

**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 ..... **KALARANI SIVAKUMAR**.....

.....(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	
S K NEWSAGENTS 462 LEYLAND ROAD LOSTOCK HALL PRESTON LANCASHIRE	
Post town	Post code
PRESTON	PR5 5RY

Telephone number at premises (if any)

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Non-domestic rateable value of premises

£8,000
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**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\*

i. as a limited company

please complete section (B)

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  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:

- 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
  - o statutory function or
  - o a function discharged by virtue of Her Majesty's prerogative

Please tick  yes

**(A) INDIVIDUAL APPLICANTS (fill in as applicable)**

Mr  Mrs  Miss  Ms  Other title  (for example, Rev)

Surname

First names

I am 18 years old or over

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  Mrs  Miss  Ms  Other title  (for example, Rev)

Surname

First names

I am 18 years old or over

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

Day Month Year

When do you want the premises licence to start? AS SOON AS POSSIBLE

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Day Month Year

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

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

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

CONVENIENCE STORE SELLING USUAL CONVENIENCE STORE GOODS AND SERVICES.

What licensable activities do you intend to carry on from the premises?  
(Please see sections 1 and 14 of the Licensing Act 2003 and Schedule 1 and 2 to the Licensing Act 2003)

Please tick  yes

**Provision of regulated entertainment**

- 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 for:**

- 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

<b>Plays</b> Standard days and timings (please read guidance note 6)			<u>Will the performance of a play take place indoors or outdoors or both – please tick [✓] (please read guidance note 2)</u>	Indoors	
Day	Start	Finish		Outdoors	
Mon			<u>Please give further details here (please read guidance note 3)</u>	Both	
Tues			<u>State any seasonal variations for performing plays (please read guidance note 4)</u>		
Wed			<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 (please read guidance note 5)</u>		
Thur					
Fri					
Sat					
Sun					

# B

<b>Films</b> Standard days and timings (please read guidance note 6)			<u>Will the exhibition of films take place indoors or outdoors or both – please tick [✓] (please read guidance note 2)</u>	Indoors	
Day	Start	Finish		Outdoors	
Mon			<u>Please give further details here (please read guidance note 3)</u>	Both	
Tues			<u>State any seasonal variations for the exhibition of films (please read guidance note 4)</u>		
Wed					
Thur					

Fri			<b>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 5)</b>
Sat			
Sun			

**C**

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

## D

<b>Boxing or wrestling entertainments</b> 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 [✓] (please read guidance note 2)</u>	Indoors	
				Outdoors	
Day	Start	Finish		Both	
Mon			<u>Please give further details here (please read guidance note 3)</u>		
Tues					
Wed			<u>State any seasonal variations for boxing or wrestling entertainment (please read guidance note 4)</u>		
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 (please read guidance note 5)</u>		
Sat					
Sun					

## E

<b>Live music</b> 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 [✓] (please read guidance note 2)</u>	Indoors	
				Outdoors	
Day	Start	Finish		Both	
Mon			<u>Please give further details here (please read guidance note 3)</u>		
Tues					
Wed			<u>State any seasonal variations for the performance of live music (please read guidance note 4)</u>		
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 (please read guidance note 5)</u>
Sat			
Sun			

**F**

<b>Recorded music</b> 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 [✓] (please read guidance note 2)</u>	Indoors		
Day	Start	Finish		Outdoors		
Mon			<u>Please give further details here (please read guidance note 3)</u>	Both		
Tues						
Wed				<u>State any seasonal variations for playing recorded music (please read guidance note 4)</u>		
Thur						
Fri			<u>Non standard timings. Where you intend to use the premises for the playing of recorded music entertainment at different times to those listed in the column on the left, please list (please read guidance note 5)</u>			
Sat						
Sun						

## G

<b>Performances of dance</b> Standard days and timings (please read guidance note 6)			<u>Will the performance of dance take place indoors or outdoors or both – please tick [✓] (please read guidance note 2)</u>	Indoors	
Day	Start	Finish		Outdoors	
				Both	
Mon			<u>Please give further details here (please read guidance note 3)</u>		
Tues			<u>State any seasonal variations for the performance of dance (please read guidance note 4)</u>		
Wed			<u>Non standard timings. Where you intend to use the premises for the performance of dance entertainment at different times to those listed in the column on the left, please list (please read guidance note 5)</u>		
Thur					
Fri					
Sat					
Sun					

