

**Application for a premises licence to be granted under the Licensing Act 2003**

I/We Perkins Newsagent Ltd

**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			
<b>Post town</b>	BOSTON	<b>Postcode</b>	PE21 6NY

Telephone number at premises (if any)	07450 865860
Non-domestic rateable value of premises	£5,200

**Part 2 - Applicant details**

Please state whether you are applying for a premises licence as      Please tick as appropriate

- a) an individual or individuals \*       please complete section (A)
- b) a person 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 (B)
- d) a charity       please complete section (B)
- e) the proprietor of an educational establishment       please complete section (B)
- f) a health service body       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  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 Her 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)	
<b>Surname</b>			<b>First names</b>		
<b>Date of birth</b>			I am 18 years old or over <input type="checkbox"/> Please tick yes		
<b>Nationality</b>					
Current residential address if different from premises address					
Post town				Postcode	
<b>Daytime contact telephone number</b>					
<b>E-mail address (optional)</b>					
Where applicable (if demonstrating a right to work via the Home Office online right to work checking service), the 'share code' provided to the applicant by that service (please see note 15 for information)					

**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)	
<b>Surname</b>			<b>First names</b>		
<b>Date of birth</b>			I am 18 years old or over <input type="checkbox"/>	Please tick yes	
<b>Nationality</b>					
Current postal address if different from premises address					
Post town				Postcode	
<b>Daytime contact telephone number</b>					
<b>E-mail address (optional)</b>					
Where applicable (if demonstrating a right to work via the Home Office online right to work checking service), the 'share code' provided to the applicant by that service (please see note 15 for information)					

**(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.

<b>Name</b> Perkins Newsagent Ltd
<b>Address</b> 7 Market Place, Horncastle, LN9 5HB
<b>Registered number (where applicable)</b> 14226708
<b>Description of applicant (for example, partnership, company, unincorporated association etc.)</b> A limited company
<b>Telephone number (if any)</b>
<b>E-mail address (optional)</b>

**Part 3 Operating Schedule**

When do you want the premises licence to start?

DD	MM	YYYY
3	1	0 3 2 0 2 6

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)  
A small convenience store with groceries , household, confectioneries and alcohol

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
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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**

<b>Plays</b> Standard days and timings (please read guidance note 7)			<b><u>Will the performance of a play take place indoors or outdoors or both – please tick</u></b> (please read guidance note 3)	Indoors	<input type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Mon			<b><u>Please give further details here</u></b> (please read guidance note 4)		
Tue			<b><u>State any seasonal variations for performing plays</u></b> (please read guidance note 5)		
Wed			<b><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></b> (please read guidance note 6)		
Thur					
Fri					
Sat					
Sun					

**B**

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

C

<b>Indoor sporting events</b> Standard days and timings (please read guidance note 7)			<b><u>Please give further details</u></b> (please read guidance note 4)
Day	Start	Finish	
Mon			
Tue			<b><u>State any seasonal variations for indoor sporting events</u></b> (please read guidance note 5)
Wed			
Thur			<b><u>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</u></b> (please read guidance note 6)
Fri			
Sat			
Sun			

**D**

<b>Boxing or wrestling entertainments</b> Standard days and timings (please read guidance note 7)			<b><u>Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick</u></b> (please read guidance note 3)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish			
Mon			<b><u>Please give further details here</u></b> (please read guidance note 4)		
Tue			<b><u>Please give further details here</u></b> (please read guidance note 4)		
Wed			<b><u>State any seasonal variations for boxing or wrestling entertainment</u></b> (please read guidance note 5)		
Thur			<b><u>State any seasonal variations for boxing or wrestling entertainment</u></b> (please read guidance note 5)		
Fri			<b><u>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 left, please list</u></b> (please read guidance note 6)		
Sat					
Sun					

