

# **Premise Licence - TBC**

## **Agent Details**

**Name:** IAN RUSHTON

**Address:** [REDACTED]

**Email address:** [REDACTED]

**Phone numbers:**

[REDACTED]

## **Applicant Details**

**Name:** YOGESHWARAN RAMIAH

**Date of birth:** [REDACTED]

**Address:** [REDACTED]

**Contact numbers:** [REDACTED]

**Email address:** [REDACTED]

**Applicant's nationality:** [REDACTED]

**Is the applicant entitled to work in the UK:** Yes

**Does the Main applicant have a 'Right To Work Share Code' supplied by the Home Office?**  
No

**Enter the 9 digit 'Right to Work Share Code';**

**In what capacity are you applying for the premises licence?** an individual or individuals

**Persons applying as individual(s) or persons other than individual(s), please confirm:** am carrying on or proposing to carry on a business which involves the use of the premises for licensable activities

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## **Premise Details**

**Name of premises:** TBC

**Company name:**

**Company number:**

**Phone number of premise:** [REDACTED]

**Address:**

48 High Street

Measham

DE12 7HZ

**Please give a description of the premises:** NEW GENERAL CONVENIENCE STORE

**Non-domestic rateable value of premise:** Band A - None to £4,300

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## Premise licence

**When do you want the premises licence to start?** 01/12/2025

**Do you wish the licence to be valid for a limited period?** No

**Do you expect 5,000 or more people to attend the premises at any one time?** No

### Opening Days

**Monday:** Yes

**Opening time:** 05:00

**Closing time:** 00:00

**Tuesday:** Yes

**Opening time:** 05:00

**Closing time:** 00:00

**Wednesday:** Yes

**Opening time:** 05:00

**Closing time:** 00:00

**Thursday:** Yes

**Opening time:** 05:00

**Closing time:** 00:00

**Friday:** Yes

**Opening time:** 05:00

**Closing time:** 00:00

**Saturday:** Yes

**Opening time:** 05:00

**Closing time:** 00:00

**Sunday:** Yes

**Opening time:** 05:00

**Closing time:** 00:00

**List the times when you intend the premises to be open to the public at different times than those listed above. For example (but not exclusively), where the activity will occur on additional days during the summer months.**

N/A

**State any season variations for the hours the premises will be open to the public. For example (but not exclusively), where you wish the activity to go on longer on a particular day e.g. Christmas Eve.**

N/A

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## Licensable activities

**Plays:** No

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**Films:** No

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**Indoor sporting events:** No

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**Boxing or wrestling:** No

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**Live music:** No

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**Recorded music:** No

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**Performance of dance: No**

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**Anything of a similar description to the above that does not fit into a single category: No**

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**Provision of late night refreshment: No**

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**Supply of alcohol: Yes**

**Standard Days and Timings**

**Monday start time: 06:00**

**Monday finish time: 00:00**

**Tuesday start time: 06:00**

**Tuesday finish time: 00:00**

**Wednesday start time: 06:00**

**Wednesday finish time: 00:00**

**Thursday start time: 06:00**

**Thursday finish time: 00:00**

**Friday start time: 06:00**

**Friday finish time: 00:00**

**Saturday start time: 06:00**

**Saturday finish time: 00:00**

**Sunday start time: 06:00**

**Sunday finish time: 00:00**

**List the times when you intend to use the premises for the activities at different times than those listed above. For example (but not exclusively), where you wish the activity to go on longer on a particular day e.g. Christmas Eve.**

N/A

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**Additional details of the activities**

**Where will the activities take place. Where taking place in a building or other structure please select as appropriate (indoors may include a tent).**

Off the premises

**Please give further details of the indoor sporting event here. 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.**

ALCOHOL SALES

**State any seasonal variations for the activities. For example (but not exclusively), where the activity will occur on additional days during the summer months.**

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## Designated Premise Supervisor

**Title:** Mr

**First Name:** YOGESHWARAN

**Surname:** RAMIAH

**Date of birth:** [REDACTED]

**Age:** [REDACTED]

**Place of birth:** [REDACTED]

**Personal licence number (if known):** PERS143936

**Do they live within the District:** No

**Address:**

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

**Do you have the consent form signed by the individual you wish to be designated premises supervisor?** Yes

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## Licensing Objectives

General - all licensing objectives: SEE ATTACHED

The prevention of crime and disorder: SEE ATTACHED

Public safety: SEE ATTACHED

The prevention of public nuisance: SEE ATTACHED

The protection of children from harm: SEE ATTACHED

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## Declaration

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.

[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.

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, 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.

By ticking this box, I hereby certify the information contained in this form is correct to the best of my knowledge and belief and agree to all the above statements. Ticking this box deems this form to be signed and carries the same legal obligation as a written signature. Yes

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## Payment Details

Amount:

Income code:

Fund Code:

VAT Code:

Transaction Reference:

