



Blackpool Council

02 NOV 2015

APPLICATION FOR A NEW PREMISES LICENCE

Applicant Name(s):

MR. SANTHOSH PUTHUSSERI

Contact

Licensing Service
Blackpool Council
Municipal Buildings, PO Box 4
Blackpool, FY1 1NA

T: (01253) 47 8572 / 8589
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www.blackpool.gov.uk



2

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. You may wish to keep a copy of the completed form for your records.

I/We MR. SANTHOSH PUTHUSSERI
[insert name of applicant/s]

apply for a premises licence under Schedule 17 of the Licensing Act 2003 for the premises described under Part 1 below 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 club premises if any, or if none the ordinance survey map reference or description.			
Premises Name	ABINGOON NEWS UNIT 13 STALL		
Premises Address	MRS. KALLASTHEN GANDHY ABINGOON STREET MARKET		
	ABIM BLACK POOL		
	Post Code	FY1	1DE
Telephone Number of premises (if any)	01253290131		
E-Mail Address			
Non-Domestic Rateable Value of Premises	£ 3000		

Part 2 – Applicant details

In what capacity are you applying for a licence?

Please tick:

- | | | |
|---|-------------------------------------|--------------------|
| a) An individual * | <input checked="" type="checkbox"/> | Complete Section A |
| b) A person other than an individual* | | |
| I. As a limited company | <input type="checkbox"/> | Complete Section B |
| II. As a partnership | <input type="checkbox"/> | Complete Section B |
| III. As an unincorporated association | <input type="checkbox"/> | Complete Section B |
| IV. Other (for example a statutory corporation) | <input type="checkbox"/> | Complete Section B |
| c) A recognised Club | <input type="checkbox"/> | Complete Section B |
| d) A charity | <input type="checkbox"/> | Complete Section B |
| e) The proprietor of an educational establishment | <input type="checkbox"/> | Complete Section B |

- f) Health Service Body 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 Complete Section B
- ga) A person who is registered under Chapter 2 of Part 1 of the Health and Social Care Act 2008 in respect of the carrying on of a regulated activity (within the meaning of that Part) in an independent Hospital in England. Complete Section B
- h) The Chief Officer of Police of a police force in England and Wales Complete Section B

***If you are applying as a person described in (a) or (b) please confirm:**

- I am carrying on or propose to carry on business that involves the use of the premises for licensable activities; or If yes please tick
- I am making the application pursuant to a
 - Statutory function
 - A function discharged by virtue of Her Majesty's prerogative

(A) Individual Applicants (fill in as applicable)

Title:	Mr	Mrs	Miss	Ms	MR		
Surname	PUTHUSSERI				Forenames	SANTHOSH	
I am 18 years old or over	Yes	No	Date of Birth		<small>Please tick</small>		
	✓						
Home Address							
	BARKING						
						Post Code	
Telephone Number					Mobile Number		
E-Mail Address							

SECOND INDIVIDUAL APPLICANT IF APPLICABLE

Title:	Mr	Mrs	Miss	Ms	
Surname				Forenames	
Date of Birth	Day	Month	Year	I am 18 years old or over	Please tick
					Yes
Home address					
				Post Code	
Telephone Number				Mobile Number	
E-Mail Address					

(B) OTHER APPLICANTS

Please provide name and registered address of the 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					
				Post Code	
Telephone Number					
E-Mail Address					
Registered number (where applicable)					
Description of applicant (e.g. partnership, company, unincorporated association)					

Part 3 - Operating Schedule

ASAP

When do you want the premises licence to start

Day	Month	Year
0	1	2015

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

Day	Month	Year
0	1	2010

If 5000 or more people are expected to attend the premises at any one time, please state the number expected to attend

Please give a general description of the premises (Please see guidance note 1)

It is a small shop inside a Market. Starting from 8.30 A.M to 5.00 P.M. In total there is ~~20~~ to 50 shops, in that shops it is a small shop. It is an - off Licence shop, Groceries, juices, snacks, ~~etc~~ News Papers, confectionery, soft drinks. ~~For the number of years~~ this is corner stall which have metal shutters to close After. Trading Hours. Most of our customers are ~~elderly~~ elderly local customers and visitors during the season. Period in Blatford because the market open 8.30 AM to 5.00 PM. We don't get any clubbing and stag / hen party people. the custom we get getting ~~and~~ people they buy and take home.

