

\* required information

Section 1 of 19		
You can save the form at any t	time and resume it later. You do not need to be	logged in when you resume.
System reference	Not Currently In Use	This is the unique reference for this application generated by the system.
Your reference	TC 13019-1	You can put what you want here to help you track applications if you make lots of them. It is passed to the authority.
Are you an agent acting on be	ehalf of the applicant? No	Put "no" if you are applying on your own behalf or on behalf of a business you own or work for.
Applicant Details		
* First name	JEYAKANTH	]
* Family name	MURUGIAH	]
* E-mail	trevor@colebournes.co.uk	]
Main telephone number	07449945520	Include country code.
Other telephone number		
Indicate here if the appl	icant would prefer not to be contacted by telep	bhone
Is the applicant:		
<ul> <li>Applying as a business of</li> </ul>	or organisation, including as a sole trader	A sole trader is a business owned by one
<ul> <li>Applying as an individu</li> </ul>	al	person without any special legal structure. Applying as an individual means the applicant is applying so the applicant can be employed, or for some other personal reason, such as following a hobby.
Applicant Business		
* Is the applicant's business registered in the UK with Companies House?	○ Yes ● No	
* Is the applicant's business registered outside the UK?	○ Yes ● No	
* Business name	JEYAKANTH MURUGIAH	If the applicant's business is registered, use its registered name.
* VAT number GB	none	Put "none" if the applicant is not registered for VAT.

Continued from previous page		
* Legal status	Sole Trader	
* Applicant's position in the business	Proprietor	
Home country	United Kingdom	The country where the applicant's headquarters are.
Applicant Business Address		If the applicant has one, this should be the
* Building number or name	21, 23 and 25	applicant's official address - that is an address required of the applicant by law for
* Street	Trafalgar Road	receiving communications.
District		
* City or town	Blackpool	
County or administrative area	Lancashire	
* Postcode	FY1 6AW	
* Country	United Kingdom	
Agent Details		
* First name	Trevor	
* Family name	Colebourne	
* E-mail	trevor@colebournes.co.uk	
Main telephone number	01253293195	Include country code.
Other telephone number		
Indicate here if you would	ld prefer not to be contacted by telephone	
Are you:		
• An agent that is a busine	ess or organisation, including a sole trader	A sole trader is a business owned by one person without any special legal structure.
<ul> <li>A private individual actir</li> </ul>	ng as an agent	p
Agent Business * Is your business registered in the UK with Companies House?		
* Registration number	7674338	
* Business name	COLEBOURNES SOLICITORS & ADVOCATES LTD	If your business is registered, use its registered name.
* VAT number GB	944526313	Put "none" if you are not registered for VAT.

Continued from previous page		
* Legal status	Private Limited Company	
* Your position in the business	Director	
Home country	United Kingdom	The country where the headquarters of your business is located.
Agent Registered Address		Address registered with Companies House.
* Building number or name	77	
* Street	Adelaide Street	
District		
* City or town	Blackpool	
County or administrative area		
* Postcode	FY1 4LP	
* Country	United Kingdom	
Section 2 of 19		
PREMISES DETAILS		
I/we, as named in section 1, ap described in section 2 below (the in accordance with section 12 c	oly for a premises licence under section 17 of th he premises) and I/we are making this applicati of the Licensing Act 2003.	ne Licensing Act 2003 for the premises on to you as the relevant licensing authority
Premises Address		
Are you able to provide a posta	al address, OS map reference or description of t	he premises?
Address	o reference O Description	
Postal Address Of Premises		
Building number or name	21, 23 and 25	
Street	Trafalgar Road	
District		
City or town	Blackpool	
County or administrative area		
Postcode	FY1 6AW	
Country	United Kingdom	
Further Details		
Telephone number		

-	domestic rateable e of premises (£)	8,500	]
Secti	on 3 of 19		
APPL	ICATION DETAILS		
In wh	at capacity are you apply	ing for the premises licence?	
	An individual or individu	als	
	A limited company		
	A partnership		
	An unincorporated assoc	ciation	
	A recognised club		
	A charity		
	The proprietor of an edu	cational establishment	
	A health service body		
		ed under part 2 of the Care Standards Act In independent hospital in Wales	
	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		
	The chief officer of police of a police force in England and Wales		
	Other (for example a statutory corporation)		
Conf	irm The Following		
	I am carrying on or prope the use of the premises f	osing to carry on a business which involves or licensable activities	
	I am making the application pursuant to a statutory function		
	I am making the application pursuant to a function discharged by virtue of Her Majesty's prerogative		
Secti	on 4 of 19		
INDI	/IDUAL APPLICANT DET	AILS	
	l <b>icant Name</b> e name the same as (or sir	nilar to) the details given in section one?	If "Yes" is selected you can re-use the details from section one, or amend them as required.
`	Yes	⊖ No	Select "No" to enter a completely new set of details.
First	First name JEYAKANTH		
Fami	Family name MURUGIAH		]

