

# Blackpool Council

16 JAN 2015

## APPLICATION FOR A NEW PREMISES LICENCE

**Applicant Name(s):**

AJASLAN DERME

PAGES 4, 7, 8, 9, & 10 NOT INCLUDED  
AS NOT RELEVANT TO APPLICATION.

### Built Environment

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

### Contact

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

[www.blackpool.gov.uk](http://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 ALPASLAN DERME

[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.	
<b>Premises Name</b>	WHISTLE STOP NUMBER 1.
<b>Premises Address</b>	80 SHEPBOURNE ROAD
	BACKBOL.
	Post Code <span style="border: 1px solid black; padding: 2px;">F Y 1 2 P Q</span>
<b>Telephone Number of premises (if any)</b>	01253 315338
<b>E-Mail Address</b>	
<b>Non-Domestic Rateable Value of Premises</b>	£ 3,150-00 <span style="float: right;">✓ 81</span>

### 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:	<input checked="" type="radio"/> Mr	<input type="radio"/> Mrs	<input type="radio"/> Miss	<input type="radio"/> Ms						
Surname	<del>AA</del> DERME				Forenames	ALPASLAN				
I am 18 years old or over	Yes	No	Date of Birth			<small>Please tick</small>				
	<input checked="" type="checkbox"/>	<input type="checkbox"/>				Day	Month	Year	15	5
Home Address	78 SHERBOURNE ROAD									
	BLAUPPOOL									
	Post Code	F	V	1	2	P	Q			
Telephone Number					Mobile Number	<del>07591 874478</del>				
E-Mail Address	07863 463487.									

### 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)

GENERAL 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	
Day	Start	Finish		Outdoors	
				Both	
Mon			<b>Please give further details here</b> (please read guidance note 3)		
Tue					
Wed			<b>State any seasonal variations for performing plays</b> (please read guidance note 4)		
Thurs					
Fri			<b>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</b> (please read guidance note 5)		
Sat					
Sun					

**J**

<b>Supply of alcohol</b> Standard timings (read guidance note 6)			<b>Will the sale of alcohol be for consumption on the premises, off the premises or both?</b> Please tick. (Read guidance note 6)	On the premises				
				Off the premises	<input checked="" type="checkbox"/>			
				Both				
<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	11.00	22.00						
Tue	11.00	22.00						
Wed	11.00	22.00						
Thurs	11.00	22.00						
Fri	11.00	22.00						
Sat	11.00	22.00						
Sun	11.00	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)		
Mon								
Tue								
Wed								
Thurs								
Fri								
Sat								
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)

None.

L

<b>Hours premises are open to public</b> Standard timings (read guidance note 6)			<b>State any seasonal variations</b> (please read guidance note 4)
Day	Start	Finish	
Mon	7.30	22.00	
Tue	7.30	22.00	
Wed	7.30	22.00	
Thurs	7.30	22.00	
Fri	7.30	22.00	
Sat	7.30	22.00	
Sun	7.30	22.00	

M

<b>State the name and details of the individual whom you wish to specify on the licence as the designated premises supervisor.</b>						
Surname	DERME			Forename(s)	ALPASLAN.	
State any previous names						
They are 18 years old or over	Yes	No	Their Date of Birth	Please tick		
	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Day	Month	Year
				15	5	1968
Address	78 SHELBORNE ROAD					
	BLACKPOOL.					
	Post Code	F	Y	1	2	PQ
Telephone Number	01253 <del>291570</del> 315338					
Email Address						
Personal Licence Number (if known)	PA 3183					
Expiry date of Personal Licence	8 JULY 2019					
Issuing Licensing Authority (if known)	BLACKPOOL.					

**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)

SEE ATTACHED

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

SEE ATTACHED

c) **Public Safety**

SEE ATTACHED

d) **The prevention of public nuisance**

SEE ATTACHED

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

SEE ATTACHED



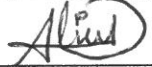
If yes please tick

- 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.**

<b>Signed</b>	
<b>Print Name</b>	ALPASLAN DERME
<b>Capacity</b>	APPLICANT
<b>Date</b>	<del>28.8.2014</del> 13.1.2015