What licensable activities do you intend to carry on from the premises?
 (Please see sections 1 and 14 of the Licensing Act 2003 and Schedule 1 and 2 to the Licensing Act 2003)

Provision of regulated entertainment:

If yes please tick

- a) A performance of a play (if ticking yes, fill in box A)
- b) An exhibition of a film (if ticking yes, fill in box B)
- c) An indoor sporting event (if ticking yes, fill in box C)
- d) Boxing or wrestling entertainment (if ticking yes, fill in box D)
- e) A performance of live music (if ticking yes, fill in box E)
- f) Any playing of recorded music (if ticking yes, fill in box F)
- g) A performance of dance (if ticking yes, fill in box G)
- h) Entertainment 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

Performance of a play Standard timings (read guidance note 6)			Will the performance of a play take place indoors, outdoors or both? Please tick. (Read guidance note 2)	Indoors	
Day	Start	Finish		Outdoors	
Mon			Please give further details here (please read guidance note 3)	Both	
Tue					
Wed			State any seasonal variations for performing plays (please read guidance note 4)		
Thurs					
Fri			Non-standard timings. Where you intend to use the premises for the performance of a play at different times to those listed in the column on the left, please list (please read guidance note 5)		
Sat					
Sun					

B

Exhibition of film Standard timings (read guidance note 6)			Will the exhibition of films take place indoors, outdoors or both? Please tick. (Read guidance note 2)	Indoors	
				Outdoors	
				Both	
Day	Start	Finish	Please give further details here (please read guidance note 3)		
Mon					
Tue			State any seasonal variations for the exhibition of films (please read guidance note 4)		
Wed					
Thurs			Non-standard timings. Where you intend to use the premises for the exhibitions of film at different times to those listed in the column on the left, please list (please read guidance note 5)		
Fri					
Sat					
Sun					

C

Indoor sporting events Standard timings (read guidance note 6)			Please give further details here (please read guidance note 3)		
Day	Start	Finish	State any seasonal variations for indoor sporting events (please read guidance note 4)		
Mon					
Tue			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 (please read guidance note 5)		
Wed					
Thurs					
Fri					
Sat					
Sun					

D

Boxing or wrestling entertainment Standard timings (read guidance note 6)			Will the boxing or wrestling entertainment take place indoors, outdoors or both? Please tick. (Read guidance note 2)		Indoors	
					Outdoors	
					Both	
Day	Start	Finish	Please give further details here (please read guidance note 3)			
Mon						
Tue						
Wed			State any seasonal variations for boxing or wrestling entertainment (please read guidance note 4)			
Thurs						
Fri						
Sat			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 (please read guidance note 5)			
Sun						

E

Performance of live music Standard timings (read guidance note 6)			Will the performance of live music take place indoors, outdoors or both? Please tick. (Read guidance note 2)		Indoors	
					Outdoors	
					Both	
Day	Start	Finish	Please give further details here (please read guidance note 3)			
Mon						
Tue						
Wed			State any seasonal variations for the performance of live music (please read guidance note 4)			
Thurs						
Fri						
Sat			Non-standard timings. Where you intend to use the premises for the performance of live music at different times from those listed in the column on the left, please list (please read guidance note 5)			
Sun						

F

Playing of recorded music Standard timings (read guidance note 6)			Will the playing of recorded music take place indoors, outdoors or both? Please tick. (Read guidance note 2)	Indoors	
				Outdoors	
Day	Start	Finish		Both	
Mon			Please give further details here (please read guidance note 3)		
Tue					
Wed			State any seasonal variations for playing recorded music (please read guidance note 4)		
Thurs					
Fri			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					
Sun					

G

Performance of dance Standard timings (read guidance note 6)			Will the performance of dance take place indoors, outdoors or both? Please tick. (Read guidance note 2)	Indoors	
				Outdoors	
Day	Start	Finish		Both	
Mon			Please give further details here (please read guidance note 3)		
Tue					
Wed			State any seasonal variations for the performance of dance (please read guidance note 4)		
Thurs					
Fri			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 (please read guidance note 5)		
Sat					
Sun					