Continued from previous page		
Is the applicant 18 years of age	or older?	
• Yes	⊖ No	
Applicant Postal Address Is the address the same as (or s	imilar to) the address given in section one?	If "Yes" is selected you can re-use the details from section one, or amend them as
• Yes	⊖ No	required. Select "No" to enter a completely new set of details.
Building number or name	34	
Street	Kingslea	
District		
City or town	Leatherhead	
County or administrative area		
Postcode	KT22 2SN	
Country	United Kingdom	
Applicant Contact Details Are the contact details the sam • Yes	ne as (or similar to) those given in section one?	If "Yes" is selected you can re-use the details from section one, or amend them as required. Select "No" to enter a completely new set of details.
E-mail	trevor@colebournes.co.uk	new set of details.
Telephone number	07449945520	
Other telephone number		
	Add another applicant	]
Section 5 of 19		-
OPERATING SCHEDULE		
When do you want the premises licence to start?	05 <b>/</b> 08 <b>/</b> 2014 dd mm yyyy	
If you wish the licence to be valid only for a limited period, when do you want it to end	dd mm yyyy	
Provide a general description c	of the premises	
licensing objectives. Where you	ses, its general situation and layout and any oth ur application includes off-supplies of alcohol a plies you must include a description of where th	nd you intend to provide a place for
Retail shop premises operated descriptions to be sold at a cou	as a general food convenience store. Ground fle inter point of sale	oor only premises with alcohol of all

Continued from previous page	
If 5,000 or more people are expected to attend the premises at any one time, state the number expected to attend	
Section 6 of 19	
PROVISION OF PLAYS	
Will you be providing plays?	
⊖ Yes	• No
Section 7 of 19	
PROVISION OF FILMS	
Will you be providing films?	
⊖ Yes	No
Section 8 of 19	
PROVISION OF INDOOR SPOF	RTING EVENTS
Will you be providing indoor s	porting events?
⊖ Yes	No
Section 9 of 19	
PROVISION OF BOXING OR W	/RESTLING ENTERTAINMENTS
Will you be providing boxing o	or wrestling entertainments?
⊖ Yes	No
Section 10 of 19	
PROVISION OF LIVE MUSIC	
Will you be providing live mus	ic?
⊖ Yes	• No
Section 11 of 19	
PROVISION OF RECORDED M	USIC
Will you be providing recorded	d music?
⊖ Yes	• No
Section 12 of 19	
PROVISION OF PERFORMANC	CES OF DANCE
Will you be providing perform	ances of dance?
⊖ Yes	• No
Section 13 of 19	
PROVISION OF ANYTHING OF DANCE	F A SIMILAR DESCRIPTION TO LIVE MUSIC, RECORDED MUSIC OR PERFORMANCES OF
Will you be providing anything performances of dance?	g similar to live music, recorded music or

Continued from previous p	page		⊖ Yes	No
Section 14 of 19				
LATE NIGHT REFRESHM	ENT			
Will you be providing lat	e night refreshment?			
⊖ Yes	<ul><li>No</li></ul>			
Section 15 of 19				
SUPPLY OF ALCOHOL				
Will you be selling or sup	oplying alcohol?			
• Yes	⊖ No			
Standard Days And Tin	nings			
MONDAY			Give timings in 2	A bour clock
	Start 08:00	End 00:00	0 (e.g., 16:00) and	only give details for the days
	Start	End	of the week whe to be used for th	n you intend the premises e activity.
TUESDAY				,
	Start 08:00	End 00:00	0	
	Start Start	End	<u> </u>	
WEDNESDAY				
	Start 08:00	End 00:00	0	
	Start	End		
THURSDAY				
	Start 08:00	End 00:00	0	
	Start	End		
FRIDAY				
	Start 08:00	End 00:00	0	
	Start	End		
SATURDAY			-	
	Start 08:00	End 00:00		
	Start	End		
SUNDAY				
	Start 08:00	End 00:00	0	
	Start	End		

