

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.

<b>I/ We</b>	Bahadeen Ali Hassan
------------------	---------------------

*(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 192 Sutton High Street,			
<b>Post town</b>	Sutton	<b>Postcode</b>	SM1 1NR

Telephone number at premises (if any)	07753 208633
Non-domestic rateable value of premises	£ 35,500

**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 *	<input type="checkbox"/>	
	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		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	<b>X</b>
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)

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

**SECOND INDIVIDUAL APPLICANT** (if applicable)

<u>Mr Mrs Miss Ms</u>		Other Title (for example, Rev)	
<b>Surname</b>		<b>First names</b>	

<b>Date of birth</b> I am 18 years old or over Please tick yes			
<b>Nationality</b>			
Current postal address if different from premises address			
Post town		Postcode	

**Daytime contact telephone number**

<b>E-mail address (optional)</b>	
----------------------------------	--

### (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?	<u>DD M YYY</u> <u>2 2 0 4 2 0 2 1</u>
If you wish the licence to be valid only for a limited period, when do you want it to end?	<u>DD M YYYY</u>

<p>Please give a general description of the premises (please read guidance note 1)</p> <p>A small sized based Mini Market and grocery store selling International food stuffs, with an off licence</p>
--

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

3

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)	
	<b>Provision of late night refreshment</b> (if ticking yes, fill in box I)	
	<b>Supply of alcohol</b> (if ticking yes, fill in box J)	X

In all cases complete boxes K, L and

A

**Plays**

Standard days and timings  
(please read guidance note

**Will the performance of a play take place indoors or outdoors or both – please tick** Indoors

7)				Outdoors	
Day Start Finish				Both	
Mon			<b><u>Please give further details here</u></b> (please read guidance note 4)		
Tue					
Wed			<b><u>State any seasonal variations for performing plays</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 plays at different times to those listed in the column on the left, please list</u></b> (please read guidance note 6)		
Sat					
Sun					

B

(please read guidance note 3)

**Films**

Standard days and timings  
(please read guidance note

**Will the exhibition of films take place indoors or outdoors or both – please tick** Indoors

7)				Outdoors	
Day Start Finish				Both	
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 exhibition of films</u></b> (please read guidance note 5)		
Thur					

Fri			<p><b><u>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</u></b> (please read guidance note 6)</p>
Sat			
Sun			

**C**

timings (please read guidance note 7)  
**Please give further details** (please read guidance note 4)

**Indoor sporting events** Standard days and

Day Start Finish			
Mon			
Tue			<p><b><u>State any seasonal variations for indoor sporting events</u></b> (please read guidance note 5)</p>
Wed			
Thur			<p><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)</p>
Fri			
Sat			
Sun			

**D**

guidance note 3)

**Boxing or wrestling entertainments**

Standard days and timings

**Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick** (please read

7)	(please read guidance note			Outdoors	
Day Start Finish				Both	

Mon			<b><u>Please give further details here</u></b> (please read guidance note 4)
Tue			
Wed			<b><u>State any seasonal variations for boxing or wrestling entertainment</u></b> (please read guidance note 5)
Thur			
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**

(please read guidance note 3)

**Live music**

Standard days and timings  
(please read guidance note

**Will the performance of live music take place indoors or outdoors or both – please tick** <sup>Indoors</sup>

7)				Outdoors	
Day Start Finish				Both	
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 live music</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 live music at different times to those listed in the column on the left, please list</u></b> (please read guidance note 6)		
Sat					
Sun					

**F**

(please read guidance note 3)

**Recorded music**

Standard days and timings  
(please read guidance note

**Will the playing of recorded music take place indoors or outdoors or both – please tick**  Indoors

7)				Outdoors	
Day Start Finish				Both	
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 playing of recorded music</u></b> (please read guidance note 5)		
Thur					
Fri			<b><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></b> (please read guidance note 6)		
Sat					
Sun					

**G**

(please read guidance note 3)

**Performances of dance**

Standard days and timings  
(please read guidance note

**Will the performance of dance take place indoors or outdoors or both – please tick**  Indoors

7)				Outdoors	
Day Start Finish				Both	
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**

<p><b>Anything of a similar description to that falling within (e), (f) or (g)</b>                  Please give a description of the type of entertainment you will be providing                  Standard days and timings                  (please read guidance note 7)</p>				
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
Mon				Outdoors
				Both
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**

guidance note 3)

**Late night refreshment**  
Standard days and timings  
(please read guidance note

**Will the provision of late night refreshment take place indoors or outdoors or both – Indoors please tick** (please read

7)				Outdoors	
Day Start Finish				Both	
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 provision of late night refreshment</u></b> (please read guidance note 5)		
Thur					
Fri			<b><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></b> (please read guidance note 6)		
Sat					
Sun					

**J**

**Supply of alcohol**  
Standard days and timings (please read guidance note

**consumption – please tick** (please read

**Will the supply of alcohol be for**

guidance note 8) On the premises

7)				Off the premises	<b>X</b>
Day Start Finish				Both	
Mon	08.00	21.00	<b><u>State any seasonal variations for the supply of alcohol</u></b> (please read guidance note 5)		
Tue	08.00	21.00			

Wed	08.0 0	21.00	<p><b><u>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</u></b> (please read guidance note 6)</p>
Thur	08.00	21.00	
Fri	08.0 0	21.00	
Sat	08.0 0	21.00	
Sun	08.0 0	21.00	

**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 Mr Hunar Burhan Mohammed
<b>Date of birth:</b> xxxxxx <b>Place of birth:</b> xxxxxxxx <b>Nationality:</b> xxxxxx
Address  xxxxx  xxxxx
Postcode xxxxx
Personal licence number (if known) xxxxxx
Issuing licensing authority (if known) Welyn and Hatfield Council

14

K

<p><b>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</b> (please read guidance note 9).</p> <p>None</p>
---

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	08.0 0	21.0 0	
Tue	08.0 0	21.0 0	
Wed	08.0 0	21.00	<p><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)</p>
Thur	08.0 0	21.0 0	
Fri	08.0 0	21.0 0	
Sat	08.0 0	21.0 0	
Sun	08.0 0	21.0 0	

**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)

**1. CCTV**

1.1 The premises shall install and maintain a digital CCTV system

1.2 . The CCTV system shall have sufficient hard drive storage capacity to store a minimum of 31 days.

