

[Insert name and address of relevant licensing authority and its reference number (optional)]

S.SOM.DC

- 8 DEC 2015

LICENSING

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 **I, IGA ANNA BIALOSKORSKA**

*(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 <b>PREMISES TO BE KNOWN AS:</b> <b>7, DAYS,</b> <b>3, BOND STREET,</b> <b>YEOVIL,</b> <b>SOMERSET.</b>			
Post town	<b>YEOVIL</b>	Postcode	<b>BA20 1PE</b>
Telephone number at premises (if any)	<b>N/A</b>		
Non-domestic rateable value of premises	<b>£16,000</b>		

Part 2 - Applicant Details

Please state whether you are applying for a premises licence as

Please tick as appropriate

- 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 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 type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input checked="" type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
Surname <b>BIALOSKORSKA</b>			First names <b>IGA ANNA</b>		
I am 18 years old or over				<input checked="" type="checkbox"/>	Please tick yes
Current postal address if different from premises address		<b>21, ROYAL DRIVE, BRIDGWATER, SOMERSET.</b>			
Post town	<b>BRIDGWATER</b>		Postcode	<b>TA6 4FS.</b>	
Daytime contact telephone number			<b>07565 684848</b>		
E-mail address (optional)		<b>N/A</b>			

**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 N/A			First names N/A		
I am 18 years old or over				<input type="checkbox"/> Please tick yes	
Current postal address if different from premises address		N/A			
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 N/A
Address N/A
Registered number (where applicable) N/A
Description of applicant (for example, partnership, company, unincorporated association etc.) N/A
Telephone number (if any) N/A
E-mail address (optional) N/A

**Part 3 Operating Schedule**

When do you want the premises licence to start?

DD	MM	YYYY
06	01	2016

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)

**THESE LOCK – UP, THREE STOREY PREMISES, WHICH ARE CURRENTLY VACANT AND THEREFORE NOT TRADING, ARE SITUATED IN THE PREDOMINATELY RETAIL AREA OF YEOVIL TOWN CENTRE. THE APPLICATION IS TO TRADE ON THE GROUND FLOOR ONLY. DUE TO THE SITE’S KEY LOCATION, THE CUSTOMER TARGET MARKET IS NOT ONLY THE TOWN CENTRE SHOPPER’S, BUT ALSO PASSING TRADE. FOLLOWING SUBSTANTIAL INVESTMENT, THE APPLICANT AND HER PARTNER WOULD LIKE TO RELAUNCH THE PREMISES AS A QUALITY, INDEPENDENT, INTERNATIONAL CONVENIENCE STORE, WITH A MAJOR FOCUS ON EASTERN EUROPEAN PRODUCTS BOTH WET AND DRY, AS WELL AS NORMAL MAINSTREAM BRANDS.THERE IS LIMITED FRONTAGE PARKING AND TOWN CENTRE SHOPPER’S CAR PARKING NEARBY.**

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

N/A
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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)	<input type="checkbox"/>
b) films (if ticking yes, fill in box B)	<input type="checkbox"/>
c) indoor sporting events (if ticking yes, fill in box C)	<input type="checkbox"/>
d) boxing or wrestling entertainment (if ticking yes, fill in box D)	<input type="checkbox"/>
e) live music (if ticking yes, fill in box E)	<input type="checkbox"/>
f) recorded music (if ticking yes, fill in box F)	<input type="checkbox"/>
g) performances of dance (if ticking yes, fill in box G)	<input type="checkbox"/>
h) anything of a similar description to that falling within (e), (f) or (g) (if ticking yes, fill in box H)	<input type="checkbox"/>

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

**B**

Films Standard days and timings (please read guidance note 6)			Will the exhibition of films 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			<b>Please give further details here</b> (please read guidance note 3)		
Tue					
Wed			<b>State any seasonal variations for the exhibition of films</b> (please read guidance note 4)		
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</b> (please read guidance note 5)		
Sat					
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)			Will the boxing or wrestling entertainment 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			<b>Please give further details here</b> (please read guidance note 3)		
Tue					
Wed			<b>State any seasonal variations for boxing or wrestling entertainment</b> (please read guidance note 4)		
Thur					
Fri			<b>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</b> (please read guidance note 5)		
Sat					
Sun					



**E**

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

**F**

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

**G**

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

**J**

<b>Supply of alcohol</b> Standard days and timings (please read guidance note 6)			<b>Will the supply of alcohol be for consumption – please tick</b> (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	<b>State any seasonal variations for the supply of alcohol</b> (please read guidance note 4)							
Mon	08.00	23.00								
Tue	08.00	23.00								
Wed	08.00	23.00								
Thur	08.00	23.00								
Fri	08.00	23.00								
Sat	08.00	23.00								
Sun	08.00	23.00								
							<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</b> (please read guidance note 5)			