## H

<b>Anything of a similar description to that falling within (e), (f) or (g)</b> 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 [✓] (please read guidance note 2)</u>	Indoor	
Mon				Outdoor	
				Both	
Mon			<u>Please give further details here (please read guidance note 3)</u>		
Tue					
Wed					

Thur			<b>State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g) (please read guidance note 4)</b>
Fri			
Sat			<b>Non standard timings. Where you intend to use the premises for the entertainment of similar description to that falling within (e), (f) or (g) at different times to those listed in the column on the left, please list (please read guidance note 5)</b>
Sun			

<b>Provision of facilities for making music</b> Standard days and timings (please read guidance note 6)			Please give a description of the facilities for making music you will be providing		
			<b>Will the facilities for making music be indoors or outdoors or both -- please tick <input type="checkbox"/> (please read guidance note 2)</b>	Indoors	
				Outdoors	
				Both	
Day	Start	Finish	<b>Please give further details here (please read guidance note 3)</b>		
Mon					
Tue					
Wed			<b>State any seasonal variations for the provision of facilities for making music (please read guidance note 4)</b>		
Thur					
Fri					
Sat			<b>Non standard timings. Where you intend to use the premises for provision of facilities for making music entertainment at different times to those listed in the column on the left, please list (please read guidance note 5)</b>		
Sun					

# J

<b>Provision of facilities for dancing</b> Standard days and timings (please read guidance note 6)			<b>Will the facilities for dancing be indoors or outdoors or both – please tick [✓] (please read guidance note 2)</b>		Indoors	
					Outdoors	
					Both	
Day	Start	Finish	<b>Please give a description of the facilities for dancing you will be providing</b>			
Mon			<b>Please give further details here ( please read guidance note 3)</b>			
Tues						
Wed			<b>State any seasonal variations for providing dancing facilities (please read guidance note 4)</b>			
Thur						
Fri			<b>Non standard timings. Where you intend to use the premises for the provision of facilities for dancing entertainment at different times to those listed in the column on the left, please list (please read guidance note 5)</b>			
Sat						
Sun						

# K

<b>Provision of facilities for entertainment of a similar description to that falling within J or K</b> Standard days and timings (please read guidance note 6)			Please give a description of the type of entertainment facility you will be providing			
Day	Start	Finish	<b>Will the entertainment facility be indoors or outdoors or both – please tick [✓] (please read guidance note 2)</b>		Indoor	
Mon					Outdoor	
					Both	

Tue			<b>Please give further details here</b> (please read guidance note 3)
Wed			
Thur			<b>State any seasonal variations for the provision of facilities for entertainment of a similar description to that falling within j or k</b> (please read guidance note 4)
Fri			
Sat			<b>Non standard timings. Where you intend to use the premises for the provision of facilities for entertainment of a similar description to that falling within j or k at different times to those listed in the column on the left, please list</b> (please read guidance note 5)
Sun			

## L

<b>Late night refreshment</b> Standard days and timings (please read guidance note 6)			<b>Will the provision of late night refreshment take place indoors or outdoors or both – please tick [✓] (please read guidance note 2)</b>	Indoors	
Day	Start	Finish		Outdoors	
Mon			<b>Please give further details here</b> (please read guidance note 3)		
Tues					
Wed			<b>State any seasonal variations for the provision of late night refreshment</b> (please read guidance note 4)		
Thur					
Fri			<b>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</b> (please read guidance note 5)		
Sat					
Sun					

**M**

<b>Supply of Alcohol</b> Standard days and timings (please read guidance note 6)			<b>Will the sale of alcohol be for consumption (please tick [x]) (please read guidance note 7)</b>	On the premises	
				Off the premises	√
				Both	
Day	Start	Finish	<b>State any seasonal variations for the supply of alcohol (please read guidance note 4)</b>		
Mon	08.00	22.00			
Tues	08.00	22.00			
Wed	08.00	22.00			
Thur	08.00	22.00			
Fri	08.00	22.00			
Sat	08.00	22.00			
Sun	08.00	22.00			
			<b>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)</b>		

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

Name... NADARAJAH... SIVAKUMAR...