Continued from previous page			
Will the sale of alcohol be for consumption:If the sale of alcohol is for consump the premises select on, if the sale o			
<ul> <li>On the premises</li> </ul>	• Off the premises $\bigcirc$ Both	is for consumption away from the premises select off. If the sale of alcohol is for consumption on the premises and away from the premises select both.	
State any seasonal variations			
For example (but not exclusive	ely) where the activity will occur on additional da	ays during the summer months.	
none			
Non-standard timings. Where column on the left, list below	the premises will be used for the supply of alcoh	nol at different times from those listed in the	
For example (but not exclusive	ely), where you wish the activity to go on longer	on a particular day e.g. Christmas Eve.	
none			
State the name and details of t licence as premises supervisor	he individual whom you wish to specify on the		
Name			
First name	JEYAKANTH		
Family name	MURUGIAH		
Enter the contact's address			
Building number or name	34		
Street	Kingslea		
District			
City or town	Leatherhead		
County or administrative area			
Postcode	KT22 2SN		
Country	United Kingdom		
Personal Licence number (if known)	726		
lssuing licensing authority (if known)	Mole Valley District Council, Pippbrook,		

© Queen's Printer and Controller of HMSO 2009

<i>Continued from previous p</i> Dorking. RH4 1SJ	age		
PROPOSED DESIGNATE	D PREMISES SUPERVISOR CON	SENT	
How will the consent for be supplied to the autho	m of the proposed designated p rity?	remises supervisor	
<ul> <li>Electronically, by th</li> </ul>	ne proposed designated premise	es supervisor	
• As an attachment t	o this application		
Reference number for co form (if known)	nsent		If the consent form is already submitted, ask the proposed designated premises supervisor for its 'system reference' or 'your reference'.
Section 16 of 19			
ADULT ENTERTAINMEN	Т		
	rtainment or services, activities, ise to concern in respect of child		nt or matters ancillary to the use of the
rise to concern in respect		ner you intend childre	y to the use of the premises which may give n to have access to the premises, for example gambling machines etc.
None			
Section 17 of 19			
HOURS PREMISES ARE C	OPEN TO THE PUBLIC		
Standard Days And Tim	nings		
MONDAY			Give timings in 24 hour clock.
	Start 07:00	End 00:30	(e.g., 16:00) and only give details for the days
	Start	End	of the week when you intend the premises to be used for the activity.
TUESDAY			
	Start 07:00	End 00:30	
	Start Start	End	
WEDNESDAY		L	1
	Start 07:00	End 00:30	
	Start Start	End	
THURSDAY			I
	Start 07:00	End 00:30	
	Start	End	

Continued from previous page			
FRIDAY			
Start 07:00 End 00:30			
Start End End			
SATURDAY			
Start 07:00 End 00:30			
Start End End			
SUNDAY			
Start 07:00 End 00:30			
Start End			
State any seasonal variations			
For example (but not exclusively) where the activity will occur on additional days during the summer months.			
Non standard timings. Where you intend to use the premises to be open to the members and guests at different times	from		
those listed in the column on the left, list below			
For example (but not exclusively), where you wish the activity to go on longer on a particular day e.g. Christmas Eve.			
Section 18 of 19	]		
LICENSING OBJECTIVES			
Describe the steps you intend to take to promote the four licensing objectives:			
a) General – all four licensing objectives (b,c,d,e)			
List here steps you will take to promote all four licensing objectives together.			
These proposed retail shop premises are situated on a main road in an area comprising of residential and commercial			
premises. The area generally is not well served by premises selling alcohol for off premises consumption and therefore			
demonstrates a need in this particular locality. The premises will be well run and managed by an experienced retailer who has many years experience of managing retail shops of this kind. The Applicant and DPS will be able to promote all the			
licensing objectives to a very high standard, the details of which appear below.			
b) The prevention of crime and disorder			
1. State of the art CCTV will be installed with multi-screen remote live access and instant memory access. Multi cameras will			
cover all public areas of the shop premises, including the entry/exit door. The system internal memory records for a period of at least 31 days. The DPS and all staff will be fully trained to operate the system.			
2. An incident book will record any incidents of crime and disorder, any refused sales, any person refused admission or			

Continued from previous page...

asked to leave and details of any occasions when the Police are called to the premises.

