



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 U KUMA LTD
(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 U KUMA

Postal address of premises or, if none, ordnance survey map reference or description			
<u>88 PIPERS HILL ROAD</u>			
Post town	<u>KETTERING</u>	Postcode	<u>NN15 7NH</u>

Telephone number at premises (if any)	<u>01536 524499</u>
Non-domestic rateable value of premises	<u>£ 8600</u>

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 *
 - 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)	
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	U KUMA
Address	88 PIPERS HILL ROAD KETTERING NN15 7NH
Registered number (where applicable)	8185687
Description of applicant (for example, partnership, company, unincorporated association etc.)	LIMITED
Telephone number (if any)	01536 524499
E-mail address (optional)	ukuma88@gmail.com

Part 3 Operating Schedule

When do you want the premises licence to start?

ASAP

DD	MM	YYYY

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)

EASTERN EUROPE FOOD AND ALCOHOL SHOP

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

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	9:00	23:00		
Tue	9:00	23:00		
Wed	9:00	23:00		
Thur	9:00	23:00		
Fri	9:00	23:00		
Sat	9:00	23:00		
Sun	9:00	23:00		
			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	MRS VALERIJA OKAN
Address	39 NORTON ROAD CORBY NN17 2PH
Postcode	NN17 2PH
Personal licence number (if known)	APPLYING FOR
Issuing licensing authority (if known)	CORBY

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	9:00	23:00	Non standard times. 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	9:00	23:00	
Wed	9:00	23:00	
Thur	9:00	23:00	
Fri	9:00	23:00	
Sat	9:00	23:00	
Sun	9:00	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 9)