H

16

Entertainment of a similar description to that falling within (e), (f) or (g) Standard timings (read guidance note 6)			Please give a description of the type of entertainment you will be providing		
Day	Start	Finish	Will this entertainment take place indoors, outdoors or both. Please tick. (Read guidance note 2)	Indoors	
Mon				Outdoors	
				Both	
Tue			Please give further details here (please read guidance note 3)		
Wed					
Thu			State any seasonal variations for entertainment (please read guidance note 4)		
Fri					
Sat			Non-standard timings. Where you intend to use the premises for the entertainment at different times to those listed in the column on the left, please list (please read guidance note 5)		
Sun					

I

Late Night Refreshment Standard timings (read guidance note 6)			Will the provision of late night refreshment take place indoors, outdoors or both? Please tick (Read guidance note 2).	Indoors	
Day	Start	Finish		Outdoors	
				Both	
Mon			Please give further details here (please read guidance note 3)		
Tue					
Wed					
Thu			State any seasonal variations for the provision of late night refreshment (please read guidance note 4)		
Fri					
Sat			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 (please read guidance note 5)		
Sun					

Supply of alcohol Standard timings (read guidance note 6)			Will the sale of alcohol be for consumption on the premises, off the premises or both? Please tick. (Read guidance note 6)	On the premises		
Day	Start	Finish		Off the premises	<input checked="" type="checkbox"/>	
			Both	<input type="checkbox"/>		
Mon	8.30 A.M.	5.00 P.M.	State any seasonal variations for the supply of alcohol (please read guidance note 4)			
Tue	8.30 A.M.	5.00 P.M.				
Wed	8.30 A.M.	5.00 P.M.				
Thurs	8.30 A.M.	5.00 P.M.			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)	
Fri	8.30 A.M.	5.00 P.M.				
Sat	8.30 A.M.	5.00 P.M.				
Sun						

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

12

Hours premises are open to public Standard timings (read guidance note 6)			State any seasonal variations (please read guidance note 4)
Day	Start	Finish	
Mon	8.30 A.M	5.00 P.M	
Tue	8.30 A.M	5.00 P.M	
Wed	8.30 A.M	5.00 P.M	
Thurs	8.30 A.M	5.00 P.M	
Fri	8.30 A.M	5.00 P.M	
Sat	8.30 A.M	5.00 P.M	
Sun			

M

State the name and details of the individual whom you wish to specify on the licence as the designated premises supervisor.			
Surname	PUTIUSSE RI		Forename(s) SANT HOSH
State any previous names			
They are 18 years old or over	Yes	No	Their Date of Birth
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<small>Please tick</small>			
Address			
	BARKING		
	Post Code		
Telephone Number			
Email Address			
Personal Licence Number (if known)	035599		
Expiry date of Personal Licence			
Issuing Licensing Authority (if known)	10/07/2015, LONDON BOROUGH OF BARKING & DAGENHAM		

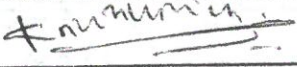
If yes please

- I have made or enclosed payment of the fee
- I have enclosed the plan of the premises
- I have sent copies of this application, including the plan and consent by the proposed supervisor form (if applicable), to the responsible authorities
- 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. *(You may be asked to prove this, it is therefore in your best interests to provide a copy of the advert to the Licensing Department).*
- 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 5 – Signatures (please read guidance note 10)

Signature of applicant or applicant's solicitor or other duly authorised agent. (please read guidance note 11) **If signing on the behalf of the applicant please state in what capacity.**

Signed	
Print Name	SANTHOSH PUTHUSSERI
Capacity	
Date	14-09-2015

Where the premises licence is jointly held 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.**

Signed	
Print Name	
Capacity	
Date	

Contact name (where not previously given) and address for correspondence associated with this application. (Please read guidance note 13)					
Title:	Mr	Mrs	Miss	Ms	Mr
Forename(s)	SANTHOSH			Surname	POTHUSSERI
Address for Correspondence associated with this application					
				Post Code	
Telephone Number				Mobile Number	
E-Mail Address					

Notes for Guidance

- Describe the premises. For example the type of premises, it's general situation and layout and any other information that 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 is and its proximity to the premises.
- Where taking place in the building or other structure please tick as appropriate. Indoors may include a tent.
- For example state 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.
- For example (but not exclusively), where the activity will occur on additional days during the summer months.
- For example (but not exclusively), where you wish the activity to go on longer on a particular day, e.g. Christmas Eve.
- Please give timings in 24-hour clock format (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.
- 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 for people to be able to do both please tick both.
- Please give information about anything intended to occur at the premises or ancillary to the use of the premises that 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 of restricted age groups, the presence of gaming machines.
- Please list here the steps you will take to promote all four licensing objectives together.
- The application must be signed.
- An applicant's agent (for example solicitor) may sign the form on their behalf provided that they have actual authority to do so.
- Where there is more than one applicant, the applicants or their respective agents must sign the application form.
- This is the address that we shall use to correspond with you about this application.

