

**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 Deluxchem Rajkumar

(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 55-56 Willow Way Hale			
Post town	Farnham Surrey	Post code	GU9 0NT

Telephone number at premises (if any)	
Non-domestic rateable value of premises	£10900

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:

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 Rajkumar			First names Deluxchem		
I am 18 years old or over				<input checked="" type="checkbox"/> Please tick yes	
Current postal address if different from premises address		49 The Rise			
Post Town	Elstree, Hertfordshire		Postcode	WD6 3JS	
Daytime contact telephone number		07956 360 798			
E-mail address (optional)		brintharajkumar@live.co.uk			

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	1	0
4	2	0
1	1	3

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

Day	Month	Year
1		

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

Convenience store and off-licence

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

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)		
Mon	06:00	23:00	None		
Tue	06:00	23:00			
Wed	06:00	23:00			
Thur	06:00	23:00			
Fri	06:00	23:00			
Sat	06:00	23:00			
Sun	06:00	23:00			
			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)		
			Not Applicable		

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

Name Kumaravelu Rajkumar	
Address 49 The Rise, Elstree, Hertfordshire	
Postcode	WD6 3JS
Personal Licence number (if known) PER - 0186	
Issuing licensing authority (if known) Hertsmere Borough Council	

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)

The application relates to the sale by retail of alcohol for consumption off the premises as part of the applicants business of a small licensed retail supermarket and convenience store providing food and groceries to the local community. The steps adopted to promote the 4 Licensing objectives are detailed below

b) The prevention of crime and disorder

At all times when the premises operate in accordance with this licence the CCTV system serving the premises shall continue to be maintained fully operational and in good working order It shall make and retain clear images that include the points of sale of alcohol and the purchasers of the alcohol The CCTV recordings shall show an accurate time and date that the recordings were made and all images shall be retained for a period of not less than 28 days. CCTV recordings shall be made available for viewing by a Police officer, community support officer or an authorised officer of the Licensing Authority.

c) Public safety

The Applicant has conducted a Fire Safety Risk Assessment. The premises are fitted with appropriate fire fighting equipment, emergency lighting and an appropriate means of raising the alarm in the event of a fire; and the Applicant has installed a Fire and Security intruder Alarm System which is monitored by a NACOSS registered Security company

d) The prevention of public nuisance

The Applicant is committed to protecting the amenity of residences and businesses in the vicinity of the premises although this is not principally a residential area The Applicant will keep records of people engaging in public nuisance and will discourage these by reporting instances to the appropriate authorities'. The licence holder will take steps to reduce the risk of anti-social behaviour occurring on the premises and elsewhere after customers have departed

e) The protection of children from harm

1. The Licence Holder will adhere to the Challenge 21 protocol, seeking identification from everyone who appears to be under 21, to prove they are 18, prior to the sale of alcohol
2. A Personal Licence Holder or suitably trained member of staff to be working on the premises at all times when alcohol is available for sale.
3. Staff training records to be kept, and be available to an officer of a responsible authority.
- 4 A refusals register to be used and available for inspection by an officer of a responsible authority


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	20 th March 2013
Capacity	Deluxhem Rajkumar , Applicant's solicitor

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)

David Ford
Mills Chody
388 Uxbridge Road

Post town	Hatch End, Pinner	Post code	HA5 4JA
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Telephone number (if any)	020 8428 2398
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If you would prefer us to correspond with you by e-mail your e-mail address (optional)