2/9/15



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 Mr Sivapalan SIVAPATHASUNTHARAM (Insert name(s) of applicant) apply for a premises licence under section 17 of the Licensing Act 2003 for the premises							
des	cribe	a premises licence under sect d in Part 1 below (the premises ant licensing authority in acco	s) and I/we a	re mak	ing this applic	ation to you as	
Part	t 1 – F	Premises Details	a. 1.				
Pos	tal ac	dress of premises or, if none,	ordnance st	ırvey n	nap reference	or description	
Prer	nier 4	S Convenience Store					
60-6	2 We	yhill					
		w					
Pos	t tow	1 HASLEMERE, Surrey	: ::::::::::::::::::::::::::::::::::::		Post code	GU27 1HN	

Tele	phon	e number at premises (if any)					
Non	-dome	estic rateable value of premises	£9,850	٠.			
Part	2 - A	pplicant Details					
Plea ⊪	se sta	ate whether you are applying for	•	cence a ase tick		and the second s	
a)	an ir	dividual or individuals *		\boxtimes	please comple	ete section (A)	
b)		rson other than an individual *			F	()	
,	i.	as a limited company			please comple	ete section (B)	
	ii.	as a partnership			please comple		
	iii.	as an unincorporated association	n or		please comple	te section (B)	
	iv.	other (for example a statutory co	rporation)		please comple	ete section (B)	
c)	a rec	ognised club			please comple	te section (B)	
d)	a cha	arity			please comple	te section (B)	

e) the pr	the proprietor of an educational establishment					please com	plete section (B)	
f) a hea	lth servi	ice bod	ly			please com	olete section (B)	
Care indeposit in the ch	a person who is registered under Part 2 of the Care Standards Act 2000 (c14) in respect of an independent hospital the chief officer of police of a police force in England and Wales				please complete section (B) please complete section (B)			
Lingia	ita ana	YYUICO						
* If you are	applyin	g as a	person describ	ed in (a) or (b) p	olease	confirm:		
							Please tick	yes
			r proposing to censable activity	carry on a busin ties: or	ess w	hich involves	the use of	\boxtimes
	•		pplication pursi					
			inction or					
	o a fu i	nction o	discharged by v	virtue of Her Ma	jesty's	prerogative		
/ A \ 1	א ואוור	ח ופס	ANTS (fill in ac	c annlianhla)				
(W) MAINT	/UAL A	rrliv.	ANTS (fill in as	s applicable)		erana. Geografia		
Mr 🗵	Mrs		Miss 🔲	Ms 🗌		er Title (for mple, Rev)		
Surname	•			First n				
SIVAPATHASUNTHARAM Sivapalan								
				Sivapa	lan	F-3	***************************************	
SIVAPATH			T .	Sivapa	lan	⊠ Plea	ase tick yes	
l am 18 yea	ars old		r 49 Kilnmead	Sivapa	lan	⊠ Plea	ase tick yes	
	ars oid	or ove	T .	Sivapa	lan	⊠ Plea	ase tick yes	
I am 18 year Current po address if from prem	ars old stal differer	or ove	r 49 Kilnmead	Sivapa	lan	⊠ Plea	ase tick yes	
I am 18 year Current po address if	ars old stal differer	or ove	r 49 Kilnmead	Sivapa	lan	⊠ Plea	ase tick yes	
I am 18 year Current po address if from prem	stal differer	or ove	r 49 Kilnmead	Sivapa	lan	⊠ Plea	ase tick yes	
I am 18 year Current po address if from prem	stal differer ises	or ove	49 Kilnmead Northgate	Sivapa	lan 	⊠ Plea	RH10 8BD	
I am 18 year Current por address if from premaddress Post Town	stal differer ises	or ove	49 Kilnmead Northgate					
Current po address if from prem address Post Town	stal differer ises CRA	or ove	49 Kilnmead Northgate	07414 872518				
I am 18 year Current por address if from premaddress Post Town	stal differer ises CRA	or ove	49 Kilnmead Northgate					
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Current po address if from prem address Post Town Daytime co	stal differer ises CRA	or ove	49 Kilnmead Northgate , West Sussex	07414 872518	Oth			
Current po address if from prem address Post Town Daytime co E-mail add (optional)	stal differer ises CRA ontact to	or ove	49 Kilnmead Northgate , West Sussex	07414 872518 applicable)	Oth	Postcode er Title (for		

