

- 5 JUN 2019

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

Appendix 2

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 ZEHRA CAGDAS
(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			
4-6 New Street Lincolnshire			
Post town	Boston	Postcode	PE21 6LP

Telephone number at premises (if any)	01205 362753
Non-domestic rateable value of premises	£ 11,750

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)

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

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
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	1	0	8	2	0	1	9
---	---	---	---	---	---	---	---

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 fish and chips shop, that specialises in selling fish and chips. Additionally, burgers, pies and sausages. The restaurant provides eat-in and takeaway services. Customers served by waitress and waiters. The premises consists of two floors. Both floors ground and first will be used for licensable activities. The premises is a separate, disconnected detached shop. Only soft and hot drink are being sold at the moment

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

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)

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)	On the premises	<input checked="" type="checkbox"/>			
				Off the premises	<input checked="" type="checkbox"/>			
				Both	<input checked="" type="checkbox"/>			
Day	Start	Finish	State any seasonal variations for the supply of alcohol (please read guidance note 5)					
Mon	11:00	23:00						
Tue	11:00	23:00						
Wed	11:00	23:00						
Thur	11:00	23:00				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 (please read guidance note 6)		
Fri	11:00	23:00						
Sat	11:00	23:00						
Sun	11:00	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	ZEHRA CAGDAS	
Date of birth	[REDACTED]	
Address	[REDACTED]	
Postcode	[REDACTED]	
Personal licence number (if known)	32UBA12001	
Issuing licensing authority (if known)	Boston Borough Council	

X

□□□□

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).

[Handwritten mark]

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)
Day	Start	Finish	
Mon	1100	1100	<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> (please read guidance note 6)
Tue	1100	1100	
Wed	1100	1100	
Thur	1100	1100	
Fri	1100	1100	
	1100	1100	
Sat			
	1100	1100	
Sun			

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)

Four licensing objectives will be considered during supplying alcohol. All staff will be trained in order to meet all four licensing objectives.
There is a CCTV camera in the premises which records everyday.
"Challenge 25" will be used to prevent the supply of alcohol to under-age drinkers.

b) The prevention of crime and disorder

Alcohol will not be sold under 18s. All members will be considered 25 years old when supplying alcohol.
CCTV cameras installed to monitor entrances, exits other parts of the premises in order to address the prevention of crime objective.
Not selling alcohol to drunk or intoxicated customers

c) Public safety

The first Aid equipment will be provided for both staff and customers. ~~Emergency~~
~~procedures.~~
All parts of premises and all fittings, notices, lighting heating, electrical, air condition will be monitored at all times in good order and in a safe condition.
Training and implementation of underage ID checks

d) The prevention of public nuisance

Prominent, and clear notices will be displayed at the exit requesting the public to respect the needs of nearby residents and to leave the premises and the area quietly.
Customers will not be admitted to premises above opening hours.
The placement of bins and rubbishes outside the premises will be kept to a minimum after 10:00pm to reduce the level of noise produced by the premises.

e) The protection of children from harm

11 Challenge 25" sign.
 Well trained staff about requirement for person's
 identification page establishments.
 log Book will be kept upon the premises at all time.

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 (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.

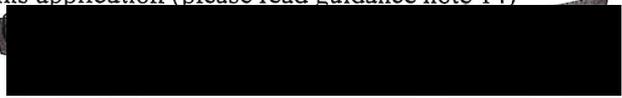
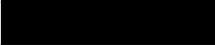
Part 4 – Signatures (please read guidance note 11)

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.

Declaration	<ul style="list-style-type: none"> [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). 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)
Signature	29.05.2019 
Date	29.05.2019
Capacity	Business Owner

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)			
			
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

- 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.
- In terms of specific regulated entertainments please note that: