



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 SUTHARSINI SIVAYOGANATHAN (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 was CONTENT A PET (CRANLEIGH FOOD AND WINE) EWHURST ROAD CRANLEIGH Post town CRANLEIGH Postcode GU6 7AE

Telephone number at premises (if any) Non-domestic rateable value of premises £ 6,700

Part 2 - Applicant details

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

- a) an individual or individuals \* [x] please complete section (A)
b) a person other than an individual \*
i as a limited company/limited liability partnership [ ] please complete section (B)
ii as a partnership (other than limited liability) [ ] 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 (by ticking yes to one box below):

- 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 checked="" type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
Surname SIVAYOGANATHAN			First names SUTHARSIINI		
Date of birth over 12/03/1978		I am 18 years old or		<input checked="" type="checkbox"/> Please tick yes	
Nationality BRITISH					
Current residential address if different from premises address		101A LONGORE			
Post town	GLDOLMUN			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		
Date of birth over		I am 18 years old or		<input type="checkbox"/> Please tick yes	
Nationality					
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?

DD	MM	YYYY
0	1	22017

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

DD	MM	YYYY
1	1	1111

Please give a general description of the premises (please read guidance note 1)

LOKUP SHOP  
 Converging shop.  
 Premises selling Pet Food ~~Carte~~ containers,  
 Please check shop layout and floor plan

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 and Schedules 1 and 2 to the Licensing Act 2003)

- Provision of regulated entertainment (please read guidance note 2) Please tick all that apply
- 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 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 7)			Will the performance of a play take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 4)		
Mon	6.00	8.00			
Tue	6.00	8.00			
Wed	6.00	8.00	State any seasonal variations for performing plays (please read guidance note 5)		
Thu	6.00	8.00			
Fri	6.00	8.00	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 6)		
Sat	6.00	8.00			
Sun	6.00	8.00			

B

<b>Films</b> Standard days and timings (please read guidance note 7)			<b>Will the exhibition of films take place indoors or outdoors or both -- please tick</b> (please read guidance note 3)	
			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 4)	
Mon				
Tue				
Wed				
Thur				
Fri				
Sat				
Sun			<b>State any seasonal variations for the exhibition of films</b> (please read guidance note 5)	
			<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 6)	

C

Indoor sporting events Standard days and timings (please read guidance note 7)			Please give further details (please read guidance note 4)
Day	Start	Finish	
Mon			
Tue			State any seasonal variations for indoor sporting events (please read guidance note 5)
Wed			
Thur			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 6)
Fri			
Sat			
Sun			

D

<b>Boxing or wrestling entertainments</b> Standard days and timings (please read guidance note 7)			<b>Will the boxing or wrestling entertainment take place indoors or outdoors or both - please tick</b> (please read guidance note 3)	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 4)		
Mon					
Tue			<b>State any seasonal variations for boxing or wrestling entertainment</b> (please read guidance note 5)		
Wed					
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 6)		
Sat					
Sun					



E

<b>Live music</b> Standard days and timings (please read guidance note 7)			<b>Will the performance of live music take place indoors or outdoors or both – please tick (please read guidance note 9)</b>	Indoors <input type="checkbox"/>
				Outdoors <input type="checkbox"/>
				Both <input type="checkbox"/>
Day	Start	Finish	<b>Please give further details here (please read guidance note 4)</b>	
Mon				
Tue				
Wed			<b>State any seasonal variations for the performance of live music (please read guidance note 5)</b>	
Thu				
Fri			<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 (please read guidance note 6)</b>	
Sat				
Sun				

<b>Recorded music</b> Standard days and timings (please read guidance note 7)			<b>Will the playing of recorded music take place indoors or outdoors or both – please tick</b> (please read guidance note 3)	
			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 4)	
Mon				
Tue				
Wed			<b>State any seasonal variations for the playing of recorded music</b> (please read guidance note 5)	
Thur				
Fri			<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 6)	
Sat				
Sun				

Q

Performances of dance Standard days and timings (please read guidance note 7)			<u>Will the performance of dance take place indoors or outdoors or both – please tick</u> (please read guidance note 3)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<u>Please give further details here</u> (please read guidance note 4)		
Mon					
Tue					
Wed			<u>State any seasonal variations for the performance of dance</u> (please read guidance note 5)		
Thur					
Fri			<u>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</u> (please read guidance note 6)		
Sat					
Sun					

<p>Anything of a similar description to that falling within (e), (f) or (g) Standard days and timings (please read guidance note 7)</p>			<p>Please give a description of the type of entertainment you will be providing</p>		
Day	Start	Finish	<p><b>Will this entertainment take place indoors or outdoors or both – please tick</b> (please read guidance note 3)</p>	Indoors	<input type="checkbox"/>
Mon				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Tue			<p><b>Please give further details here</b> (please read guidance note 4)</p>		
Wed					
Thur			<p><b>State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g)</b> (please read guidance note 5)</p>		
Fri					
Sat			<p><b>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</b> (please read guidance note 6)</p>		
Sun					

<b>Late night refreshment</b> Standard days and timings (please read guidance note 7)			<b>Will the provision of late night refreshment take place indoors or outdoors or both -- please tick (please read guidance note 3)</b>		Indoors <input type="checkbox"/>
					Outdoors <input type="checkbox"/>
					Both <input type="checkbox"/>
Day	Start	Finish	<u>Please give further details here (please read guidance note 4)</u>		
Mon					
Tue					
Wed			<u>State any seasonal variations for the provision of late night refreshment (please read guidance note 5)</u>		
Thur					
Fri					
Sat			<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 (please read guidance note 6)</u>		
Sun					