Current postal address if different from premises address		
Post Town	Poste	code
Daytime contact telephone number		
E-mail address (optional)		
(B) OTHER APPLICANTS		
Please provide name and registered addres please give any registered number. In the coother than a body corporate), please give to concerned.	ase of a partnership	or other joint venture
Name N/A	akkrininka siirikaasikis kasikkipika markayseys yyreensi jaga ayseeggayseggaysela yssuusus yyssuus yyssuus yy	
Address		
	* .	e e e
	· · · · · · · · · · · · · · · · · · ·	
Registered number (where applicable)		
Description of applicant (for example, partnersl	nip, company, unincorp	orated association etc.)
Telephone number (if any)		
E-mail address (optional)	4.45	
Part 3 Operating Schedule		·
When do you want the premises licence to star	t?	Day Month Year 0020009020001050
If you wish the licence to be valid only for a limityou want it to end?	ted period, when do	Day Month Year

Please give a general description of the premises (please read guidance note1)						
The premises are situated in a bold trading location in the favoured West Surrey Town of Weyhill.						
The	The commercial premises form part of an end terrace of retail shops (middle and end), and					
have	been recently subject to an refurbishment which although exter	isive has been sympathetic				
unit.	e local area. The refurbishment included amalgumating nos 60 a	ilid 02 to be used as one				
The	re is limited amount of parking on the street outside the premises	and a free Public car park				
withi	n 100m. Above the premises is residential accommodation which	ch is accessed seperately.				

If 5.0	000 or more people are expected to attend the premises at any	<u> </u>				
	time, please state the number expected to attend.	0				
Wha	t licensable activities do you intend to carry on from the premise	s?				
(Plea	ase see sections 1 and 14 of the Licensing Act 2003 and Schedu	les 1 and 2 to the				
Lice	nsing Act 2003)					
Prov	rision 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)	<u> </u>				
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)					
Prov	rision of entertainment facilities:	$x_{ij} = x_{ij} + x_{ij} = x_{ij} + x_{ij}$				
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 (if ticking yes, fill in box K)					
Prov	rision of late night refreshment (if ticking yes, fill in box L)					
Sup	ply of alcohol (if ticking yes, fill in box M)					
in al	I cases complete boxes N, O and P					

Supply of alcohol Standard days and			Will the supply of alcohol be for consumption (Please tick box) (please read guidance note 7) On the premises		
timings (please read guidance note 6)			guidance note /)	Off the premises	
Day	Start	Finish		Both	
Mon	07:00	23:00	State any seasonal variations for the supply or read guidance note 4)	f alcohol (plea	se
Tue	07:00	23:00			
Wed	07:00	23:00	·		
Thur	07:00	23:00	Non standard timings. Where you intend to us for the supply of alcohol at different times to to column on the left, please list (please read guid	hose listed in	
Fri	07:00	23:00		and Maria (1995) Albanda Maria (1995)	
Sat	07:00	23:00			
Sun	07:00	23:00		ty settle	

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

Address					
49 Kilnmead Northgate CRAWLEY West Sussex					
Postcode RH10 8BD					
Personal Licence number (if known) LN/201000300					
Issuing licensing authority (if known) Thanet District Council					

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) No adult entertainment or services

Hours premises are open to the public Standard days and timings (please read guidance note 6)			State any seasonal variations (please read guidance note 4
Day	Start	Finish	
Mon	07:00	23:00	
Tue	07:00	23:00	
Wed	07:00	23:00	Non standard timings. Where you intend the premises to
Thur	07:00	23:00	open to the public at different times from those listed in t column on the left, please list (please read guidance note 5
Fri	07:00	23:00	
Sat	07:00	23:00	
Sun	07:00	23:00	The second secon

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 applicant has held a Personal Licence for a number of years is aware of the importance in ensuring all four of the licencing objectives are met and understand that the Premises Licence will be subject to review if it is felt these objectives are undermined. All staff will be trained in all aspects of the Licensing Act 2003 (Appendix 1).

b) The prevention of crime and disorder

Staff will be carefully selected and trained to be 'non-confrontational' when dealing with potentially dangerous situations. The applicant will be pleased to liaise with local police to uphold the crime prevention initiative. A closed circuit television is installed, maintained and operated and records of data captured on the CCTV shall be kept for 31 days and be available for inspection by police and authorised officers of the licensing authority at all reasonable times. In the event that this is not the case, the applicant will ensure the police are informed within 24 hours.

