

**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.

MR
I/~~WE~~ OTHMAN KADIR HASSAN

(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 6-10 (FORMER BURTONS ADDRESS) 6-10 MONTAGU STREET KETTERING			
		NN16 8XG	
Post town	KETTERING	Postcode	NN16 8XG
Telephone number at premises (if any)	—		
Non-domestic rateable value of premises	£ 21,250.00		

Part 2 - Applicant Details

Please state whether you are applying for a premises licence as

Please tick as appropriate

- | | | |
|---|-------------------------------------|-----------------------------|
| a) an individual or individuals * | <input checked="" type="checkbox"/> | please complete section (A) |
| b) a person other than an individual * | | |
| i. as a limited company | <input type="checkbox"/> | please complete section (B) |
| ii. as a partnership | <input type="checkbox"/> | please complete section (B) |
| iii. as an unincorporated association or | <input type="checkbox"/> | please complete section (B) |
| iv. other (for example a statutory corporation) | <input type="checkbox"/> | please complete section (B) |
| c) a recognised club | <input type="checkbox"/> | please complete section (B) |
| d) a charity | <input type="checkbox"/> | please complete section (B) |
| e) the proprietor of an educational establishment | <input type="checkbox"/> | please complete section (B) |
| f) a health service body | <input type="checkbox"/> | 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 checked="" type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
Surname HASSAN			First names OTHMAN KADIR		
I am 18 years old or over				<input type="checkbox"/>	Please tick yes
Current postal address if different from premises address		5 DEACONSCROFT			
Post town	PETERBOROUGH	Postcode	PE3 711		
Daytime contact telephone number		07833251582			
E-mail address (optional)					

check postcode

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?

DD MM YYYY
03 09 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)

TERRACED SHOP UNIT OF BRICK BUILT CONSTRUCTION WITH SLATE ROOF AND LARGE PLATE GLASS WINDOWS FRONTING MONTAGU STREET.

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

F

Recorded music Standard days and timings (please read guidance note 6)			Will the playing of recorded music take place indoors or outdoors or both – please tick (please read guidance note 2)	Indoors	<input checked="" type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Mon	0600	0200		Please give further details here (please read guidance note 3)	
Tue	0600	0200			
Wed	0600	0200	State any seasonal variations for the playing of recorded music (please read guidance note 4)		
Thur	0600	0200			
Fri	0600	0200	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 (please read guidance note 5)		
Sat	0600	0200			
Sun	0600	0200			

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	0600	0200			
Tue	0600	0200			
Wed	0600	0200			
Thur	0600	0200			
Fri	0600	0200			
Sat	0600	0200			
Sun	0600	0200			
			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	MR FARMAN OMAR MUSTAFAH
Address	36 WINWICK PLACE WESTWOOD PETERBOROUGH
Postcode	PE3 7HR
Personal licence number (if known)	066803
Issuing licensing authority (if known)	PETERBOROUGH 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).

NONE

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	0600	0200	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)
Tue	0600	0200	
Wed	0600	0200	
Thur	0600	0200	
Fri	0600	0200	
Sat	0600	0200	
Sun	0600	0200	

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)

NO ALCOHOL OR TOBACCO PRODUCTS WILL BE SOLD FOR CONSUMPTION ON SITE. THE PREMISES WILL BE KEPT CLEAN AND TIDY AT ALL TIMES, ANY MUSIC PLAYED WILL BE FOR 'BACKGROUND' ENTERTAINMENT. SECURITY MEASURES SUCH AS CCTV WILL BE PUT IN PLACE TO PREVENT, THEFT AND OTHER ANTI-SOCIAL BEHAVIOUR.

b) The prevention of crime and disorder

CCTV WILL BE OPERATED WITHIN THE PREMISES CHALLENGE 25 WILL BE IN OPERATION. HIGH RISK ITEMS WILL BE UNDER CONSTANT STAFF OBSERVATION.

c) Public safety

STOCK WILL BE PUT ON SHELVES PROMPTLY ALL WASTE WILL BE CLEARED AND REMOVED FROM PUBLIC AREAS.

d) The prevention of public nuisance

NOBODY UNDER THE INFLUENCE OF DRINK OR DRUGS WILL BE SERVED. FRONT OF PREMISES WILL BE KEPT CLEAN AND TIDY. PATRONS WILL BE ASKED TO KEEP NOISE TO A MINIMUM WHEN LEAVING PREMISES.

e) The protection of children from harm

NO CHILDREN WILL BE SERVED ALCOHOL OR CIGARETTES, ID WILL BE ASKED TO BE PROVIDED WHEN NECESSARY. YOUNG CHILDREN MUST BE ACCOMPANIED BY AN ADULT. NO INAPPROPRIATE ACTIVITIES WILL TAKE PLACE ON SITE.

Checklist:

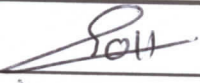
Please tick to indicate agreement

- 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	
Date	04/08/2015
Capacity	APPLICANT

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)

Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 13)			
Post town		Postcode	
Telephone number (if any)			
If you would prefer us to correspond with you by e-mail, your e-mail address (optional)			

John

FIRE EXTINGUISHER

PROPOSED
LICENSED
AREA

MONTAGU STREET



EXISTING FLOOR PLANS - SCALE 1:100 @ A2

P