- STAFF TRAINING ON LICENSING ISSUES
- INSTALLING A CCTV SYSTEM

b) The prevention of crime and disorder

- DRUGS POLICIES / NOTICES
- MEMBERSHIP OF A PUBWATCH SCHEME
- AGE RESTRICTIONS

c) Public safety

- FIRE EXTINGUISHERS
- ALL ELECTRICAL ITEMS PAT TESTED

d) The prevention of public nuisance

- NOTICES THAT CUSTOMERS TO LEAVE QUIETLY

e) The protection of children from harm

- PROOF OF AGE CARDS CHECKED

88 Pipers Hill Road, Kettering



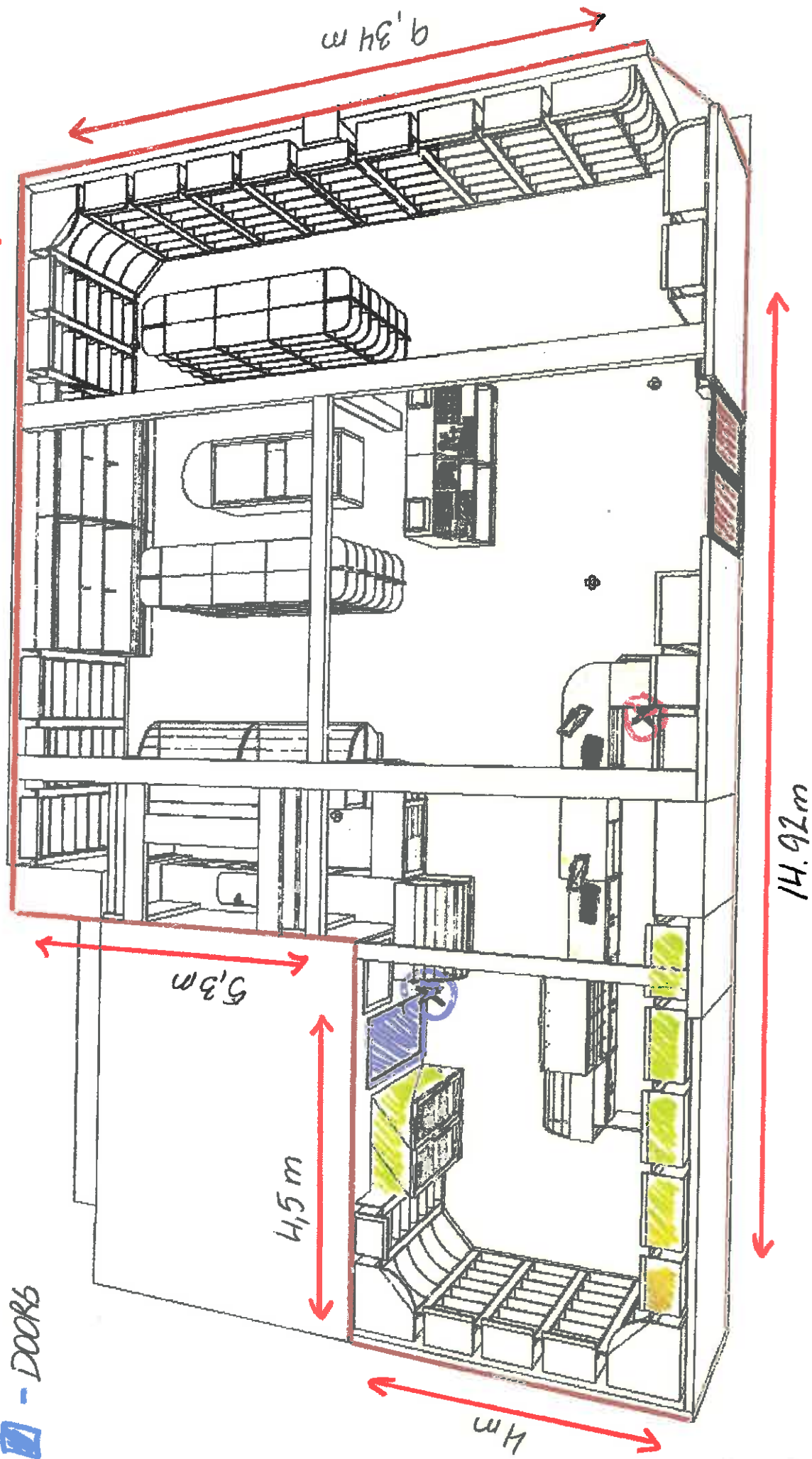
Kettering
Borough Council

Kettering Borough Council
 Municipal Offices, Bowling Green Road
 Kettering, Northamptonshire, NN15 7QX
 Tel: 01536 410333 Fax: 01563 532424



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- XX - FIRE EXTINGUISHER
- - PREMISES LICENSE (114,25 m²)
- - ALCOHOL SHEELYS & FREDGE
- - TILL
- - DOORS

14.92m

9.14m

9.14m

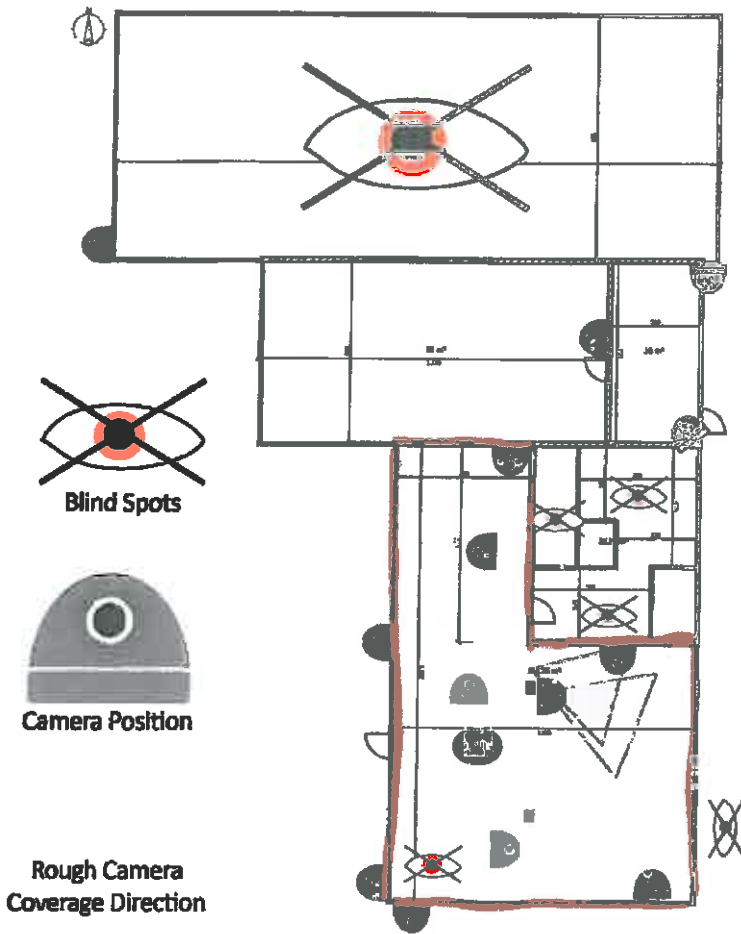
5.3m

4.5m

4m



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