

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

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 ATNUN SADI
(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 <u>36A FISHTOFT ROAD - 'ANNIS EURO MARKET'</u>			
Post town	<u>BOSTON</u>	Postcode	<u>PE21 0AL</u>
Telephone number at premises (if any)			
Non-domestic rateable value of premises		<u>£ 5700</u>	

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 checked="" type="checkbox"/> | please complete section (A) |
| b) a person other than an individual * | | |
| 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 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 checked="" type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
Surname SADI			First names ATNUN		
Date of birth [REDACTED]		I am 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)					
Where applicable (if demonstrating a right to work via the Home Office online right to work checking service), the 9-digit '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)	
Surname			First names		
Date of birth			I am 18 years old or over <input type="checkbox"/> Please tick yes		
Nationality					
Where applicable (if demonstrating a right to work via the Home Office online right to work checking service), the 9-digit 'share code' provided to the applicant by that service: (please see note 15 for information)					
Current residential 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.)

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"/>
Mon			Please give further details here (please read guidance note 4)	Both	<input type="checkbox"/>
Tue					
Wed			State any seasonal variations for performing plays (please read guidance note 5)		
Thur					
Fri			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 (please read guidance note 6)		
Sat					
Sun					

B

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

C

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

D

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

E

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

F

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

G

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

H

Anything of a similar description to that falling within (e), (f) or (g) 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	<u>Will this entertainment take place indoors or outdoors or both – please tick</u> (please read guidance note 3)	Indoors	<input type="checkbox"/>
Mon				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Tue			<u>Please give further details here</u> (please read guidance note 4)		
Wed					
Thur			<u>State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g)</u> (please read guidance note 5)		
Fri					
Sat			<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> (please read guidance note 6)		
Sun					

I

Late night refreshment Standard days and timings (please read guidance note 7)			Will the provision of late night refreshment take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish			
Mon			<u>Please give further details here</u> (please read guidance note 4)		
Tue					
Wed			<u>State any seasonal variations for the provision of late night refreshment</u> (please read guidance note 5)		
Thur					
Fri			<u>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</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)	On the premises	<input type="checkbox"/>			
				Off the premises	<input checked="" type="checkbox"/>			
				Both	<input type="checkbox"/>			
Day	Start	Finish	State any seasonal variations for the supply of alcohol (please read guidance note 5)					
Mon	08 ⁰⁰	23 ⁰⁰						
Tue	08 ⁰⁰	23 ⁰⁰						
Wed	08 ⁰⁰	23 ⁰⁰						
Thur	08 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	08 ⁰⁰	23 ⁰⁰						
Sat	08 ⁰⁰	23 ⁰⁰						
Sun	08 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	ATNUM SADI
Date of birth	[REDACTED]
Address	[REDACTED] [REDACTED] [REDACTED]
Postcode	[REDACTED]
Personal licence number (if known)	TBC
Issuing licensing authority (if known)	TBC

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).

/ NONE /

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	08 ⁰⁰	23 ⁰⁰	
Tue	08 ⁰⁰	23 ⁰⁰	
Wed	08 ⁰⁰	23 ⁰⁰	
Thur	08 ⁰⁰	23 ⁰⁰	<p>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)</p>
Fri	08 ⁰⁰	23 ⁰⁰	
Sat	08 ⁰⁰	23 ⁰⁰	
Sun	08 ⁰⁰	23 ⁰⁰	

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)

SEE ATTACHED APPENDIX

b) The prevention of crime and disorder

SEE ATTACHED APPENDIX

c) Public safety

SEE ATTACHED APPENDIX

d) The prevention of public nuisance

SEE ATTACHED APPENDIX

e) The protection of children from harm

SEE ATTACHED APPENDIX.

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.**

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
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APPENDIX

'Anns Euro Market' 56a St Fishtoft Road, Boston, PE21 0AL

Shop PROPOSED Conditions:

Please find listed below conditions which 'Anns Euro Market' would agree to be added to the premise licence, should it be granted. These conditions have been carefully formulated to support the Licensing Objectives, **taking into account the premises is located within a residential area.**

Part 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)

- Alcohol available for sale will be restricted between the hours of 08.00 until 23.00.
- Spirits must be displayed and secured behind the sales point and will not be available for self-service.
- There will be no sales of beer lager, or cider (including perries) over 6.5% ABV.
- There shall be no sale of loose cans of beers, lagers or ciders in packs of less than 4, nor a sale of any single bottles of beers, lagers or ciders under 700ml.
- The licence holder shall operate and maintain a refusals register in respect of declined sales of alcohol where the attempted purchaser was suspected of being under 18 years of age or drunk.
- The refusals register shall be kept on the premises and be made available immediately upon request to an authorised officer of the Police or Local Authority.
- The licence holder will ensure that within six weeks of any appointment of a member of staff, they receive adequate training in responsible alcohol retailing and refreshed every 12 months. A training record will be kept at the premises.
- No alcoholic drinks will be purchased by the store owners or staff from sellers calling at the store. All invoices (originals or copies) for all alcoholic goods for retail sale on the premises will be kept at the shop and made available to Police, Council and HMRC Officers upon request. An ultra-violet light will be available at the premises for the purpose of checking the UK Duty Stamp on all spirits as soon as practical after they have been purchased.
- If any spirits bought by the company have UK Duty Stamps that do not fluoresce under ultra-violet light, or are otherwise suspicious, the licensee shall identify the supplier to Trading Standards department and HMRC as soon as possible.

