



**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 Mr HEDI MEENA.
(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>(RIGA'</u> <u>89 KETTERING ROAD</u> | | N.B.C. POST ROOM / SCANNING 10 SEP 2016 RECEIVED | |
| KK 3149 7610 8GB SIGNED FOR | | | |
| Post town | <u>NORTHAMPTON</u> | Postcode | <u>NN1 4AW</u> |

| | |
|---|----------------|
| Telephone number at premises (if any) | |
| Non-domestic rateable value of premises | £ <u>5,600</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 | <input type="checkbox"/> | please complete section (B) |
| | ii. as a partnership | <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 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:

Please tick yes

- 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 MEENA | | | First names HEDI, | | |
| I am 18 years old or over | | | | <input checked="" type="checkbox"/> Please tick yes | |
| Current postal 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 | | |
| I am 18 years old or over | | | | <input type="checkbox"/> | Please tick yes |
| 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 | | | | | |
| | | | | | | | |

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)

GENERAL GROCERY STORE. LICENSED TO SELL ALCOHOL.

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 of the Licensing Act 2003 and Schedules 1 and 2 to the Licensing Act 2003)

Provision of regulated entertainment

Please tick any 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 6) | | | Will the performance of a play take place indoors or outdoors or both – please tick (please read guidance note 2) | Indoors | <input type="checkbox"/> |
|---|-------|--------|--|----------|--------------------------|
| Day | Start | Finish | | Outdoors | <input type="checkbox"/> |
| Mon | | | Please give further details here (please read guidance note 3) | Both | <input type="checkbox"/> |
| Tue | | | | | |
| Wed | | | State any seasonal variations for performing plays (please read guidance note 4) | | |
| 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 5) | | |
| Sat | | | | | |
| Sun | | | | | |

B

| | | | | | |
|--|-------|--------|--|----------|--------------------------|
| Films Standard days and timings (please read guidance note 6) | | | <u>Will the exhibition of films take place indoors or outdoors or both – please tick</u> (please read guidance note 2) | 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 3) | | |
| Mon | | | | | |
| Tue | | | | | |
| Wed | | | <u>State any seasonal variations for the exhibition of films</u> (please read guidance note 4) | | |
| Thur | | | | | |
| Fri | | | | | |
| Sat | | | <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> (please read guidance note 5) | | |
| Sun | | | | | |

C

| Indoor sporting events Standard days and timings (please read guidance note 6) | | | <u>Please give further details</u> (please read guidance note 3) |
|--|-------|--------|--|
| Day | Start | Finish | |
| Mon | | | |
| | | | |
| Tue | | | <u>State any seasonal variations for indoor sporting events</u> (please read guidance note 4) |
| | | | |
| 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 5) |
| | | | |
| Fri | | | |
| | | | |
| Sat | | | |
| | | | |
| Sun | | | |
| | | | |

D

| | | | | |
|---|-------|--------|--|--------------------------|
| Boxing or wrestling entertainments Standard days and timings (please read guidance note 6) | | | <u>Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick</u> (please read guidance note 2) | |
| | | | 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 3) | |
| Mon | | | | |
| Tue | | | | |
| Wed | | | | |
| Thur | | | | |
| Fri | | | | |
| Sat | | | | |
| | | | <u>State any seasonal variations for boxing or wrestling entertainment</u> (please read guidance note 4) | |
| Wed | | | <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 5) | |
| Thur | | | | |
| Fri | | | | |
| Sat | | | | |
| Sun | | | | |

E

| | | | | | | |
|---|-------|--------|---|--|----------|--------------------------|
| Live music Standard days and timings (please read guidance note 6) | | | <u>Will the performance of live music take place indoors or outdoors or both – please tick</u> (please read guidance note 2) | | Indoors | <input type="checkbox"/> |
| | | | | | Outdoors | <input type="checkbox"/> |
| Day | Start | Finish | <u>Please give further details here</u> (please read guidance note 3) | | | |
| Mon | | | | | | |
| Tue | | | <u>State any seasonal variations for the performance of live music</u> (please read guidance note 4) | | | |
| Wed | | | | | | |
| Thur | | | <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 5) | | | |
| Fri | | | | | | |
| Sat | | | | | | |
| Sun | | | | | | |