**Where the premises licence is jointly held 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.**

<b>Signed</b>	
<b>Print Name</b>	
<b>Capacity</b>	
<b>Date</b>	

<b>Contact name (where not previously given) and address for correspondence associated with is application. (Please read guidance note 13)</b>									
<b>Title:</b>	<input checked="" type="radio"/> Mr	<input type="radio"/> Mrs	<input type="radio"/> Miss	<input type="radio"/> Ms					
<b>Forename(s)</b>	MICHAEL			<b>Surname</b>	WOOSNAM				
<b>Address for Correspondence associated with this application</b>	ROLAND ROBINSONS & FENTONS								
	87-89 ADELAIDE STREET								
	BLACKPOOL			<b>Post Code</b>	F	7	1	4	L
<b>Telephone Number</b>	01253 621432			<b>Mobile Number</b>					
<b>E-Mail Address</b>	mwe@rfsolicitors.com								

## Notes for Guidance

1. 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.
2. Where taking place in the building or other structure please tick as appropriate. Indoors may include a tent.
3. 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.
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 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.
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 for 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 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.
9. Please list here the steps you will take to promote all four licensing objectives together.
10. The application 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, the applicants or their respective agents must sign the application form.
13. This is the address that we shall use to correspond with you about this application.

Whistle Stop Number 1  
Off-licence conditions

1. The licence holder is to support and rigorously enforce challenger 25 proof of age policy.

Any person who looks or appears to be under the age of 21 shall be asked to provide identification that they are over the age of 18. The following are the only forms of identification acceptable: -

- i. UK photo driving licence
- ii. Passport
- iii. Proof of age Standards Scheme card

2. There shall be no less than two members of staff working in the premises at any time that the premises are open beyond 7pm .

3. No person under the age of 18 will be allowed to sell alcohol.

4. The premises will be equipped with a closed circuit television system appropriate to the business and approved by the enforcement authorities.

5. CCTV will be installed internally and externally at the premises and will comply with the following: -

- The CCTV system shall be installed, maintained and operated to the reasonable satisfaction of Lancashire Constabulary. All public areas of the premises are to be covered by the system.
- The system will display on any recording the correct time and date of the recording.
- The system will make recordings during all hours that the premises are open to the public.
- The VCR tapes or digital recording will be held for a minimum of 31 days and 28 days respectively after the recording is made and will be made available to the police or any authorized persons acting for a responsible authority for inspection upon request.
- The system will, as a minimum, record images of the head and shoulders of all persons entering the premises.

A staff member who is conversant with the operation of the CCTV system will be on the premises at all times that the premises are open to the public. This staff member will be able to show police recent data or footage with the absolute minimum of delay, when requested.

The Licence Holder or Designated Premises Supervisor will notify the Police Licensing Unit on any occasion when the CCTV is to be inoperative for a period in excess of one working day and shall provide a certificate from a competent person stating the reason for the system being inoperative and the measures which have been taken to satisfy the licence conditions.

Appropriate signs informing customers that CCTV is recording will be displayed in conspicuous positions on the premises.

Monthly documented maintenance checks of the CCTV system, including the recording system, will be carried out by the Designated Premises Supervisor to ensure that the system is in good working order and fit for purpose.

6. All staff are to have received suitable training in relation to the proof of age scheme to be applied at the premises. Records to evidence this will be made available to an authorised officer on demand.

