



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 ISMET AYDEMIR

(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			
14-16 JACKSON ST COALVILLE			
Post town	LEICESTER	Post code	LE67 3LT
Telephone number at premises (if any)	NONE AS YET		
Non-domestic rateable value of premises	£ 8000. =		

Part 2 - Applicant Details

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

- a) an individual or individuals * please complete section (A)
- b) a person other than an individual * please complete section (B)
- i. as a limited company



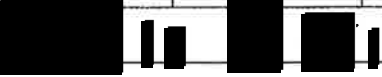
- ii. as a partnership please complete section (B)
- iii. as an unincorporated association or please complete section (B)
- iv. other (for example a statutory corporation) please complete section (B)
- c) a recognised club please complete section (B)
- d) a charity please complete section (B)
- e) the 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:

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 AYDEMİR			First names ISMET		
I am 18 years old or over				<input checked="" type="checkbox"/> Please tick yes	
Current postal address if different from premises address					
Post Town	DERBY			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?

Day	Month	Year
1	0	10 2013

If you wish the licence to be valid only for a limited period, when do you want it to end?

Day	Month	Year

Please give a general description of the premises (please read guidance note1)

GENERAL GROCERS + GREENGROCERS, IN TOWN CENTRE.
OPENING HOURS 08.00 TO 21.00 DAILY INCLUDING
SUNDAYS. APPROX 14 x 8 SQ M OF SHOP SPACE

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 yes

- 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 entertainment facilities:

- i) making music (if ticking yes, fill in box I)

j) dancing (if ticking yes, fill in box J)

k) entertainment of a similar description to that falling within (i) or (j)
(if ticking yes, fill in box K)

Provision of late night refreshment (if ticking yes, fill in box L)

Supply of alcohol (if ticking yes, fill in box M)

In all cases complete boxes N, O and P

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"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 3)		
Mon					
Tue			State any seasonal variations for performing plays (please read guidance note 4)		
Wed					
Thur			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)		
Fri					
Sat					
Sun					

L

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"/>
				Outdoors <input type="checkbox"/>
				Both <input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 3)	
Mon				
Tue				
Wed				State any seasonal variations for the provision of late night refreshment (please read guidance note 4)
Thur				
Fri				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 (please read guidance note 5)
Sat				
Sun				

M

Supply of alcohol Standard days and timings (please read guidance note 6)			Will the supply of alcohol be for consumption (Please tick box) (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) <i>NONE CURRENTLY PLANNED</i>		
Mon	08.00	21.00			
Tue	08.00	21.00			
Wed	08.00	21.00			
Thur	08.00	21.00			
Fri	08.00	21.00			
Sat	08.00	21.00			
Sun	08.00	21.00			
			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) <i>NONE CURRENTLY PLANNED</i>		

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

[REDACTED]	
Address	
[REDACTED]	
Postcode	[REDACTED]
Personal Licence number (if known)	
Issuing licensing authority (if known)	

N

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)

NIL

O

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	21.00	NONE CURRENTLY PLANNED
Tue	08.00	21.00	
Wed	08.00	21.00	
Thur	08.00	21.00	
Fri	08.00	21.00	
Sat	08.00	21.00	
Sun	08.00	21.00	
			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)
			NONE CURRENTLY PLANNED

P Describe the steps you intend to take to promote the four licensing objectives:

a) General – all four licensing objectives (b,c,d,e) (please read guidance note 9)

WE NEED TO MAINTAIN AN ATMOSPHERE IN THE SHOP WHICH ENCOURAGES CAREFUL USE OF ANY ALCOHOL SALES, TO KEEP A FRIENDLY ATMOSPHERE, TO MINIMISE ANY NUISANCE TO THE PUBLIC, SECURE ALCOHOL FROM CHILDREN + TRADE WITHIN THE LAW.

b) The prevention of crime and disorder

TO USE CAMERA (CCTV) TECHNOLOGY TO DETER CRIME, AND TO TRAIN/EDUCATE STAFF IN PROCESSES REQUIRED TO REDUCE LIKELIHOOD OF CRIME.

c) Public safety

MAINTAIN GENERAL AWARENESS OF THE STATE OF CUSTOMERS, AND IF NECESSARY FOR THEIR OWN HEALTH/SAFETY, REFUSE SALES.

d) The prevention of public nuisance

AGAIN, TO MAINTAIN AN AWARENESS OF CUSTOMERS, AND IF IT IS SUSPECTED THEY MAY CAUSE A NUISANCE OR HARM BY PURCHASE OF ALCOHOL THEN REFUSE THE SALE

e) The protection of children from harm

TO ENSURE BY THE USE OF ID CHECKING THAT CHILDREN DO NOT HAVE DIRECT ACCESS TO ALCOHOL. TO FURTHER PREVENT ACCESS BY REFUSING SALES TO SUSPECTED PROXIES.


Please tick yes

- 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 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 CONVICTION TO A FINE UP TO 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	
Date	10-10-2013
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 associated with this application (please read guidance note 13)

Post town		Post code	
Telephone number (if any)			
If you would prefer us to correspond with you by e-mail your e-mail address (optional)			



Domestic Discounts
16 Jackson Street
Coalville
Leicestershire
LE67 3LT

Date: 6th November 2013
My ref:
Your ref:
Contact: Joe Lobban
Phone: 0116 305 7579
Email: joseph.lobban@leics.gov.uk

Licensing Act 2003
Application for a premises licence

I, Ismet Aydemir, wish to amend the following section of the operating schedule of the above application as follows:

E) The Protection of Children from Harm

1. A Challenge 21 policy shall be operated at the premises at all times. All staff shall require identification of all customers who appear to be less than 21 years old and wish to purchase alcohol. Acceptable proof of age will be a PASS approved proof of age card, UK passport or a UK photographic driving licence. No other form of identification shall be accepted unless agreed with the Licensing Authority or Leicestershire Constabulary.
2. Training will be provided for all staff before they are allowed to sell alcohol and will include Challenge 21, proof of age, management conflict and refusals records. The training will be documented. The Premises Licence Holder or Designated Premises Supervisor will check that the training has been understood. The training will be repeated at least every 6 months. Records of training will be provided to Responsible Authorities and the Licensing Authority on request.
3. The Premises Licence Holder shall operate and maintain an up-to-date record of refused sales of alcohol, indicating the date, time, reason for refusal and person refusing. The record shall be reviewed at least once a month by the Designated Premises Supervisor or premises licence holder. The person carrying out the review shall look for patterns and inconsistencies that may indicate that an individual is not complying

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David Morgan, BA, LL.M, County Solicitor

www.leics.gov.uk

with the system or that additional support is required at certain times of the day. The reviewer shall sign and date the record once checked and record any action taken as a result of the review. This information shall be made available upon request to the Licensing Authority and any other Responsible Authorities.

or

If a premises has an Electronic Point of Sale system with a programme which will determine age-restricted products then upon scanning an age-restricted product, the sales assistant shall evidence the individual's age by means of asking for identification. The system shall record all challenges made, which will be checked and monitored by the Designated Premise Supervisor monthly. The record shall be reviewed at least once a month by the Designated Premises Supervisor or premises licence holder. The person carrying out the review shall look for patterns and inconsistencies that may indicate that an individual is not complying with the system or that additional support is required at certain times of the day. The reviewer shall sign and date the record once checked and record any action taken as a result of the review. This information will be made available upon request to the Licensing Authority and any other Responsible Authority.

4. Signs shall be displayed inside and outside of the premises warning adults that it is an offence to buy alcohol on behalf of anyone under the age of 18.

Signature..... 

Officer Signature..... 

Date 6 / 11 / 2013