

12 JAN 2015

APPLICATION FOR A NEW PREMISES LICENCE

Applicant Name(s):

MONIKA ANTCZAK

Contact

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

T: (01253) 47 8572 / 8589
F: (01253) 47 8372

www.blackpool.gov.uk



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 MONIKA ANTCZAK
[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	KOZIOLEK		
Premises Address	271A CHURCH STREET		
	BLACKPOOL		
	LANCASHIRE	Post Code	FY1 3PB
Telephone Number of premises (if any)	07740064161		
E-Mail Address	KOZIOLEK.BLACKPOOL@GMAIL.COM		
Non-Domestic Rateable Value of Premises	£ 4800		

12/1/15

Part 2 – Applicant details

In what capacity are you applying for a licence?

Please tick:

- a) An individual * Complete Section A
- b) A person other than an individual*
 - I. As a limited company Complete Section B
 - II. As a partnership Complete Section B
 - III. As an unincorporated association Complete Section B
 - IV. Other (for example a statutory corporation) Complete Section B
- c) A recognised Club Complete Section B
- d) A charity Complete Section B
- e) The proprietor of an educational establishment 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	<input checked="" type="radio"/> Mrs	Miss	Ms		
Surname	ANTCZAK			Forenames	MONIKA	
I am 18 years old or over	Yes	No	Date of Birth	Day	Month	Year
	<input checked="" type="checkbox"/>	<input type="checkbox"/>		26	01	1980
Home Address	28 DRYBURGH AVENUE					
	BLACKPOOL					
	LANCASHIRE			Post Code	FY3 9RH	
Telephone Number	07740064161			Mobile Number		
E-Mail Address	KOZIOLEK.BLACKPOOL@GMAIL.COM					

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	<small>Please tick</small>
					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

When do you want the premises licence to start

Day		Month		Year			

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

Day		Month		Year			

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)

POLISH FOOD STORE

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	
				Outdoors	
Day	Start	Finish		Both	
Mon			<u>Please give further details here</u> (please read guidance note 3)		
Tue					
Wed			<u>State any seasonal variations for performing plays</u> (please read guidance note 4)		
Thurs					
Fri			<u>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</u> (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	
Day	Start	Finish		Both	
Mon			Please give further details here (please read guidance note 3)		
Tue					
Wed			State any seasonal variations for the exhibition of films (please read guidance note 4)		
Thurs					
Fri			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)		
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			
Mon			State any seasonal variations for indoor sporting events (please read guidance note 4)		
Tue					
Wed			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)		
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	
Day	Start	Finish	Both			
Mon			<u>Please give further details here</u> (please read guidance note 3)			
Tue						
Wed			<u>State any seasonal variations for boxing or wrestling entertainment</u> (please read guidance note 4)			
Thurs						
Fri			<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)			
Sat						
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	
Day	Start	Finish	Both			
Mon			<u>Please give further details here</u> (please read guidance note 3)			
Tue						
Wed			<u>State any seasonal variations for the performance of live music</u> (please read guidance note 4)			
Thurs						
Fri			<u>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</u> (please read guidance note 5)			
Sat						
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

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

J

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	
				Off the premises	<input checked="" type="checkbox"/>
				Both	
Day	Start	Finish	State any seasonal variations for the supply of alcohol (please read guidance note 4)		
Mon	9:00 am	8 pm			
Tue	9 am	8 pm			
Wed	9 am	8 pm			
Thurs	9 am	8 pm			
Fri	9 am	8 pm			
Sat	10 am	8 pm			
Sun	11 am	8 pm			
			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)		

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 public Standard timings (read guidance note 6)			State any seasonal variations (please read guidance note 4)
Day	Start	Finish	
Mon	9am	8pm	
Tue	9am	8pm	
Wed	9am	8pm	
Thurs	9am	8pm	
Fri	9am	8pm	
Sat	9am	8pm	
Sun	9am	8pm	

M

State the name and details of the individual whom you wish to specify on the licence as the designated premises supervisor.						
Surname	RADOMSKI			Forename(s)	MAREK MARIAN	
State any previous names						
They are 18 years old or over	Yes	No	Their Date of Birth	Day	Month	Year
	<input checked="" type="checkbox"/>	<input type="checkbox"/>		08	12	1976
Address	40-48 HORNBY RD FY 14QJ					
	59 READS AVE FY 1 4DG					
	Post Code					
Telephone Number	0754 5847810					
Email Address	mkrd 76 @ gmail . com					
Personal Licence Number (if known)	PA 2465					
Expiry date of Personal Licence	18 APRIL 2017					
Issuing Licensing Authority (if known)	BLACKPOOL COUNCIL					

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)

- QUALITY CCTV SYSTEM
- DPS
- GOOD MANAGEMENT
- SECURITY DOORS AND WINDOW
- STANDARD HEALTH AND SAFETY PROCEDURE
- HOLDERS FIRST AID
- SIGNS ID REQUIRED

b) The prevention of crime and disorder

- GOOD MANAGEMENT
- DPS
- QUALITY CCTV SYSTEM
- SECURITY DOORS AND WINDOWS

c) Public Safety

- QUALITY CCTV SYSTEM
- STANDARD HEALTH AND SAFETY PROCEDURE
- HOLDER'S FIRST AID

d) The prevention of public nuisance

- QUALITY CCTV SYSTEM

e) The protection of children from harm

- SIGNS ID REQUIRED

If yes please tick

- 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	<i>Monika Antczak</i>
Print Name	MONIKA ANT CZAK
Capacity	OWNER
Date	12/01/2015

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					
Forename(s)					Surname				
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.