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)

O

Hours premises are open to public Standard timings (read guidance note 6)			State any seasonal variations for the supply of alcohol (please read guidance note 4)
Day	Start	Finish	
Mon	06.00	21.00	<p><u>Non-standard timings. Where you intend to use the premises to be open to the public at different times to those listed in the column on the left, please list</u> (please read guidance note 5)</p>
Tue	06.00	21.00	
Wed	06.00	21.00	
Thurs	06.00	21.00	
Fri	06.00	21.00	
Sat	06.00	21.00	
Sun	06.00	20.00	

P

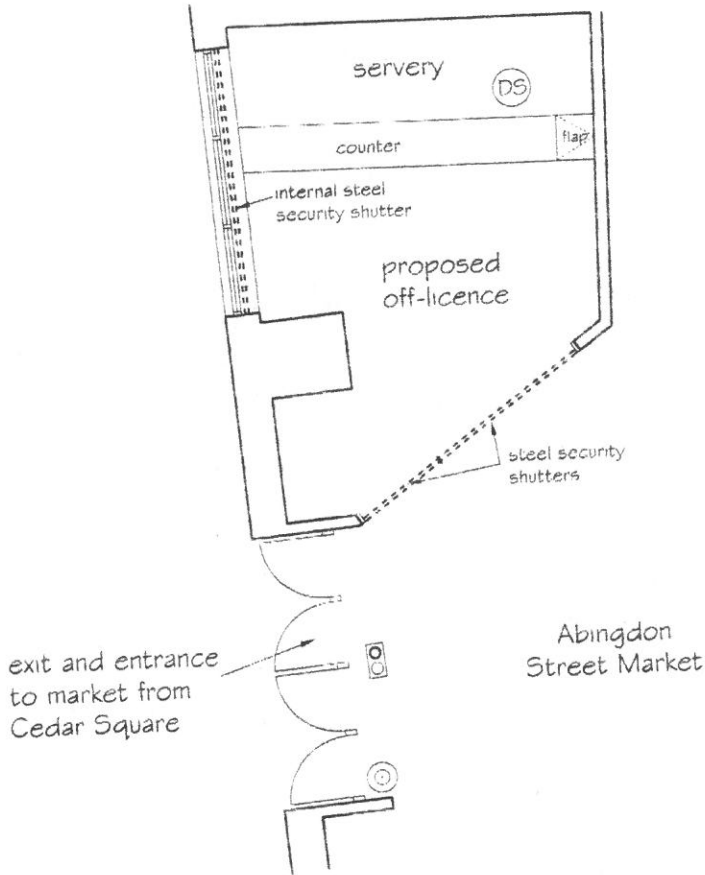
Describe the steps you intend to take to promote the four licensing objectives:

a) General – all four licensing objectives (b,c,d,e) (See guidance note 9)

1. Inside and outside of the Premises is fully covered by CCTV cameras.
2. Not overstock the shelf
3. Premises shut on time, no deliveries or collections before or after 08.30 ~~17.00~~ Hrs.
4. Strickly advice to the staff not to serve alcohol to the underage customers. to check the age proof ID, flower















Chalage 25.