F

| | | | | |
|---|-------|--------|--|--------------------------|
| Recorded music Standard days and timings (please read guidance note 6) | | | <u>Will the playing of recorded music take place indoors or outdoors or both – please tick</u> (please read guidance note 2) | |
| | | | 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 3) | |
| Mon | | | | |
| Tue | | | | |
| Wed | | | | |
| Thur | | | | |
| Fri | | | | |
| Sat | | | | |
| | | | <u>State any seasonal variations for the playing of recorded music</u> (please read guidance note 4) | |
| | | | <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 5) | |
| Sun | | | | |

G

| | | | | | | |
|--|-------|--------|---|--|----------|--------------------------|
| Performances of dance Standard days and timings (please read guidance note 6) | | | <u>Will the performance of dance take place indoors or outdoors or both – please tick</u> (please read guidance note 2) | | 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 3) | | | |
| Mon | | | | | | |
| | | | | | | |
| Tue | | | | | | |
| | | | | | | |
| Wed | | | <u>State any seasonal variations for the performance of dance</u> (please read guidance note 4) | | | |
| Thur | | | | | | |
| | | | | | | |
| Fri | | | <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> (please read guidance note 5) | | | |
| Sat | | | | | | |
| | | | | | | |
| Sun | | | | | | |
| | | | | | | |

H

| | | | | | |
|---|-------|--------|--|----------|--------------------------|
| Anything of a similar description to that falling within (e), (f) or (g) Standard days and timings (please read guidance note 6) | | | 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 2) | 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 3) | | |
| 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 4) | | |
| 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 5) | | |
| Sun | | | | | |

I

| Late night refreshment Standard days and timings (please read guidance note 6) | | | Will the provision of late night refreshment take place indoors or outdoors or both – please tick (please read guidance note 2) | Indoors | <input type="checkbox"/> |
|---|-------|--------|---|----------|--------------------------|
| Day | Start | Finish | | Outdoors | <input type="checkbox"/> |
| Mon | | | <u>Please give further details here</u> (please read guidance note 3) | Both | <input type="checkbox"/> |
| Tue | | | | | |
| Wed | | | <u>State any seasonal variations for the provision of late night refreshment</u> (please read guidance note 4) | | |
| 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 5) | | |
| Sat | | | | | |
| Sun | | | | | |

J

| | | | | | | | | |
|--|------------------|------------------|---|------------------|-------------------------------------|---|--|--|
| Supply of alcohol Standard days and timings (please read guidance note 6) | | | Will the supply of alcohol be for consumption – please tick (please read guidance note 7) | 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 4) | | | | | |
| Mon | 08 ⁰⁰ | 00 ⁰⁰ | | | | | | |
| Tue | 08 ⁰⁰ | 00 ⁰⁰ | | | | | | |
| Wed | 08 ⁰⁰ | 00 ⁰⁰ | | | | | | |
| Thur | 08 ⁰⁰ | 00 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 5) | | |
| Fri | 08 ⁰⁰ | 00 ⁰⁰ | | | | | | |
| Sat | 08 ⁰⁰ | 00 ⁰⁰ | | | | | | |
| Sun | 08 ⁰⁰ | 00 ⁰⁰ | | | | | | |

State the name and details of the individual whom you wish to specify on the licence as designated premises supervisor:

| | | |
|--|---------------------|--|
| Name | ERNESTAS ZEVNEROVAS | |
| Address | | |
| Postcode | | |
| Personal licence number (if known) | PA 2717 | |
| Issuing licensing authority (if known) | NORTHAMPTON | |

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 8).

NONE

L

Hours premises are open to the public
Standard days and timings
(please read guidance note 6)

State any seasonal variations (please read guidance note 4)

| Day | Start | Finish |
|------|------------------|------------------|
| Mon | 08 ⁰⁰ | 00 ⁰⁰ |
| Tue | 08 ⁰⁰ | 00 ⁰⁰ |
| Wed | 08 ⁰⁰ | 00 ⁰⁰ |
| Thur | 08 ⁰⁰ | 00 ⁰⁰ |
| Fri | 08 ⁰⁰ | 00 ⁰⁰ |
| Sat | 08 ⁰⁰ | 00 ⁰⁰ |
| Sun | 08 ⁰⁰ | 00 ⁰⁰ |

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 5)

...

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 9)**

SEE ATTACHED APPENDIX 1.

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

SEE ATTACHED APPENDIX 1

c) **Public safety**

SEE ATTACHED APPENDIX 1

d) **The prevention of public nuisance**

SEE ATTACHED APPENDIX 1.

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

SEE ATTACHED APPENDIX 1.

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.