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

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).**  
**N/A**

L

<b>Hours premises are open to the public</b> Standard days and timings (please read guidance note 6)			<b>State any seasonal variations</b> (please read guidance note 4)
Day	Start	Finish	
Mon	08.00	23.00	<b>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</b> (please read guidance note 5)
Tue	08.00	23.00	
Wed	08.00	23.00	
Thur	08.00	23.00	
Fri	08.00	23.00	
Sat	08.00	23.00	
Sun	08.00	23.00	

**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)**

**NOTHING BEYOND EXISTING HEALTH & SAFETY / FIRE SAFETY ETC REQUIREMENTS.**

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

**SEE ABOVE, THESE LOCK - UP PREMISES, WILL HAVE THEIR OWN INTERNAL AND EXTERNAL CCTV.THE CCTV INSTALLED IS TO BE TO THE SPECIFICATIONS AND RECOMMENDATIONS OF THE LOCAL POLICE. THE IMAGES, WILL BE RETAINED FOR THIRTY ONE DAYS AND DOWNLOADABLE ON REQUEST. CCTV WILL ALSO BE RECORDING AT ALL TIMES THE PREMISES IS OPEN FOR LICENSABLE ACTIVITY AND TIMES AND DATES, ARE TO BE VISIBLE AND ACCURATE.THE PREMISES WILL BE FULLY ALARMED.THE DESIGNATED PREMISES SUPERVISOR WILL ENSURE THAT ANY STAFF INVOLVED IN THE SALE OF ALCOHOL WILL HAVE FULLY RECORDED AND DOCUMENTED TRAINING, WHICH IS RETAINED FOR A MINIMUM OF THREE MONTHS. THERE WILL ALSO BE SIX MONTHLY REFRESHER COURSES, IN RESPECT OF THEIR RESPONSIBILITIES UNDER THE LICENSING ACT 2003,THIS WILL INCLUDE ANY CHANGES OF LEGISLATION. THERE WILL ALSO BE SIMILAR TRAINING IN THE USAGE AND CHRONICLED STORAGE OF CCTV. ALL TRAINING RECORDS WILL BE RETAINED AND AVAILABLE ON SITE FOR INSPECTION AT ANY TIME.**

**c) Public safety**

**SEE ABOVE,  
ALSO, INTERNAL AND EXTERNAL CCTV ETC.  
PREMISES WILL HAVE A FIRE ALARM AND THE FIRE FIGHTING EQUIPMENT, WILL BE COVERED BY A MAINTENANCE CONTRACT. BOTH EMERGENCY LIGHTING AND SMOKE DETECTORS ARE ALSO TO BE INSTALLED.**

**d) The prevention of public nuisance**

**SEE ABOVE, INTERNAL AND EXTERNAL CCTV IN PARTICULAR, IS A PROVEN DETERRENT IN TERMS OF ANY ANTI - SOCIAL ACTIVITIES AND ALSO POTENTIAL PROXY SALES. THE APPLICANT, WHO IS ALSO THE DESIGNATED PREMISES SUPERVISOR AND HER STAFF, WILL AT ALL TIMES BE VIGILANT IN RELATION TO ANY LITTER ISSUES WITHIN THE IMMEDIATE VICINITY OF THE PREMISES.**

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



**(SEE ABOVE), INTERNAL AND EXTERNAL CCTV ETC.  
 LAYOUT OF SHOP GIVES CONSIDERATION TO THE PREVENTION OF CHILDREN'S ACCESS TO ALCOHOL AND ANY ALCOHOL DISPLAYED WILL NOT BE OBSTRUCTED FROM THE VIEW OF THE SALES ASSISTANTS. PREMISES WILL OPERATE A PROOF OF AGE SCHEME VIA ACCEPTABLE FORMS OF IDENTIFICATION AND INCORPORATING 'THE CHALLENGE 25' POLICY. A SALES REFUSAL AND INCIDENT BOOK WILL BE FULLY MAINTAINED AND AVAILABLE FOR INSPECTION AT ANY TIME. IT WILL ALSO BE SIGNED OFF WEEKLY BY THE DESIGNATED PREMISES SUPERVISOR.  
 NON – ALCOHOLIC / SOFT DRINKS, CRISPS AND CONFECTIONERY WILL BE SITUATED AWAY FROM THE ALCOHOL DISPLAY AREA.**

**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	
Date	2 <sup>ND</sup> DECEMBER 2015
Capacity	AGENT FOR 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 12). If signing on behalf of the applicant, please state in what capacity.**

Signature	
Date	N/A
Capacity	N/A