02 NOV 2015



GROUND FLOOR PLAN

FIRE LEGEND

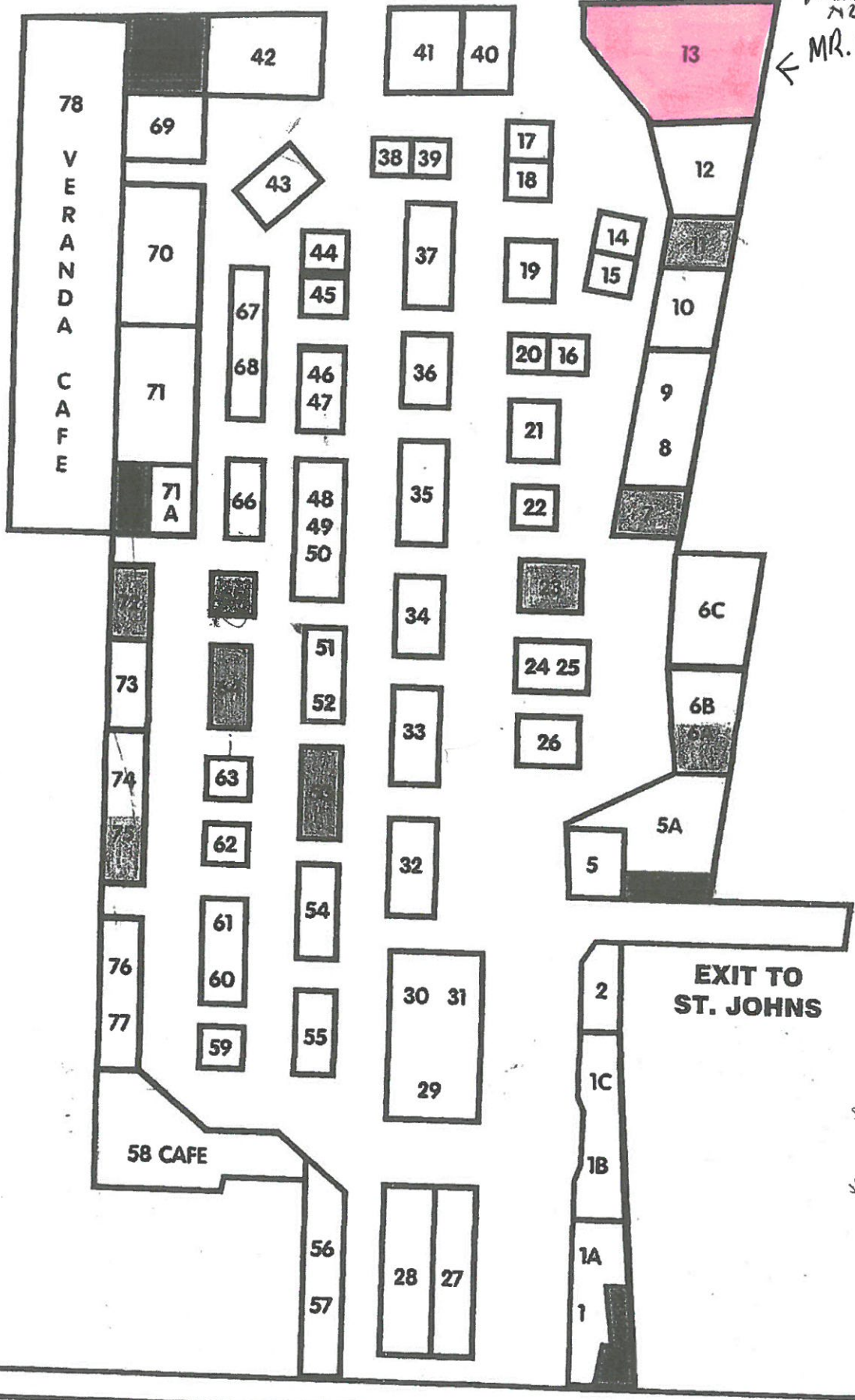
-  Fire Alarm Call Point
-  Heat Detector
-  Smoke Detector
-  Fire Alarm Sounder
-  Water Fire Extinguisher (numerals indicate capacity)
-  Dry Powder Extinguisher (numerals indicate capacity)
-  Foam Extinguisher (numerals indicate capacity)
-  Carbon Dioxide Extinguisher (numerals indicate capacity)
-  Fire Blanket
-  Self Closing Door
-  Panic Bar
-  Emergency Light
-  Illuminated Fire Exit Sign (directional with arrow)
-  Fire Exit Sign (directional with arrow)

All fire precautions to be installed to the satisfaction of the Fire Authority

ABINGDON NEWS, STALL 13,
ABINGDON STREET MARKET BLACKPOOL
GROUND FLOOR PLAN AS PROPOSED
Scale 1:100

CEDAR SQUARE

ABINGDON
NEWS
MR. GIBBARD.



ABINGDON STREET