1.3 The CCTV system shall be capable of obtaining clear facial recognition images and a clear head and shoulders image of every person entering or leaving the premises at each exit and entrance point.

1.5 A CCTV log will be completed on a weekly basis to record all elements of the CCTV System is maintained in good working order and recordings date and time stamped.

1.6 All staff shall be trained in the operation of the CCTV system to ensure rapid data retrieval & downloads of footage can be provided to the Police & the Local Authority Officer upon reasonable request in accordance with the Data Protection Act.

1.7 CCTV shall be continually recording during licensable hours

1.8 In the event of a failure of the CCTV system for any reason, a record of the failure will be recorded in the premises log and immediate steps will be made to rectify the problem.

**b) The prevention of crime and disorder****2. Incident / Refusals Register**

**2.1** An incident log must be kept at the premises. Log records will be retained for a period of 12 months from the date it occurred. It will be made immediately available on request to an 'authorised person' (as defined by section 13 of the Licensing Act 2003), an authorised trading standards officer or the police, and must record the following;

**(a)** All crimes reported to the premises (where relevant to the licensing objectives)

**(b)** Any incidents of disorder

**3.** When the designated premises supervisor is not on duty, a contact telephone number will be available at all times.

**4.** All spirits will be stored and sold behind the counter

**5.** Roller shutters are in operation at the front of the premises

**6.** The premises will have a written policy in relation to drunkenness. Premises should not admit persons who are visibly intoxicated and staff should be trained regarding responsible alcohol sales, identifying drunkenness and preventing alcohol sales to them.

**6.1** The premises will follow the Portman Group Code of Practice during any drinks promotions held at the premises.

**c) Public safety**

An appropriate Risk assessment will be conducted

**d) The prevention of public nuisance**

**7.** Prominent, clear and legible signage shall be displayed at all exits to the premises requesting the public to respect the needs of local residents and to leave the premises and the area quickly and quietly. (Quiet Notice )

**8.** Deliveries to the premises shall be conducted in a manner that will not cause a nuisance to the occupiers of any residential properties surrounding the delivery address and deliveries shall be made at a time that will not lead to any public nuisance.

**9.** The premises Licence holder/ Designated Premises Supervisor will ensure that all litter arising from people using the premises is cleared away daily.

**9.1** A litter log book will be kept to record the timings of all litter checks.

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

**10.** A written register of refusals will be kept including a description of the people who have been unable to provide required identification to prove their age. Such records shall be kept for a period of 12 months and will be collected by the designated premises supervisor and produced to the police or an 'authorised person' (as defined by section 13 of the licensing act 2003) or an authorised trading standards officer the local authority/council on demand.

**11.** All staff engaged in the sale of alcohol to be trained in Challenge 25. Training records shall be kept on the premises and produced to the police or an 'authorised person' (as defined by section 13 of the licensing act 2003) or an authorised trading standards officer of the local authority/council on demand.

**12.** Proxy signs will be on display warning adults about the law surrounding buying alcohol for children

**13.** Staff will monitor the outside area to identify any potential proxy purchasing concerns.

**14. Challenge 25**

**14.1** The premises shall operate a Challenge 25 policy. Such policy shall be written down and kept at the premises. The policy shall be produced on demand of the police or an 'authorised person'

**14.2** Prominent, clear and legible Challenge 25 signage shall also be displayed at all entrances to the premises as well as at, at least one location behind any counter advertising the scheme operated.

**14.3** Only a passport, photo-card driving licence, Armed Forces ID cards or a proof of age card bearing the official "PASS" accreditation hologram should to be accepted as proof of age.

**14.4** Alcohol refusals policies will be displayed at the entrance of the premises, the point of display and the point of sale.

**14.5** No person under the age of 18 will be employed to work at the premises.

**14.6** A documented training procedure will be maintained to ensure staff are fully trained in age verification, including induction and regular refresher training with signed records kept of that training;

**14.7** The use of till prompts in shops together with appropriate warning notices being displayed at alcohol fixtures will be kept at all times.

**Checklist:****Please tick to indicate agreement**

I have made or enclosed payment of the fee. ( to be paid online via gov.uk)  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. *Electronic application*

I have enclosed the consent form completed by the individual I wish to be designated premises supervisor, if applicable. **X** I understand that I must now advertise my application. **X** I understand that if I do not comply with the above requirements my application will be **X** 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.**

18

<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, if appropriate (please see note 15)</li> </ul>
Signature	<i>Tony Clarke</i>
Date	25th March 2021
Capacity	Agent on behalf of the applicant

**For joint applications, signature of 2<sup>nd</sup> applicant or 2<sup>nd</sup> 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) Tony Clarke JMC Licensing Consultants 540 Antrim road			
Post town	Belfast	Postcode	BT15 5GJ
Telephone number (if any)	07388 441720		
If you would prefer us to correspond with you by e-mail, your e-mail address  (optional) <a href="mailto:securelicenses@gmail.com">securelicenses@gmail.com</a>			

This page is intentionally left blank