J

Supply of alcohol Standard days and timings (please read guidance note 7)			Will the supply of alcohol be for consumption - please tick (please read guidance note 8)	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 5)		
Mon	8.00	23.00			
Tue	8.00	23.00			
Wed	8.00	23.00			
Thur	8.00	23.00			
Fri	8.00	23.00			
Sat	8.00	23.00			
Sun	8.00	22.30			
			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 6)		

State the name and details of the individual whom you wish to specify on the licence as designated premises supervisor (Please see declaration about the entitlement to work in the checklist at the end of the form):

Name	SINNATHURAI SWAYOGANATHAN
Date of birth	12/10/1970
Address	101A LONDON GODALMING GUILDFORD
Postcode	GU4 3TW
Personal licence number (if known)	244133
Issuing licensing authority (if known)	The London Borough of Brent

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 9).

L

Hours premises are open to the public Standard days and timings (please read guidance note 7)			State any seasonal variations (please read guidance note 5)
Day	Start	Finish	
Mon	8.00	23.00	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 6)
Tue	8.00	23.00	
Wed	8.00	23.00	
Thur	8.00	23.00	
Fri	8.00	23.00	
Sat	8.00	23.00	
Sun	8.00	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 10)

1) No Selling of alcohol to underage People  
2) No drunk and disorderly behavior on the Premises area  
3) Vigilance in Preventing the use and sale of illegal drugs at the retail area  
4) No violent and anti social behaviour.

b) The prevention of crime and disorder

CCTV system installed to Monitor entrance, exits and other parts  
A clear and legible notice outside the Premises indicating the normal hours and the terms of the Premises License which licencable activities are permitted  
Not selling of alcohol to drunk or intoxicated customers

c) Public safety

Internal and external lighting fixed to promote the Public Safety  
Well trained staff adherence to environmental health requirements  
Training and implementation of underage ID checks

d) The prevention of public nuisance

Noise reduction measures to address the Public nuisance objective.  
Prominent, clear and legible notices will be displayed at the exit requesting the Public to respect the needs of nearby residents and to leave the Premises and the area quietly

e) The protection of children from harm

Challenge 25 sign which is retailing strategy that encourage any one is over 18 but looks under 25 to carry acceptable ID.  
Log book will be kept upon the Premises all the time  
Nothing below existing health & safety requirements.



**Checklist:**

Please tick to indicate agreement

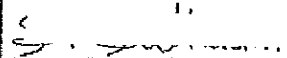
- \* I have made or enclosed payment of the fee.
- \* I have enclosed the plan of the premises.
- \* I have sent copies of this application and the plan to responsible authorities and others where applicable.
- \* I have enclosed the consent form completed by the individual I wish to be designated premises 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.
- \* [Applicable to all individual applicants, including those in a partnership which is not a limited liability partnership, but not companies or limited liability partnerships] I have included documents demonstrating my entitlement to work in the United Kingdom (please read note 15).

**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 WHEN THEY DO SO IN THE KNOWLEDGE, OR WITH REASONABLE CAUSE TO BELIEVE, THAT THE EMPLOYEE IS DISQUALIFIED.**

**Part 4 – Signatures (please read guidance note 11)**

**Signature of applicant or applicant's solicitor or other duly authorised agent (see guidance note 12). If signing on behalf of the applicant, please state in what capacity.**

<b>Declaration</b>	<ul style="list-style-type: none"> <li>* [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 (please read guidance note 15).</li> <li>* 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, if appropriate (please see note 15)</li> </ul>
<b>Signature</b>	
<b>Date</b>	23/10/17

Capacity	
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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 13). 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 14)			
Post town		Postcode	
Telephone number (if any)			
If you would prefer us to correspond with you by e-mail, your e-mail address (optional)			



WAVERLEY BOROUGH COUNCIL  
Licensing Team, Waverley Borough Council,  
The Bury, Godalming, Surrey GU7 1HR

Consent of individual to being specified as premises supervisor  
under the Licensing Act 2003

I SIVANATHAN SIVAYOGANATHAN [full name of prospective premises supervisor]  
of 101A LONG GARD  
GODALMING  
GUILDFORD  
GU7 3TW

[name 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 CRANLEIGH FOOD AND WINE

Premises Licence [type of application]

by SUTHARSINI SIVAYOGANATHAN [name of applicant]

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

for CRANLEIGH FOOD AND WINE

EWHURST ROAD

CRANLEIGH

SURREY GU6 7AE

[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

SUTHARSINI SIVAYOGANATHAN [name of applicant]

concerning the supply of alcohol at

CRANLEIGH FOOD AND WINE

EWHURST ROAD

CRANLEIGH

GU6 7AE

[name and address of premises to which application relates].

I also confirm that I am entitled to work in the United Kingdom and am applying for, intend to  
apply for or currently hold a personal licence, details of which I set out below.

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 244133..... (insert personal licence number, if any)

Personal licence issuing authority .....

The London Borough of Brent

Brent Civic Centre

Engineers Way, Wembley HA9 0PJ

0202 937 5359

(insert name and address and telephone number of personal licence issuing authority, if any)

..... signed

S. SIVAYOGANATHAN..... name (please print)

23/10/17

..... dated