**E**

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

**F**

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

**G**

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

# H

<b>Anything of a similar description to that falling within (e), (f) or (g)</b> Standard days and timings (please read guidance note 7)			Please give a description of the type of entertainment you will be providing		
Day	Start	Finish	<b><u>Will this entertainment take place indoors or outdoors or both – please tick</u></b> (please read guidance note 3)	Indoors	<input type="checkbox"/>
Mon				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Tue			<b><u>Please give further details here</u></b> (please read guidance note 4)		
Wed					
Thur			<b><u>State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g)</u></b> (please read guidance note 5)		
Fri					
Sat			<b><u>Non standard timings. Where you intend to use the premises for the entertainment of a similar description to that falling within (e), (f) or (g) at different times to those listed in the column on the left, please list</u></b> (please read guidance note 6)		
Sun					

I

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

J

<b>Supply of alcohol</b> Standard days and timings (please read guidance note 7)			<b>Will the supply of alcohol be for consumption – please tick</b> (please read guidance note 8)	On the premises	<input type="checkbox"/>
				Off the premises	<input checked="" type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<b>State any seasonal variations for the supply of alcohol</b> (please read guidance note 5) None  <b>Non standard timings. Where you intend to use the premises for the supply of alcohol at different times to those listed in the column on the left, please list</b> (please read guidance note 6)  Note: The hours applied for are to provide the applicant with operating hours to operate this activity within and do not mean that the premises shall always operate this activity until the terminal hour seven days a week.		
Mon	0600	2200			
Tue	0600	2200			
Wed	0600	2200			
Thur	0600	2200			
Fri	0600	2200			
Sat	0600	2200			
Sun	0800	2200			

**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		[REDACTED]
Date of birth		[REDACTED]
Address		[REDACTED]
Postcode	[REDACTED]	
Personal licence number (if known)		
[REDACTED]		
Issuing licensing authority (if known)		
[REDACTED]		

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).  
 No activities are proposed that may give rise to concern in respect of children but should any activities occur that may give rise to concern in respect of children then suitable measures and restrictions shall be implemented.

L

<b>Hours premises are open to the public</b> Standard days and timings (please read guidance note 7)			<b>State any seasonal variations</b> (please read guidance note 5) None
Day	Start	Finish	<b><u>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</u></b> (please read guidance note 6)  Note: The hours applied for are to provide the applicant with operating hours to operate this activity within and do not mean that the premises shall always operate this activity until the terminal hour seven days a week.
Mon	0600	2200	
Tue	0600	2200	
Wed	0600	2200	
Thur	0600	2200	
Fri	0600	2200	
Sat	0600	2200	
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 Authorities local licensing policy has been considered in the preparation of this application.

No new steps have been identified that are not already covered under the Licensing Act 2003 or other legislation in relation to the four licensing objectives, except as stated earlier in this application and below;

**b) The prevention of crime and disorder**

A tamper resistant CCTV system shall be installed, maintained in working order and operated at the premises.

CCTV images shall be retained for a period of no less than 28 days.

Recordings of incidents at the premises must be made secure for inspection by the police, or licensing authority, and provided on lawful request. This means that a member of staff shall be available within 24 hours or by prior appointment who can operate the CCTV system and providing recordings in accordance with lawful requirements

All staff responsible for selling alcohol, who do not hold a valid personal licence, shall receive training in the Licensing Act 2003 in terms of the licensing objectives, offences committed under the Act and conditions of the Premises Licence. Written records of this training shall be retained for a period of no less than 12 months and made available upon request to police and authorised officers of the Licensing Authority.

A refusals book, or electronic record, shall be kept recording all instances where service of alcohol is refused. Records to be retained for at least 12 months and shall be made available for inspection to the police, or authorised officers of a responsible authority, upon request.

An incident book shall be kept at the premise in which details of crime and/or disorder that relate to, or are linked with, licensable activities at the premises shall be recorded. The incident book shall be retained for a minimum period of 12 months from date of completion and contain the following details;

- a) time, date and location of incident.
- b) nature of the incident
- c) the result of the incident.
- d) action taken to prevent further such incidents.
- e) each entry signed by the DPS or other responsible person employed at the premises and so authorised by the DPS.

