

# Blackpool Council

07 MAY 2014

## APPLICATION FOR A NEW PREMISES LICENCE

**Applicant Name(s):**

MERTEZA DEGHAN

### 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 MORTEZA DEGHAN  
[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	PIZZA LAND
Premises Address	288 DEVONSHIRE ROAD BLACKPOOL
	Post Code FY2 OTN
Telephone Number of premises (if any)	01253590606
E-Mail Address	PA padzanan1-UK@yahoo.com
Non-Domestic Rateable Value of Premises	£ 5,200

### 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
- 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)**

<b>Title:</b>	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	<input checked="" type="checkbox"/> MV					
<b>Surname</b>	DEMGHAN				<b>Forenames</b>	MORTEZA				
<b>I am 18 years old or over</b>	<b>Yes</b>		<b>No</b>		<b>Date of Birth</b>	<small>Please tick</small>				
	<input checked="" type="checkbox"/>		<input type="checkbox"/>			<b>Day</b>	<b>Month</b>	<b>Year</b>		
						03	12	1988		
<b>Home Address</b>	Flat 2 22-26 RIBBIE ROAD BLACKPOOL									
						<b>Post Code</b>	FY1	4AB		
<b>Telephone Number</b>					<b>Mobile Number</b>	07762598637				
<b>E-Mail Address</b>	padzann1-uk@yahoo.com									

**SECOND INDIVIDUAL APPLICANT IF APPLICABLE**

<b>Title:</b>	Mr	Mrs	Miss	Ms		
<b>Surname</b>				<b>Forenames</b>		
<b>Date of Birth</b>	<b>Day</b>	<b>Month</b>	<b>Year</b>	<b>I am 18 years old or over</b>	<small>Please tick</small> <b>Yes</b>	<b>No</b>
<b>Home address</b>						
				<b>Post Code</b>		
<b>Telephone Number</b>				<b>Mobile Number</b>		
<b>E-Mail Address</b>						

**(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.

<b>Name</b>						
<b>Address</b>						
					<b>Post Code</b>	
<b>Telephone Number</b>						
<b>E-Mail Address</b>						
<b>Registered number (where applicable)</b>						
<b>Description of applicant (e.g. partnership, company, unincorporated association)</b>						

### Part 3 - Operating Schedule

When do you want the premises licence to start

Immediate.

Day	Month	Year
<del>24</del>	<del>10</del>	<del>2014</del>

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)

Pizza takeaway

**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			<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	
Day	Start	Finish		Outdoors	
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			
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

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

## E

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



# F

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

# G

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

**H**

<b>Entertainment of a similar description to that falling within (e), (f) or (g) Standard timings (read guidance note 6)</b>			<b>Please give a description of the type of entertainment you will be providing</b>		
<b>Day</b>	<b>Start</b>	<b>Finish</b>	<b>Will this entertainment take place indoors, outdoors or both. Please tick. (Read guidance note 2)</b>	Indoors	
<b>Mon</b>				Outdoors	
				Both	
<b>Tue</b>			<b>Please give further details here</b> (please read guidance note 3)		
<b>Wed</b>					
<b>Thu</b>			<b>State any seasonal variations for entertainment</b> (please read guidance note 4)		
<b>Fri</b>					
<b>Sat</b>			<b>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</b> (please read guidance note 5)		
<b>Sun</b>					

**I**

<b>Late Night Refreshment Standard timings (read guidance note 6)</b>			<b>Will the provision of late night refreshment take place indoors, outdoors or both? Please tick (Read guidance note 2).</b>	Indoors	<input checked="" type="checkbox"/>
<b>Day</b>	<b>Start</b>	<b>Finish</b>		Outdoors	<input type="checkbox"/>
				Both	<input checked="" type="checkbox"/>
<b>Mon</b>	23:00	24	<b>Please give further details here</b> (please read guidance note 3)		
<b>Tue</b>	23:00	24			
<b>Wed</b>	23:00	24			
<b>Thu</b>	23:00	24	<b>State any seasonal variations for the provision of late night refreshment</b> (please read guidance note 4)		
<b>Fri</b>	23:00	1am			
<b>Sat</b>	23:00	1am	<b>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</b> (please read guidance note 5)		
<b>Sun</b>	23:00	24am			

**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? Please tick. (Read guidance note 6)</b>	On the premises				
				Off the premises				
				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								
Tue								
Wed								
Thurs								
Fri								
Sat								
Sun								
						<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)		

**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)
<b>Day</b>	<b>Start</b>	<b>Finish</b>	
Mon	16	24	
Tue	16	24	
Wed	16	24	
Thurs	16	24	
Fri	16	1am	
Sat	16	1am	
Sun	16	24	

**M**

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

<b>Surname</b>			<b>Forename(s)</b>			
<b>State any previous names</b>						
<b>They are 18 years old or over</b>	Yes	No	<b>Their Date of Birth</b>	Day	Month	Year
<b>Address</b>						
	<b>Post Code</b>					
<b>Telephone Number</b>						
<b>Email Address</b>						
<b>Personal Licence Number (if known)</b>						
<b>Expiry date of Personal Licence</b>						
<b>Issuing Licensing Authority (if known)</b>						

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)

