

14 JAN 2016

APPLICATION FOR A NEW PREMISES LICENCE

Applicant Name(s):

HECTOR HICHAM BELKAID

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 HECTOR HICHAM BELKAID

[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	RADOM - EURO SHOP
Premises Address	239 DICKSON ROAD
	BLACKPOOL Post Code FY1 2JH
Telephone Number of premises (if any)	
E-Mail Address	
Non-Domestic Rateable Value of Premises	£ 2950

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

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...

If yes please tick

Title:		<input checked="" type="radio"/> Mr	<input type="radio"/> Mrs	<input type="radio"/> Miss	<input type="radio"/> Ms				
Surname			BELKAID		Forenames			HECTOR HICHAM	
I am 18 years old or over		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Date of Birth		Please tick			
						Day	Month	Year	
Home Address		[Redacted]							
		BLACKPOOL			Post Code		FY2		
Telephone Number		[Redacted]			Mobile Number		[Redacted]		
E-Mail Address		[Redacted]							

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	No
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			
1	9	0	1	2	0	1	6

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)

CONVINIENCE STORE WITH ALCOHOL

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			Please give further details here (please read guidance note 3)		
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		
Day	Start	Finish		Outdoors		
Mon			Please give further details here (please read guidance note 3)	Both		
Tue						
Wed				State any seasonal variations for the exhibition of films (please read guidance note 4)		
Thurs						
Fri						
Sat				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)		
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			
Thurs			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)
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			
Mon			Please give further details here (please read guidance note 3)		
Tue					
Wed			State any seasonal variations for boxing or wrestling entertainment (please read guidance note 4)		
Thurs					
Fri			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)		
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	
				Both	
Day	Start	Finish			
Mon			Please give further details here (please read guidance note 3)		
Tue					
Wed			State any seasonal variations for the performance of live music (please read guidance note 4)		
Thurs					
Fri			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)		
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	
Day	Start	Finish		Outdoors	
				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	
Day	Start	Finish		Outdoors	
				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)			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).	
Day	Start	Finish	Indoors	
Mon			Outdoors	
			Both	
Tue			Please give further details here (please read guidance note 3)	
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				

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	
Day	Start	Finish		Off the premises	✓
Mon	10:00	22:00	State any seasonal variations for the supply of alcohol (please read guidance note 4)		
Tue	10:00	22:00			
Wed	10:00	22:00			
Thurs	10:00	22:00	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)		
Fri	10:00	22:00			
Sat	10:00	22:00			
Sun	10:00	19:00			

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	10.00	22.00	Non-standard timings. Where you intend the premises to be open to the public at different times to those listed in the column on the left, please list (please read guidance note 5)
Tue	10.00	22.00	
Wed	10.00	22.00	
Thurs	10.00	22.00	
Fri	10.00	22.00	
Sat	10.00	22.00	
Sun	10.00	19.00	

M

State the name and details of the individual whom you wish to specify on the licence as the designated premises supervisor.

Surname	BELKAID	Forename(s)	HECTOR HICMAN
State any previous names			
They are 18 years old or over	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Their Date of Birth
		Please tick	
		Day	Month Year
		11	06 15
Address	11 CARVALLO STREET		
	BLACKPOOL	Post Code	F7 2 9JA
Telephone Number	74511142536		
Email Address	masha@yahoo.co.uk		
Personal Licence Number (if known)	PA 2593		
Expiry date of Personal Licence	23 July 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)

b) The prevention of crime and disorder

CCTV

c) Public Safety

SECURITY STAFF

d) The prevention of public nuisance

NOT SELLING ALCOHOL TO DRUNK
PERSON AND UNDER AGE

e) The protection of children from harm

challenge UNDER 25


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	
Print Name	HECTOR HICHAM BELKAID
Capacity	
Date	05.0.2016

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.