b) The prevention of crime and disorder

- A fully working and maintained CCTV system capable of recording and storing images must be installed on the premises. The system must record at all times the premises is open to the public and images must be stored for a minimum of 30 days with date & time stamping. As a minimum this must cover all entry and exit points, both sides of all areas where the sale/supply of alcohol takes place.
- All recordings must be made available to an officer from a responsible authority upon reasonable request and in line with the provisions of the Data Protection Act 1998.
- All staff involved in the retail of alcohol will be trained in relation to the law regarding its sale. This training must be completed prior to them being authorised to sell alcohol and refreshed every 12 months as a minimum. A record of this training must be kept and maintained with a copy of the syllabus attached. The recipient of the training must sign to state that they have received and understood the training and this should be dated. Training records must be kept on the premises at all times and made available to an officer from a responsible authority upon reasonable request.
- The premises will operate and adhere to an age verification scheme with the minimum standard of Challenge 25. Signs advertising the policy must be displayed in all areas where alcohol is for sale.
- A refusals register will be kept on the premises for the recording of any incidents involving the refusal

of a sale of alcohol due to age or drunkenness. The register will be made available to an officer from the local authority for inspection upon reasonable request

- No person will be allowed to enter or leave the licensed premises with an open vessel of alcohol and the licensee will actively discourage and prevent anyone congregating or drinking directly outside the premises.
- All alcohol purchased by the Premises Licence holder and staff members for sale by retail within the premises, will only be from wholesalers registered with Her Majesty's Revenue & Customs (HMRC) Alcohol Wholesaler Registration Scheme (AWRS). Under no circumstances will the premises licence holder or staff members purchase alcohol from sellers calling at the store or from associates.
- All invoices (originals and copies) for all alcoholic goods for retail sale on the premises will be kept in the premises and be provided to the police, Licensing Authority and HMRC upon request. A Ultra Violet light will be available at the premises for the purposes of checking the UK Duty stamp on all spirits after they have been purchased.
- Where the spirits on sale inside the premises have a UK duty stamp that does not fluoresce under ultra violet light, or are otherwise suspicious, the supplier will be identified to the Police, Trading Standards and HMRC.
- Customers will not enter or leave the premises with an open vessel of alcohol or consume alcohol within the boundaries of the premises.

c) Public Safety

- The premises will conform to all statutory Health and Safety Requirements

d) The prevention of public nuisance

- Persons shall be discouraged from congregating outside of the premises.
- A notice will be placed immediately outside the main entrance reminding persons that no alcohol to be consumed directly outside the main entrance to the shop.
- Waste collection contractors will not collect refuse between 23:00 and 07:00 hours. Any litter or refuse generated must be contained within the boundaries of the premises and regularly cleared (the boundaries of the premises are taken to be those indicated on the plan
- Receptacles for waste shall be emptied regularly to avoid causing a public nuisance through smells or odours and shall be maintained in a clean condition.
- Trade waste containers will only be left out for collection of waste on the day of collection and will be stored off the public right of way at all other times.
- Clear and legible notices will be prominently displayed at all exits asking customers to respect local residents and to leave the area quietly.

e) The protection of Children from harm

- The challenged 25 scheme will be implemented
- To ensure that any person selling or supplying alcoholic drink under the authority of a personal licence holder follows the guidelines of the Challenge 25 scheme and asks for photo ID proof of age where they have reason to suspect that the individual may be under 25 years of age and to ensure that signs relevant to this condition are prominently displayed at the premises.

Sunday	08:00	-	23:00
Monday	08:00	-	23:00

Tuesday	08:00	-	23:00
Wednesday	08:00	-	23:00
Thursday	08:00	-	23:00
Friday	08:00	-	23:00
Saturday	08:00	-	23:00

	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)
Signature	[REDACTED]
Date	27.9.19
Capacity	LEASE HOLDER

γ

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)			
PAUL BYATT		[REDACTED]	
		[REDACTED]	
[REDACTED]		[REDACTED]	
Post town		Postcode	
Telephone number (if any)	[REDACTED]	[REDACTED]	[REDACTED]
If you would prefer us to correspond with you by e-mail, your e-mail address (optional)			
[REDACTED]			



Consent of individual to being specified as premises supervisor

I ATNUN SADI.
[full name of prospective premises supervisor]

of [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

[home address of prospective premises supervisor]

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

PREMISES LICENCE APPLICATION
[type of application]

by ATNUN SADI
[name of applicant]

relating to a premises licence [REDACTED]
[number of existing licence, if any]

for ANNS EURO MARKET.
56A FISHTOFT ROAD
BOSTON
PE21 0AL
[name and address of premises to which the application relates]

and any premises licence to be granted or varied in respect of this application made by

ATNUN SADI

[name of applicant]

concerning the supply of alcohol at

ANNS EURO MARKET
56A FISHTOFT ROAD
BOSTON
PE21 0AL

[name and address of premises to which application relates]

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.

Personal licence number

TBC.

[insert personal licence number, if any]

Personal licence issuing authority

JBC.

[insert name and address and telephone number of personal licence issuing authority, if any]

Signed



Name (please print)

ATNUN SADI

Date

27.9.2019