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 LIC500620
 £190.

Environment Services, Customer Service Centre, 85 New Square, Chesterfield, S40 1AH

RECEIVED

18 NOV 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 CHESTERFIELD OFF-LICENSE LTD (09835287)
 (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 <u>9</u> CAVENDISH STREET Chesterfield off- licence			
Post town	CHESTERFIELD	Postcode	S40 1XA
Telephone number at premises (if any)			
* Non-domestic rateable value of premises	£ 5,500.00		

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 * please complete section (B)
- 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 type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	<input type="checkbox"/>
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)					

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	CHESTERFIELD OFF-LICENSE LTD
Address	C/O CAIRNS ACCOUNTANTS 102 SNAPE HILL LANE DEANFIELD S16 2GP
Registered number (where applicable)	09835287
Description of applicant (for example, partnership, company, unincorporated association etc.)	COMPANY
Telephone number (if any)	07834 591989
E-mail address (optional)	filiznarman@live.co.uk

Part 3 Operating Schedule

When do you want the premises licence to start?

DD	MM	YYYY
01	12	2015

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)

OFF-LICENSE RETAIL SHOP
 * SELLING ALCOHOLS, CONSUMABLES, PACKAGED FOOD ETC.
 CIGARETTES

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 any 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 6)			Will the performance of a play 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"/>
				Both	<input type="checkbox"/>
Mon				Please give further details here (please read guidance note 3)	
Tue					
Wed			State any seasonal variations for performing plays (please read guidance note 4)		
Thur					
Fri			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)		
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"/>
					Outdoors	<input type="checkbox"/>
					Both	<input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 3)			
Mon						
Tue						
Wed			State any seasonal variations for the exhibition of films (please read guidance note 4)			
Thur						
Fri						
			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)			
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)			<u>Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick</u> (please read guidance note 2)	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 3)		
Mon					
			<u>State any seasonal variations for boxing or wrestling entertainment</u> (please read guidance note 4)		
Tue					
			<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</u> (please read guidance note 5)		
Wed					
Thur					
Fri					
Sat					
Sun					

E

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

F

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

G

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

H

<p>Anything of a similar description to that falling within (e), (f) or (g) Standard days and timings (please read guidance note 6)</p>			<p>Please give a description of the type of entertainment you will be providing</p>		
Day	Start	Finish	<p><u>Will this entertainment take place indoors or outdoors or both – please tick</u> (please read guidance note 2)</p>	Indoors	<input type="checkbox"/>
Mon				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Tue			<p><u>Please give further details here</u> (please read guidance note 3)</p>		
Wed					
Thur			<p><u>State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g)</u> (please read guidance note 4)</p>		
Fri					
Sat			<p><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> (please read guidance note 5)</p>		
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"/>
					Outdoors	<input type="checkbox"/>
					Both	<input type="checkbox"/>
Day	Start	Finish	<u>Please give further details here</u> (please read guidance note 3)			
Mon						
			<u>State any seasonal variations for the provision of late night refreshment</u> (please read guidance note 4)			
Tue						
			<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> (please read guidance note 5)			
Wed						
Thur						
Fri						
Sat						
Sun						

J

Supply of alcohol Standard days and timings (please read guidance note 6)			Will the supply of alcohol be for consumption – please tick (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	07:00	02:00			
Tue	07:00	02:00			
Wed	07:00	02:00			
Thur	07:00	02:00			
Fri	07:00	02:00			
Sat	07:00	02:00			
Sun	07:00	16:00			
			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)		

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

Name	FILIZ NARMAN BORAN NARMAN
Address	10 LYNWOOD CLOSE DRONFIELD WOODMOUSE DRONFIELD
Postcode	S 18 8QH
Personal licence number (if known)	SY 3254 Per
Issuing licensing authority (if known)	Snefffield city council

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).

L

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	02:00	<p>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 5)</p>
Tue	07:00	02:00	
Wed	07:00	02:00	
Thur	07:00	02:00	
Fri	07:00	02:00	
Sat	07:00	02:00	
Sun	07:00	16:00	

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)

WE WILL KEEP STRONG MANAGEMENT CONTROLS BY :-
TRAINING STAFF TO BE AWARE OF THE MAIN OBJECTIVES: NO SELLING TO
UNDERAGE, NO DRUNK & DISORDERLY BEHAVIOUR, OR OTHER VIOLENT ANTI-SOCIAL
BEHAVIOUR, PROTECTION OF CHILDREN.
WE WILL USE THE "CHALLENGE 25" SYSTEM. ROLLER METAL EXTERIOR
WINDOW SHUTTER WILL BE FIXED TO ENSURE THAT FRONT IS SAFE.

b) The prevention of crime and disorder

WE WILL INSTALL A CCTV SYSTEM TO MONITOR INSIDE AND OUTSIDE THE SHOP.
NOTICES WILL BE IN PLACE RE - NOT SELLING TO INTOXICATED CUSTOMERS.
WE WILL BE VIGILANT IN THE PREVENTION OF ILLEGAL DRUG USE IN THE AREA.
WE WILL KEEP CCTV CAMERA RECORDS FOR 28 DAYS.