7. A refusals book will be used to record all occasions on which a sale of alcohol has been refused.

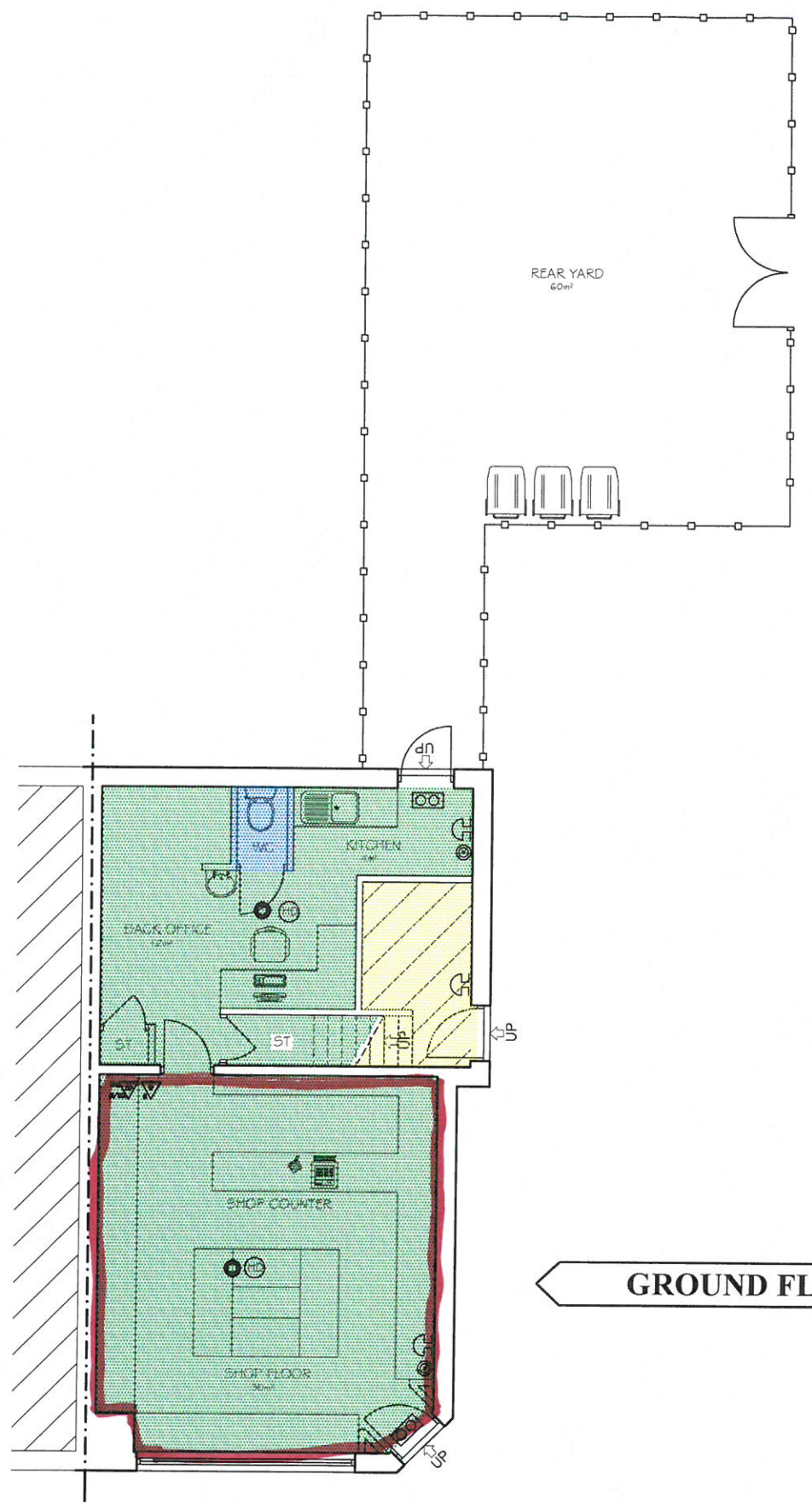
8. The premises will be operated in accordance with the principles of the Nightsafe initiative as are relevant to the business and set out in the associated leaflet.

9. A clear legible notice will be displayed in a conspicuous position at every exit point from the premises asking customers to avoid causing noise nuisance or disturbance to local residents.

10. That the licence holder and designated premises supervisor will join the Town Centre Off Licence forum.

11. No deliveries will be made to the premises after 18:00hours.

12. The premises will not stock or supply either “white cider” or beers or lagers with an alcoholic content above 5%.



**CONFIGURATION**

GROUND FLOOR TOTAL AREA 50m<sup>2</sup>  
TOTAL PLOT AREA 110m<sup>2</sup>

- KEY TO SYMBOLS**
- ⊙ HD HEAT DETECTOR
  - ⊙ SD SMOKE DETECTOR
  - ⊙ ALARM BREAK POINT
  - △ EXTINGUISHERS
  - EMERGENCY LIGHT
  - ⊙ FIRE ESCAPE LIGHTING
  - ⊙ ALARM SIREN

- DRY AREA
- WET AREA
- BEER / BOTTLE STORE
- W/C

*— Licensed area.*

**GROUND FLOOR/ SITE LAYOUT SCALE 1:100**

**Keystone Design Associates Ltd.**  
 261 Church Street Blackpool FY1 3PB  
 Tel. No. 01253 649040  
 Fax. No. 01243 752901  
 Email : Info@keystonedesign.co.uk

PROJECT ADDRESS		80 SHERBOURNE ROAD BLACKPOOL	
CLIENT	MR DERME	DRAWING TITLE	LICENSING PLAN
DRAWN	PB	SCALE	1:100@A3
		DATE	15/08/2014
DRAWING No.		AO14/183/L/O1	

Revision	-	Rev.	Amendments	Date	By
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