c) Public safety

The applicant will ensure current legislation is adhered to in respect of Health & Safety, and will maintain a safe environment for customers and staff alike. The licensee will ensure that escape routes and exits including external exits, are maintained to ensure that they are not obstructred, in good order with non-slippery and even surfaces, free of trip hazards and clearly identified. The licensee shall ensure internal gangways are kept unobstructed. The applicant will ensure an appropriate number of staff are First Aid trained, with an adequate supply of First Aid equipment and materials available on the Premises. The applicant will ensure a current Fire Risk assessment is in place.

d) The prevention of public nuisance

The applicant is aware of the responsibility upon the Licence Holders in respect of the prevention of public nuisance. This includes the awareness of not selling alcohol to a person who appears drunk. The applicant will ensure areas external to the front of the premises is kept litter-free as best as is reasonably practicable. Loitering will be discouraged. The applicant will inform the appropriate authorities should a situation arise endangering this licensing condition.

e) The protection of children from harm

The applicant is aware of the duties in respect of the protection of children from harm, including that alcohol shall not be served to anyone under the age of 18. Challenge 25 will be in operation and notices will be on display stating both this and the prohibition of the sale of alcohol and cigarettes to under age persons, service will be refused without valid identification. A refusals log (Appendix 2) will be kept at the premises for inspection if required. All staff will be trained in these requirements.

	Please tick	yes			
I have mad	le or enclosed payment of the fee	\boxtimes			
a I have encl	osed the plan of the premises	\boxtimes			
	I have sent copies of this application and the plan to responsible authorities and others where applicable				
	osed the consent form completed by the individual I wish to be premises if applicable	\boxtimes			
I understan	nd that I must now advertise my application	\boxtimes			
I understan be rejected	nd that if I do not comply with the above requirements my application will	\boxtimes			
STANDARD SC	ICE, LIABLE ON CONVICTION TO A FINE UP TO LEVEL 5 ON THE ALE, UNDER SECTION 158 OF THE LICENSING ACT 2003 TO MAKE A MENT IN OR IN CONNECTION WITH THIS APPLICATION				
Part 4 – Signatu	ures (please read guidance note 10)				
*	** A second Constitution on other delivershould agent (Con				
	plicant or applicant's solicitor or other duly authorised agent (See 1). If signing on behalf of the applicant please state in what capacity.				
Signature	UEdwardo				
Date	30-07-2015				
Capacity	Duly Authorised Agent				
	ations signature of 2 nd applicant or 2 nd applicant's solicitor or other nt. (please read guidance note 12). If signing on behalf of the applicant what capacity.				
Signature					
Date					
Capacity					
					
associated with	where not previously given) and postal address for correspondence this application (please read guidance note 13) Duly Authorised Agent				
63 Kingscroft Ro	ad the state of th				
Woodmansterne					
er,	ang kalandan di Badan dan di Badan dan di Kabapatan dan dan di Badan dan dan dan di Kabapat. Badan di Badan di Badan dan di Badan dan di Kabapatan dan di Badan dan dan di Badan dan dan dan dan di Badan d				
Post town WI	CKFORD, Essex Post code SS11 7QT				
Telephone num					
If you would pre exams@silvertra	efer us to correspond with you by e-mail your e-mail address (optional) ining.com	1			



Consent of individual to being specified as premises supervisor

	Sivapalan SIVAPATHAS	SUNTHARAM
ı	[full name of prospective prem	ises supervisor]
of		
Nor CR We	Kilnmead thgate AWLEY st Sussex 10 8BD	
[home	address of prospective premise	es supervisor]
	by confirm that I give my rvisor in relation to the app	consent to be specified as the designated premises plication for
Pre	mises Licence	
[type	of application]	
by		
Siva	apalan SIVAPATHASUNTI	HARAM
[name	of applicant]	
roloti	na to a promises license	Application Pending
relati	ng to a premises licence	[number of existing licence, if any]
for		
Pre	mier 4S Convenience Stor	re
_* 60-6	62 Weyhill	
HAS	SLEMERE	
Sur	rey	
GU:	27 1HN	
[name	and address of premises to whi	ch the application relates]

and any premises licence to be granted or varied in respect of this application made by

Sivapalan SIVAPATHASUNTHARAM

[name of applicant]

concerning the supply of alcohol at

Premier 4S Convenience Store

60-62 Weyhill

HASLEMERE

Surrey

GU277 1HN

[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

LN/201000300

[insert personal licence number, if any]

