L and M

A

Plays Standard days and timings (please read guidance note 7)			Will the performance of a play take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors	<input type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Both				Both	<input type="checkbox"/>
Mon			<u>Please give further details here</u> (please read guidance note 4)		
Tue					
Wed			<u>State any seasonal variations for performing plays</u> (please read guidance note 5)		
Thur					
Fri			<u>Non standard timings. Where you intend to use the premises for the performance of plays at different times to those listed in the column on the left, please list</u> (please read guidance note 6)		
Sat					
Sun					

J

Supply of alcohol Standard days and timings (please read guidance note 7)			Will the supply of alcohol be for consumption – please tick (please read guidance note 8)					
Day Mon Tue Wed Thur Fri Sat Sun	Start 0800 0800 0800 0800 0800 1000	Finish 2200 2200 2200 2200 2200 2200	On the premises	<input type="checkbox"/>				
			Off the premises	<input checked="" type="checkbox"/>				
			Both	<input type="checkbox"/>				
			State any seasonal variations for the supply of alcohol (please read guidance note 5) Christmas Eve – 0800 - 2300 New year's Eve – 0800 - 2300					

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		
Date of birth		
Address		
Postcode		
Personal licence number (if known)		
Issuing licensing authority (if known)		

□□□□

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).
N/A

L

Hours premises are open to the public Standard days and timings (please read guidance note 7)			State any seasonal variations (please read guidance note 5) Christmas Eve – 0800 – 2300 Christmas Day – 0800 – 2200 Boxing Day – 0800 – 2200 New Year's Eve – 0800 - 2300 New year's Day – 0800 – 2200
Day	Start	Finish	
Mon	0500	2300	
Tue	0500	2300	
Wed	0500	2300	
Thur	0500	2300	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 (please read guidance note 6) N/A
Fri	0500	2300	
Sat	0500	2300	
Sun	0800	2200	

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 premises will operate as a small local convenience store providing the off-sale of alcohol alongside general groceries. All staff will receive training on the four licensing objectives, and the management will keep detailed records to demonstrate compliance. CCTV, staff training, and robust management controls will be used to promote the **prevention of crime and disorder, ensure public safety, prevent public nuisance, and protect children from harm**.

b) The prevention of crime and disorder

1. A high-quality **CCTV** system is installed and maintained, covering all entry/exit points, till area, and shop floor.
➤ Recordings will be kept for a **minimum of 31 days** and made available to Police or authorized officers on request.
2. A **Refusals Register** and **Incident Log** will be maintained and checked weekly by the DPS or store manager.
3. A **Challenge 25** policy will be strictly enforced — anyone appearing under 25 will be asked to produce acceptable ID (passport, driving licence, or PASS-accredited card).
4. All staff involved in alcohol sales will receive **documented training** on age verification, proxy sales, and dealing with intoxicated customers, refreshed **every 6months**.
5. Alcohol will be displayed within clear view of the counter and monitored by staff and CCTV at all times.
6. If crime, disorder, or anti-social behaviour arises, management will work closely with the **Police and local authority** to review and implement appropriate action.

c) Public safety

1. All **fire exits** will be kept clear and unobstructed at all times
2. **Fire extinguishers and emergency lighting** will be installed, regularly serviced and maintained in good working order
3. Staff will be trained in **fire safety and emergency evacuation procedures**, with refresher training every 12 months.
4. First-aid equipment will be provided and maintained on site
5. Adequate **lighting inside and outside** the premises will ensure safe access for customers and staff
6. The DPS will carry out **regular risk assessment** covering health and safety, trip hazards, and crowd management

d) The prevention of public nuisance

1. Prominent notices will be displayed at all exits asking customers to **leave quietly and respect neighbours**.
2. Deliveries and waste collections will be arranged **during normal daytime hours** to avoid disturbance.
3. The external area outside the shop will be **kept free of litter**, with regular checks throughout the day.
4. No music will be played externally, and any internal music will be at a background level only.
5. All staff will be trained to manage queues and customer behaviour to prevent noise or disturbance

Signature	[REDACTED]
Date	14/11/2025
Capacity	Director

For joint applications, signature of 2nd applicant or 2nd 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	
Capacity	

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

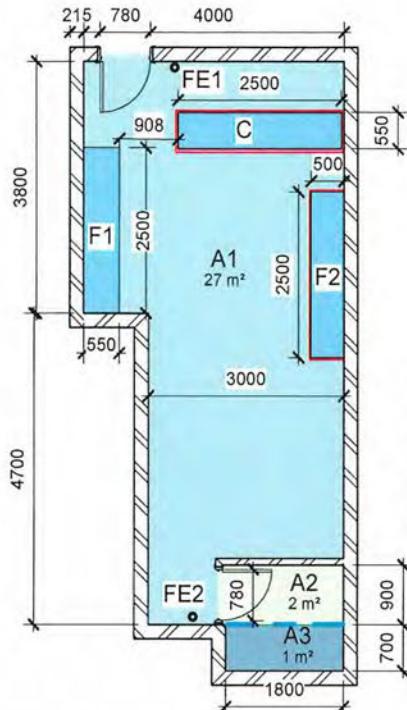
[REDACTED]

Post town	[REDACTED]	Postcode	[REDACTED]
Telephone number (if any)	[REDACTED]		
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 combines boxing or wrestling with one or more martial arts – are licensable as a boxing or wrestling entertainment rather than an indoor sporting event.
 - Live music: no licence permission is required for:
 - a performance of unamplified live music between 08.00 and 23.00 on any day, on any premises.
 - a performance of amplified live music between 08.00 and 23.00 on any day on premises authorised to sell alcohol for consumption on those premises, provided that the audience does not exceed 500.

PREMISES LICENSE DRAWING FOR SUBMISSION



Legend

A1

A2

A3

A1 - Shop
 A2 - Staff Kitchen (Cloak Room)
 A3 - Toilet
 FE1 - Fire Extinguisher
 FE2 - Fire Extinguisher
 F1 - Fridge Open
 F2 - Alcohol storing fridge
 C - Alcohol sale counter

Scale: 1:100



North

Name:
T THIVAKARAN

ADDRESS:
No 12, Red Lion Street,
Boston

Scale: 1:1000

 AUTODESK www.autodesk.com/revit		PROJECT Premises Drawing		CLIENT T Thivakaran	
Code	Status	Date Issue Date	Project Number Project Number	Scale (@ A4) As indicated	REV
SUITABILITY DESCRIPTION	PURPOSE OF ISSUE	Drawn by Author Checked by Checker	DRAWING NUMBER A102		
SHEET Floor plan					2025-11-17 5:02:51 PM