The incident book shall be made available to police, or authorised officers of the licensing authority, upon request. Each entry shall be retained for a minimum period of 12 months from date of completion.

No super-strength beer, lagers or ciders of above 6.5ABV (alcohol by volume) shall be sold at the premises.

For cans and/or bottles of beers, lagers and ciders, when the volume is less than 500ml per can or bottle, these products may only be sold as a minimum of three items per transaction. For clarity, these items may be three different products, and two of the three items may be over 500ml.

No other steps have been identified that are not already covered under this or other legislation

**c) Public safety**

No steps have been identified that are not already covered under this or other legislation

**d) The prevention of public nuisance**

No steps have been identified that are not already covered under this or other legislation

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

Challenge 25 shall be implemented, and a proof of age policy is to be applied with the accepted means of proof of age being:

- a) Passport
- b) Photo Driving Licence
- c) A recognised valid photo-id card bearing the PASS hologram
- d) Any government approved digital ID system
- e) Any future accepted proof of age scheme as agreed with the county Police force

No other steps have been identified that are not already covered under this or other legislation

**Checklist:**

**Please tick to indicate agreement**


- I have made or enclosed payment of the fee.
- I have enclosed the plan of the premises.
- I have sent copies of this application and the plan to responsible authorities and others where applicable.
- I have enclosed the consent form completed by the individual I wish to be designated premises supervisor, if applicable.
- I understand that 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 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).

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.**

<b>Declaration</b>	<ul style="list-style-type: none"> <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, 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	03/03/26		
Capacity	Michael Kheng CBii - Applicant’s duly authorised agent		

Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 14)			
Michael Kheng Kurnia Licensing Consultants Limited 1 Beck Hill			
Post town	Reepham	Postcode	LN3 4EN
Telephone number (if any)	07971 841273		
If you would prefer us to correspond with you by e-mail, your e-mail address (optional)			
mkheng@kurnia.co.uk			

**Part A**

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

I, [REDACTED]

[REDACTED]

hereby confirm that I give my consent to be specified as the designated premises supervisor in relation to the application by:

Perkins Newsagent Ltd

relating to a premises licence number: Applied for

for: Mr Tee's Local, 12 Red Lion Street, Boston, PE21 6NY

and any premises licence to be granted or varied in respect of this application made by the applicant concerning the supply of alcohol at the said premises as above mentioned.

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

I currently hold a personal licence, details of which I set out below.

Personal licence number: [REDACTED]

[REDACTED]

Signed. [REDACTED] Date: 26/02/2026

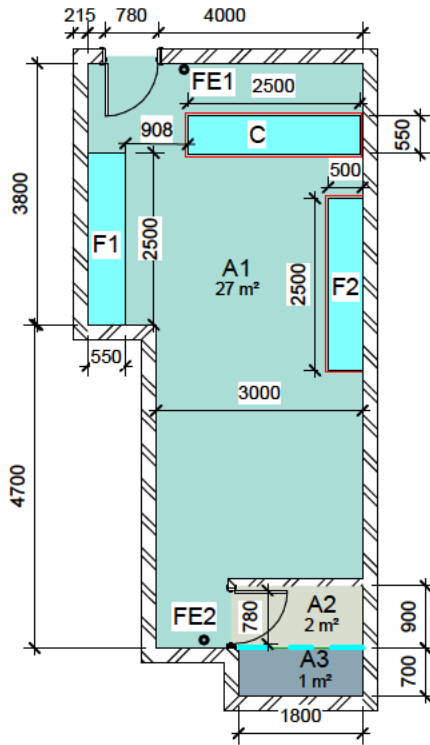
[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

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

<b>AUTODESK</b> <a href="http://www.autodesk.com/revit">www.autodesk.com/revit</a>		PROJECT		CLIENT			
		Premises Drawing		[REDACTED]			
Code	Status	Floor plan		Date	Project Number	Scale (@ A4)	REV
SUITABILITY DESCRIPTION				PURPOSE OF ISSUE		Issue Date	Project Number
				Drawn by	DRAWING NUMBER A102		
				Author			
				Checked by			
				Checker			