Personal licence issuing authority

Thanet District Council

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

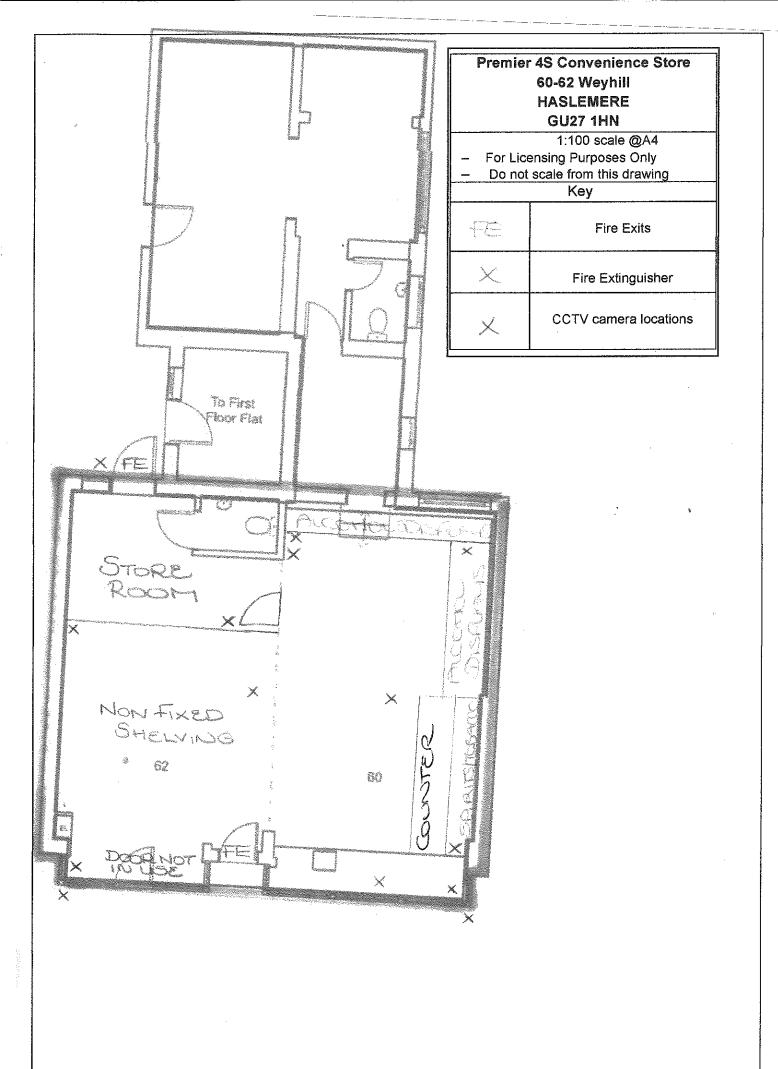
Signed

Name (please print)

Sivapalan SIVAPATHASUNTHARAM

Date

27th July 2015



Appendix A - Training Log

Name of member of staff:

I confirm I have been given instruction and training in the following areas:

Licensing Objectives	Signed Staff	Date	Signed Trainer
The Prevention of Crime and Disorder			
 CCTV Police inspection at any time Refusal of service to drunk persons and on behalf of drunk persons Police request for Closure of premises Request Licensing Police assistance Incident log 			
Public Safety			
Risk assessments of hazardsHealth and safety legislation			
The Prevention of Public Nuisance			
 Refusal of service to drunk persons and on behalf of drunk persons Litter Loitering Responsible retailing 			
The Protection of Children From Harm			
 Refusal of service to persons under 18 Refusal to persons purchasing on behalf of under 18s Identification Challenge 25 Refusals log 			

Signed:

Date:

To be signed by staff member

All persons working in Licensed Premises have a duty to uphold all laws contained in the Licensing Act 2003, and CRIMINAL PROCEEDINGS may be taken against any person not doing so.

This record must be available for inspection on request of Police or persons authorised by the Licensing Authority.

Note: Staff members under 18 can only sell alcohol if **each and every sale** is authorised by someone over the age of 18.

Appendix B - Refusals Log

Challenge 25 – You must not serve alcohol to anyone who looks under the age of 25 – they must first prove that they are over the age of 18 by giving PHOTOGRAPHIC Evidence only - PASSPORT, PHOTO DRIVING LICENCE OR PROOF OF AGE CARD CARRYING THE PASS LOGO. Please record details of any person refused service.

Date	Time	Description of Person	Item Refused
			2
*			

This record must be available for inspection on request of Police or persons authorised by the Licensing Authority.