c) Public safety

INTERNAL AND EXTERNAL LIGHTING TO PROMOTE PUBLIC SAFETY.
TRAINING AND IMPLEMENTATION OF UNDERAGE ID CHECKS.
LOG BOOK RECORDING OF INSPECTIONS.
WELL MAINTAINED FITTINGS IN THE UNIT. SHOP CLEANING WILL BE
DONE EVERY MORNING AND THE SIGNS WILL BE PUT ON THE PREMISES TO
AVOID ANY ACCIDENTS.

d) The prevention of public nuisance

NOTICES TO BE DISPLAYED AT THE EXIT REQUESTING PUBLIC TO
RESPECT NEARBY RESIDENTS AND LEAVE PREMISES QUIETLY.
MOVEMENT OF RUBBISH TO BE KEPT TO A MINIMUM AFTER 11 PM.

e) The protection of children from harm

CHALLENGE 25 SYSTEM TO BE IN OPERATION.
 WELL TRAINED STAFF IMPLEMENTING AGE / ID CHECKS.
 DRAWING RECORD BOOK TO BE HELD ONSITE.
 WE WILL PROVIDE REFUSAL BOOK (LOG). WE WILL DISPLAY SIGNAGE
 IN THE SHOP.

See attached conditions.

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	<i>[Handwritten Signature]</i>
Date	18/11/2015
Capacity	

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)

FILIZ NARMAN

10 LYNWOOD CLOSE

Post town	DRONFIAD WOODHOUSE	Postcode	S18 8QH
Telephone number (if any)	01246 411943		
If you would prefer us to correspond with you by e-mail, your e-mail address (optional)			
filiznarmann@live.co.uk			

Notes for Guidance

1. Describe the premises, for example the type of premises, its general situation and layout and any other information which could be relevant to the licensing objectives. Where your application includes off-supplies of alcohol and you intend to provide a place for consumption of these off-supplies, you must include a description of where the place will be and its proximity to the premises.
2. Where taking place in a building or other structure please tick as appropriate (indoors may include a tent).
3. For example the type of activity to be authorised, if not already stated, and give relevant further details, for example (but not exclusively) whether or not music will be amplified or unamplified.
4. For example (but not exclusively), where the activity will occur on additional days during the summer months.
5. For example (but not exclusively), where you wish the activity to go on longer on a particular day e.g. Christmas Eve.
6. Please give timings in 24 hour clock (e.g. 16:00) and only give details for the days of the week when you intend the premises to be used for the activity.
7. If you wish people to be able to consume alcohol on the premises, please tick 'on the premises'. If you wish people to be able to purchase alcohol to consume away from the premises, please tick 'off the premises'. If you wish people to be able to do both, please tick 'both'.
8. Please give information about anything intended to occur at the premises or ancillary to the use of the premises which may give rise to concern in respect of children, regardless of whether you intend children to have access to the premises, for example (but not exclusively) nudity or semi-nudity, films for restricted age groups or the presence of gaming machines.
9. Please list here steps you will take to promote all four licensing objectives together.
10. The application form must be signed.
11. An applicant's agent (for example solicitor) may sign the form on their behalf provided that they have actual authority to do so.
12. Where there is more than one applicant, each of the applicant or their respective agent must sign the application form.
13. This is the address which we shall use to correspond with you about this application.

Consent of individual to being specified as premises supervisor

I BORAN NAUMAN
[full name of prospective premises supervisor]

of CHESTERFIELD OFF-LICENSE LTD

10 LYNWOOD CLOSE DUNFIELD S18 8QH DERBYSHIRE
[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

New Application
[type of application]

by

(~~FILIZ NAUMAN~~) CHESTERFIELD OFF-LICENSE LTD
[name of applicant]

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

for

CHESTERFIELD OFF-LICENSE LTD
* 9 CORNISH STREET CHESTERFIELD S40 1XA
[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

* Chesterfield OFF License LTD
[name of applicant]

concerning the supply of alcohol at

CHESTERFIELD OFF-LICENSE LTD

* 9 Cavendish Street, CHESTERFIELD, S40 1XA
[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

SY 3254 PER
[insert personal licence number, if any]

Personal licence issuing authority

Licensing Service, Development Services, Place Portfolio
Town Hall, Surrey Street, Sheffield, S2 2HH
[insert name and address and telephone number of personal licence issuing authority, if any]

Signed



Name (please print)

BORAN NARMAN

Date

18/11/2015

To be attached to Licence:-

Trading Standards – Conditions onto Licence.

1. All training is provided on commencement of employment on the law relating to all age restricted products sold and any system or procedures in place which employees are expected to follow. Refresher training should be provided at regular intervals (at least six monthly).

Records detailing the training provided will be kept for a minimum of two years (either on the premises or at Head Office) and made available on request to an Officer of a Responsible Authority.

2. A Challenge 25 Scheme will be operated at the premises. Acceptable forms of identification will be PASS accredited proof of age card, photo driving licence or passport. Failure to produce satisfactory proof of age will result in a refused sale.

Clear prominent signage informing customers of the scheme will be displayed in store.

3. A refusal log will be maintained in store which the Designated Premises Supervisor (or Deputy authorised in writing) will, at least weekly, examine the record and action as necessary. The records will be retained for a minimum of two years (either on the premises or at Head Office) and made available to an Officer of a Responsible Authority on request.