As a licensee ~~of premises~~ ~~at~~ I know that it is necessary to carry out some functions or operate to the business with a purpose of promoting the shop. For instance, installing CCTVs, setting up a bin outside the shop and entrance.

b) The prevention of crime and disorder

I have recently set up <sup>some</sup> cameras @ outside and inside the shop in order to address the prevention of crime objective.  
A clear and legible notice outside the premises indicating the normal hours under the terms of the premises licence during which licensable activities are permitted.

c) Public Safety

Well trained staff adherence to environmental health requirement.  
A log book or recording system shall be ~~kept~~ kept upon the premises in ~~which~~ which shall be entered particulars of inspection made.

d) The prevention of public nuisance

The licensee will ensure that staff who arrive early morning or depart late night, when the ~~business~~ business has ceased trading conduct themselves in such a manner to avoid causing disturbance to nearby residents and to leave the premises as quickly

e) The protection of children from harm

~~well~~ well trained staff about requirement for person's identification, age establishment, <sup>as possible</sup> exit

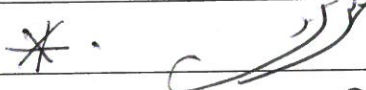
If yes please tick

- 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	MORTEZA DEMGHAN
Capacity	licence holder
Date	06/May/2014

**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.**

Signed	
Print Name	
Capacity	
Date	

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

### 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.



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)**

MORTEZA DEGHAN

**Date AND place of birth**

03/12/1988  
SHIRAZ - IRAN

**Contact telephone number**

- Day ..... 07762598637
- Evening.....
- Mobile..... 0775 35513839

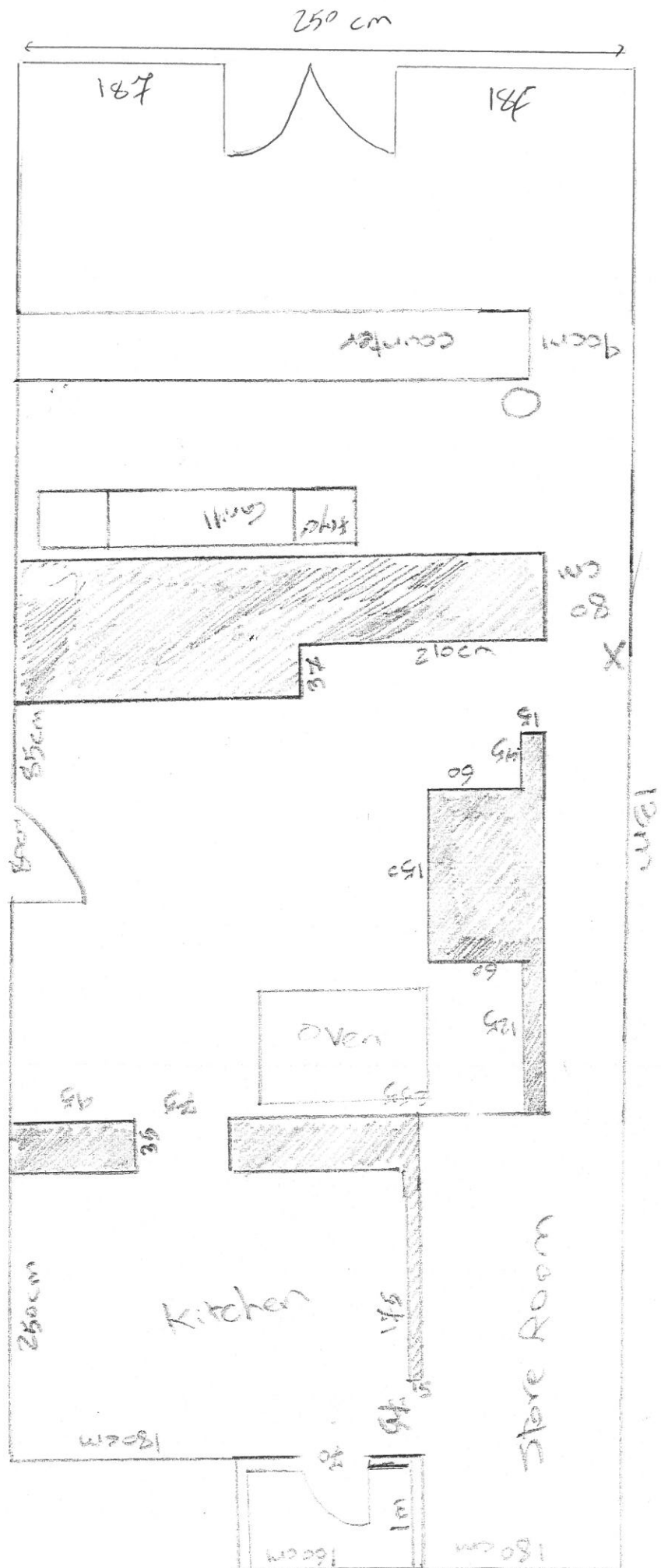
Thanking you in anticipation



Pizza land  
283 Devonshire Road

Blackpool  
FY2 0TN

Whole area to be  
licensed.



Symbol

O: Fire alarm

X: Fire extinguisher

Scale: 1:250