

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 INSLEY GARDEN CONVENIENCE STORES

.....  
(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 102 INSLEY GARDENS HUCCLECOTE GLOUCESTER GL3 3BA			
Post town	GLOUCESTER	Post code	GL3 3BA

Telephone number at premises (if any)	
Non-domestic rateable value of premises	£4275

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 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 checked="" type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
Surname RAVENTHERAKUMAR			First names RAJEENADEVI		
I am 18 years old or over				<input checked="" type="checkbox"/> Please tick yes	
Current postal address if different from premises address		Northfield Road Gloucester GL4 6TY			
Post Town	GLOUCESTER			Postcode	GL4 6TY
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
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
0	5	08 2011

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

Day	Month	Year

Please give a general description of the premises (please read guidance note1)  
CURRENTLY EMPTY SHOP CONNECTED TO HAIR SALON. PROPOSED TO BE GROCERY  
CONVENIENCE STORE . ALONG SIDE OTHER BUSINESSES IN PARADE

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)

**M**

<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 box)</b> (please read guidance note 7)	On the premises	<input type="checkbox"/>
				Off the premises	<input checked="" type="checkbox"/>
				Both	<input type="checkbox"/>
<b>Day</b>	<b>Start</b>	<b>Finish</b>	<b>State any seasonal variations for the supply of alcohol</b> (please read guidance note 4)		
Mon	06:00	22:00			
Tue	06:00	22:00			
Wed	06:00	22:00			
Thur	06:00	22:00			
Fri	06:00	22:00			
Sat	06:00	22:00			
Sun	06:00	22:00			
			<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 premises supervisor

<b>Name</b> RAJEENADEVI RAVENTHERAKUMAR	
<b>Address</b> Northfield Road Gloucester GL4 6TY	
<b>Postcode</b>	GL4 6TY
<b>Personal Licence number (if known)</b> APPLYING TO GLOUCESTER COUNCIL	
<b>Issuing licensing authority (if known)</b> APPLYING TO GLOUCESTER COUNCIL	

**N**

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)

NONE

**O**

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	06:00	22:00	<p><u>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</u> (please read guidance note 5)</p>
Tue	06:00	22:00	
Wed	06:00	22:00	
Thur	06:00	22:00	
Fri	06:00	22:00	
Sat	06:00	22:00	
Sun	06:00	22:00	

**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)**

TO TAKE ALL DUE CARE AND ATTENTION WHEN CARRYING OUT A SALE OF ANY ALCOHOL. FOLLOW ALL GUIDELINES ACCORDING TO THE LICENSING ACT 2003 AND MEET ALL ALL LICENCING OBJECTIVES

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

INSTALL A DIGITAL CCTV SYSTEM, KEEPING IMAGES FOR 31 DAYS. INSTALL SECURE DOORS AND WINDOWS. KEEP A WATCHFUL EYE ON CUSTOMERS OR GROUPS OF PEOPLE WHO APPEAR TO BE LOITERING. TRAIN STAFF TO BE VIGILANT, WHEN CUSTOMERS USE CHEQUE GUARANTEE CARD/CHEQUE BOOK. USE AN ELECTRONIC FORGE NOTE DETECTOR. AVOID CREATING ANY DISPLAY WHICH WILL BLOCK VIEWS. KEEP ALL TELEPHONE NUMBERS OF RESPONSIBLE AUTHORITIES, NEARBY. GET INVOLVED WITH COMMUNITY POLICE OFFICER AND PARTICIPATE IN LOCAL TRAINING INITIATIVES IN LICENSING REGULATION

**c) Public safety**

HAVE REGULAR HEALTH AND SAFETY CHECKS INSIDE AND OUTSIDE OF PREMISES. CARRY OUT FIRE RISK ASSESSMENTS. USE ADEQUATE AND APPROPRIATE LIGHTING. MAKE SURE ALL AREAS OPEN TO CUSTOMERS ARE CLEAR AND WITHOUT OBSTRUCTION. TO BE AWARE OF RESPONSIBLE RETAILING

**d) The prevention of public nuisance**

TO BE INVOLVED IN LIAISING WITH LOCAL POLICE AND LICENSING AUTHORITY ON REGULAR BASIS. TO TAKE APPROPRIATE MEASURES TO AVOID ANTI SOCIAL BEHAVIOUR., PUT UP NOTICES AND COMMUNICATE WITH CUSTOMERS. ENSURE LITTER IS KEPT TO A MINIMUM. THE CCTV WOULD RECORD ANY INCIDENT OF ANTI SOCIAL BEHAVIOUR. USE OUR AUTHORITY AND RIGHT TO REFUSE TO SERVE ANY CUSTOMER SHOWING EXPRESSING PUBLIC DISORDER

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

TO BE AWARE OF AND PROMOTE CHALLENGE 21 SCHEME. TO WATCH FOR FAKE I.D. PROMOTE 'NO I.D. NO SALE' , IN STORE. ACCEPT ONLY GOVERNMENT APPROVED I.D. PROMOTE AND OBTAIN CITIZEN CARD LITERATURE FOR I.D. PURPOSES. TO KEEP A LOG BOOK OF ALL SALES REFUSED TO UNDER-AGED CUSTOMERS

- 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	4/7/11
Capacity	AGENT

**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	
Capacity	

**Contact name (where not previously given) and postal address for correspondence associated with this application** (please read guidance note 13)

ANIL BHAWSAR  
GREENHILL ROAD  
LEICESTER

<b>Post town</b>	LEICESTER	<b>Post code</b>	LE23DL
<b>Telephone number (if any)</b>			
<b>If you would prefer us to correspond with you by e-mail your e-mail address (optional)</b>			



## 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, if you wish people to be able to purchase alcohol to consume away from the premises please tick off. 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, 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, both applicants or their respective agents must sign the application form.
13. This is the address which we shall use to correspond with you about this application.