In order to assist with your application under the Licensing Act 2003, Lancashire Constabulary ask if you could provide the following information, which is offered on a voluntary basis, to speed up the application process.

Full Name (inc any previous names)

MONIKA ANTczAK

Date AND place of birth

26-01-1980 URVBIESZOW POLAND

Contact telephone number

- Day
- Evening.....
- Mobile.....07740064161.....

Thanking you in anticipation

Blackpool Council

12 JAN 2015

CONSENT OF DPS FORM

**Premises Licence
holder(s):**

MONIKA ANTCHAKI



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

Contact

T: (01253) 47 8572 / 8589

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Schedule 11

Consent of an individual to being specified as a premises supervisor

Full name of the prospective premises supervisor:	Type of Licensing Application:
MAREK RADOMSKI	A NEW PREMISE'S LICENCE

Home address of the prospective premises supervisor:
59 READS AVENUE FY1 4DG 40-48 HORNBY RD FY1 4QY

Full name(s) of Premises Licence holder:	Premises Licence number (if any):
MONIKA ANTOSZAK	

Name and address of the premises to which the application relates:
271A CHURCH STREET BLACKPOOL FY1 3PB

I, the prospective premises supervisor named above, of the address specified above, hereby confirm that I give my consent to be specified as the designated premises supervisor in relation to the licence named above by the applicant named above, relating to the premises licence number specified as above if any, for the premises the application relates to listed above and any premises licence to be granted or varied in respect of this application made by the above mentioned applicant concerning the supply of alcohol at the premises the application relates to specified above. I also confirm that I am applying for, intend to apply for or currently hold a personal licence, details as set out below.

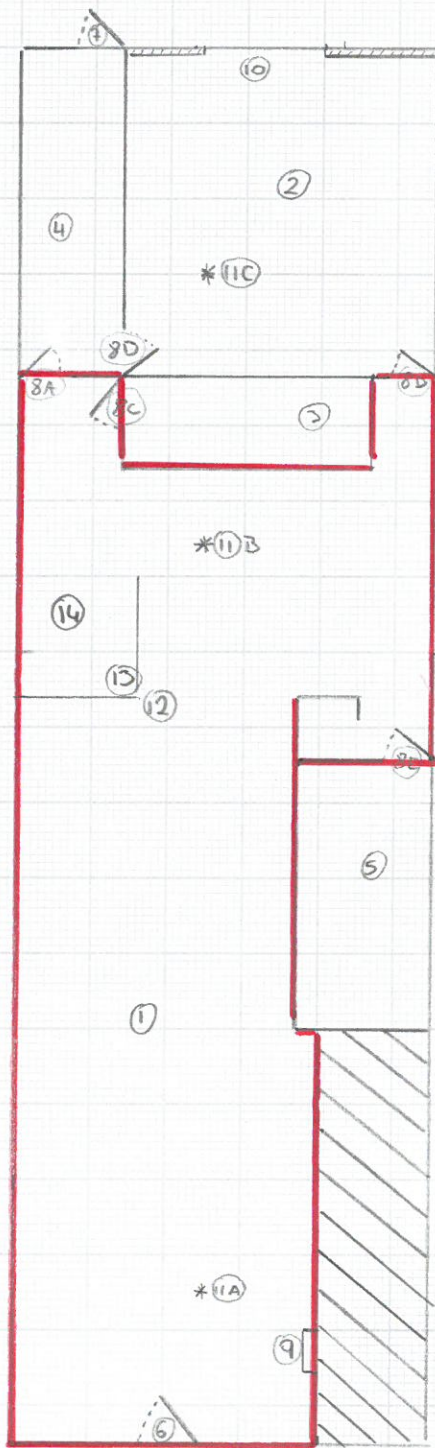
Personal Licence Number:	
Expiry Date on Personal Licence:	

Name of Personal Licence issuing authority:	
Address of issuing authority:	
Telephone of issuing authority:	

Signed by proposed DPS:	Marek Radomski
Print Name:	MAREK RADOMSKI
Date:	

SHOP AND PREMISES

271A CHURCH STREET



- 1. SHOP
- 2. BACK ROOM
- 3. TOILET
- 4. KITCHEN
- 5. BASEMENT
- 6. FRONT DOOR
- 7. BACK DOOR
- 8. INTERIOR DOORS
- 9. ELECTRICITY
- 10. BACK WINDOW
- 11. SMOKE DETECTORS
- 12. PILLAR
- 13. FIRE EXTINGUISHER
- 14. COUNTER

*SELLING ALCOHOL
AREA (RED)