Address 2 STABLES GATES, HIGH STREET, JOHNSTOWN, WREXHAM,  
.....

Postcode... LL14 2SX...  
.....

Personal Licence number(if known) ..... WXM/PERS/0006  
.....

Issuing licensing authority (if known)..... WREXHAM.....

**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)

NONE

**O**

Hours premises are open to the public Standard timings (please read guidance note 6)			State any seasonal variation (please read guidance note 4)
Day	Start	Finish	
Mon	05.00	22.00	<p><u>Non standard timings. Where you intend to use 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)</u></p>
Tue	05.00	22.00	
Wed	05.00	22.00	
Thur	05.00	22.00	
Fri	05.00	22.00	
Sat	05.00	22.00	
Sun	05.00	22.00	

**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)**

STAFF TRAINING TO OCCUR AT REGULAR INTERVALS.

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

CCTV. . I.D. PERSONS WHO APPEAR TO BE UNDER 25 WHO ATTEMPT TO PURCHASE ALCOHOL.  
LIASE WITH LOCAL POLICE COMMUNITY SUPPORT TEAM AS they REQUIRE.  
ACCEPTABLE I.D. TO BE PASSSPORT, NEW STYLE DRIVING LICENCE WITH PHOTO I.D. AND PASS ACCREDITED CARDS.

**c) Public safety**

CCTV-DISPLAY ANY NOTICES REQUIRED BY RELEVANT AUTHORITIES.

**d) The prevention of public nuisance**

CCTV- STAFF TRAINING AND RESPONSIBLE RETAILING SHOULD ENSURE THE SHOP DOES NOT PRESENT A PUBLIC NUISANCE.  
NO UNREASONABLE SMELL OR NOISE .

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

REFUSAL REGISTER-I.D. PERSONS WHO APPEAR TO BE UNDER 25 WHO ATTEMPT TO PURCHASE ALCOHOL. BE AWARE OF POSSIBLE PROXY SALES.  
STAFF TRAINING AT SIX MONTHLY INTERVALS WHICH WILL BE RECORDED.



**CHECKLIST:-**

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 (£5000), UNDER SECTION 158 OF THE LICENSING ACT 2003 TO MAKE A FALSE STATEMENT IN OR IN CONNECTION WITH THIS APPLICATION**

**Part 5 – 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 \* S. Kalaran \*

Date 20/09/2011

Capacity  
 ...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 12) If signing on behalf of the applicant please state in what capacity.

Signature .....

Date.....

Capacity .....

<b>Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 13)</b>	
R. JORDAN PR RETAIL CONSULTANTS THE PUMP HOUSE, OLD MEAD ROAD, HENHAM, BISHOPS STORTFORD, HERTS, CM22 6JG	
Post town BISHOPS STORTFORD	Post code CM22 6JG
Telephone number (if any) 01279 850753	
If you would prefer us to correspond with you by e-mail your e-mail address (optional) robertjordan01@btinternet.com	

**Consent of individual to being specified as premises supervisor**

I NADARAJAH SIVAKUMAR  
[full name of prospective premises supervisor]

of 2 STABLES GATES  
HIGH ST  
JOHNSTOWN  
WREXHAM, LL14 2SX.

-----  
[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

A PREMISES LICENCE  
[type of application]

by

KALARANI SIVAKUMAR  
[name of applicant]

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

for SK NEWSAGENTS  
462 LEYLAND ROAD  
LOSTOCK HALL  
PRESTON  
LANCASHIRE  
PR5 5RY  
[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

KALARANI SIVAKUMAR

[name of applicant]

concerning the supply of alcohol at

SK NEWSAGENTS  
462 BLEYLAND ROAD  
LOSTOCK HALL  
PRESTON, LANCASHIRE  
PR5 5RY

[name and address of premises to which application relates]

I also confirm that I am applying for, intend to apply for or currently hold a personal licence, details of which I set out below.

Personal licence number

WIXM/PERS/0006

[insert personal licence number, if any]

Personal licence issuing authority

WREXHAM

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

Signed



Name (please print)

NADARAJAH SIVAKUMAR

Date

20/9/11