c) Public safety

The premises will maintain a high standard of safety compliance and will continue to carry out regular Health & Safety checks in respect of all parts of the building structure, isles and walkways, electrical compliance and a record will be kept of all maintenance issues and risk assessments.

d) The prevention of public nuisance

A clear, legible and conspicuous notice will remind all patrons to respect local residents and to curtail noise or behavior likely to lead to disturbance

e) The protection of children from harm

The licence holder will support and rigorously enforce Challenge 25 Proof of age policy. All staff will be fully trained on under age sales, and compliance with the other licensing objectives, and a full training record will be kept on the premises, and be available for inspection by an appropriate official. Staff training will be updated every 3 months. An authorised personnel list shall be kept, signed and dated by the DPS. No sales of alcohol will be made by any person under age 18 and all sales of alcohol will be made or authorised by a personal licence holder. A refusals register will be maintained fully up to date at the premises and made available for appropriate inspection.

## Section 19 of 19

## PAYMENT DETAILS

This fee must be paid to the authority. If you complete the application online, you must pay it by debit or credit card.

Premises Licence Fees are determined by the non domestic rateable value of the premises. To find out a premises non domestic rateable value go to the Valuation Office Agency site at http://www.voa.gov.uk/

business\_rates/index.htm

£100.00
£190.00
£315.00
£450.00*
£635.00*

\*If the premises rateable value is in Bands D or E and the premises is primarily used for the consumption of alcohol on the premises then your are required to pay a higher fee

Band D - £87001 to £12500	£900.00
Band E - £125001 and over	£1,905.00

There is an exemption from the payment of fees in relation to the provision of regulated entertainment at church halls, chapel halls or premises of a similar nature, village halls, parish or community halls, or other premises of a similar nature. The costs associated with these licences will be met by central Government. If, however, the licence also authorises the use of the premises for the supply of alcohol or the provision of late night refreshment, a fee will be required.

Schools and sixth form colleges are exempt from the fees associated with the authorisation of regulated entertainment where the entertainment is provided by and at the school or college and for the purposes of the school or college.

If you operate a large event you are subject to ADDITIONAL fees based upon the number in attendance at any one time

Capacity 5000-9999

£1,000.00

Continued from previous page		
Capacity 10000 -14999	£2,000.00	
Capacity 15000-19999	£4,000.00	
Capacity 20000-29999	£8,000.00	
Capacity 30000-39000	£16,000.00	
Capacity 40000-49999	£24,000.00	
Capacity 50000-59999	£32,000.00	
Capacity 60000-69999	£40,000.00	
Capacity 70000-79999	£48,000.00	
Capacity 80000-89999	£56,000.00	
Capacity 90000 and over	£64,000.00	
* Fee amount (£)	190.00	
DECLARATION		
	ce, liable on conviction to a fine up to level 5 on the standard scale, under section 158 of the false statement in or in connection with this application.	
<ul> <li>I understand that the information I have provided, will be held by the Council on both computerised and manual files.</li> <li>This data may be made available on a public register if so required by relevant legislation. The data may also be disclosed to other departments within the Council and other organisations, but only in order to ensure compliance with relevant legislation, for identification purposes or to prevent or detect fraud or a crime.</li> </ul>		
$\boxtimes$ Ticking this box indicat	es you have read and understood the above declaration	
This section should be completed by the applicant, unless you answered "Yes" to the question "Are you an agent acting on behalf of the applicant?"		
* Full name	Trevor Colebourne	
* Capacity	Solicitor for Applicant	
* Date	07 / 07 / 2014	
	dd mm yyyy	
	Add another signatory	
Once you're finished you need to do the following: 1. Save this form to your computer by clicking file/save as 2. Go back to <u>https://www.gov.uk/apply-for-a-licence/premises-licence/blackpool/apply-1</u> to upload this file and continue with your application. Don't forget to make sure you have all your supporting documentation to hand.		
IT IS AN OFFENCE, LIABLE ON SUMMARY CONVICTION TO A FINE NOT EXCEEDING 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

## OFFICE USE ONLY

Applicant reference number	TC 13019-1
Fee paid	
Payment provider reference	
ELMS Payment Reference	
Payment status	
Payment authorisation code	
Payment authorisation date	
Date and time submitted	
Approval deadline	
Error message	
Is Digitally signed	
< Previous <u>1</u> <u>2</u> <u>3</u> <u>4</u>	<u>5 6 7 8 9 10 11 12 13 14 15 16 17 18 19</u> Next >