IT IS AN OFFENCE, LIABLE ON SUMMARY CONVICTION TO A FINE NOT EXCEEDING LEVEL 5 ON THE STANDARD SCALE, UNDER SECTION 158 OF THE LICENSING ACT 2003, TO MAKE A FALSE STATEMENT IN OR IN CONNECTION WITH THIS APPLICATION.

Part 4 – Signatures (please read guidance note 10)

Signature of applicant or applicant’s solicitor or other duly authorised agent (see guidance note 11). **If signing on behalf of the applicant, please state in what capacity.**

| | |
|-----------|-------------------------|
| Signature | [Handwritten signature] |
| Date | 13/09/16 |
| Capacity | OWNER |

For joint applications, signature of 2nd applicant or 2nd applicant’s solicitor or other authorised agent (please read guidance note 12). **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 (please read guidance note 13) | | | |
| PAUL BYATT | | | |
| 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

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. Where taking place in a building or other structure please tick as appropriate (indoors may include a tent).
3. For example the type of activity to be authorised, if not already stated, and give relevant further details, for example (but not exclusively) whether or not music will be amplified or unamplified.
4. For example (but not exclusively), where the activity will occur on additional days during the summer months.

5. For example (but not exclusively), where you wish the activity to go on longer on a particular day e.g. Christmas Eve.
6. Please give timings in 24 hour clock (e.g. 16:00) and only give details for the days of the week when you intend the premises to be used for the activity.
7. If you wish people to be able to consume alcohol on the premises, please tick 'on the premises'. If you wish people to be able to purchase alcohol to consume away from the premises, please tick 'off the premises'. If you wish people to be able to do both, please tick 'both'.
8. Please give information about anything intended to occur at the premises or ancillary to the use of the premises which may give rise to concern in respect of children, regardless of whether you intend children to have access to the premises, for example (but not exclusively) nudity or semi-nudity, films for restricted age groups or the presence of gaming machines.
9. Please list here steps you will take to promote all four licensing objectives together.
10. The application form must be signed.
11. An applicant's agent (for example solicitor) may sign the form on their behalf provided that they have actual authority to do so.
12. Where there is more than one applicant, each of the applicant or their respective agent must sign the application form.
13. This is the address which we shall use to correspond with you about this application.

[Faint handwritten text]

[Faint handwritten text]

[Faint handwritten text]

[Faint handwritten text]

Riga, 89 Kettering Road, Northampton, NN1 4AW

Shop PROPOSED Conditions:

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)

- 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 to Responsible Alcohol Retailing standards or equivalent. A training record will be kept at the premises, which will be made available immediately upon request to an authorised officer of the Police or Local Authority.
- Staff records with regards to licensing accreditations and training shall be kept on the premises and produced to the Police and Authorised Local Authority Licensing Officers on demand.
- There shall be a minimum of two staff on duty at the premises whenever the premises are open.
- Customers will not be permitted to consume alcohol on the premises as per the mandatory conditions for off-license sales only.
-

b) The prevention of crime and disorder

- CCTV WILL be provided in the form of a recordable system, capable of providing pictures of EVIDENTIAL QUALITY in all lighting conditions particularly facial recognition. Cameras shall encompass all ingress and egress to the premises and all areas where the sale/ supply of alcohol occurs. Equipment MUST be maintained in good working order, be correctly time and date stamped, recordings MUST be kept in date order, numbered sequentially and kept for a period of 28 days and handed to Police on demand.

The Premises Licence Holder must ensure that at all times the DPS and all appointed members of staff are capable and competent at downloading CCTV footage in a recordable format EITHER DISC or VHS to the Police/Local Authority on demand.

The Recording equipment and tapes/discs shall be kept in a secure environment under the control of the DPS or other responsible named individual.

An operational daily log report must be maintained endorsed by signature, indicating the system has been checked and is compliant, in the event of any failings actions taken are to be recorded.

In the event of technical failure of the CCTV equipment the Premises Licence holder/DPS MUST report the failure to the Police.

- 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.

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
- No alcohol purchases to be consumed in the near vicinity of the premises.
- 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.
- Customers will not be permitted to consume alcohol on the premises as per the mandatory conditions for off-license sales only.

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 | 09:00 | - | 23:00 |
| Monday | 09:00 | - | 23:00 |
| Tuesday | 09:00 | - | 23:00 |
| Wednesday | 09:00 | - | 23:00 |
| Thursday | 09:00 | - | 23:00 |
| Friday | 09:00 | - | 23:00 |
| Saturday | 09:00 | - | 23:00 |
| Non Standard Timings / Seasonal Variations | | | |

