

# Blackpool Council

03 FEB 2015

## APPLICATION FOR A NEW PREMISES LICENCE

**Applicant Name(s):**

Marwan Neif

### 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](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 MARWAN NIEF

[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**

<b>Postal address of premises or club premises if any, or if none the ordinance survey map reference or description.</b>			
<b>Premises Name</b>	FOXHALL NEWS AND BOOSE		
	60 FOXHALL ROAD		
	BLACKPOOL		
	<b>Post Code</b>	FY1	5BW
<b>Telephone Number of premises (if any)</b>	—		
<b>E-Mail Address</b>	nief@... .		
<b>Non-Domestic Rateable Value of Premises</b>	£	6000	

**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

If yes please tick

<b>Title:</b>	Mr	Mrs	Miss	Ms	Mr
<b>Surname</b>	NEIF NEIF			<b>Forenames</b>	MARWAN
<b>I am 18 years old or over</b>	Yes	No	<b>Date of Birth</b>		<small>Please tick</small>
	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Day	Month
					Year
					1977
<b>Home Address</b>	295 warley ROAD				
	Rlackpool				
	<b>Post Code</b>	F	Y	2	0 U P
<b>Telephone Number</b>				<b>Mobile Number</b>	
<b>E-Mail Address</b>					

**SECOND INDIVIDUAL APPLICANT IF APPLICABLE**

<b>Title:</b>	Mr	Mrs	Miss	Ms	
<b>Surname</b>				<b>Forenames</b>	
<b>Date of Birth</b>	Day	Month	Year	I am 18 years old or over	Please tick Yes No
<b>Home address</b>	N/A				
	<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>	N/A				
	<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

Day		Month		Year		
2	<del>7</del>	0	2	2	0	15

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)

off licence shop, selling confectionery, groceries, tobacco, Alcohol drinks, newsagents, accessories.

**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	
Mon				Please give further details here (please read guidance note 3)	Both
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					

Note - Pages 7-10 excluded as activities B-I not applied for

**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	<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	7 <sup>00</sup>	00 <sup>00</sup>	N/A		
Tue	7 <sup>00</sup>	00 <sup>00</sup>			
Wed	7 <sup>00</sup>	00 <sup>00</sup>			
<b>Thurs</b>	7 <sup>00</sup>	00 <sup>00</sup>	<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)		
Fri	7 <sup>00</sup>	00 <sup>00</sup>	N/A		
Sat	7 <sup>00</sup>	00 <sup>00</sup>			
Sun	7 <sup>00</sup>	22:30			

**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)**

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	7 <sup>00</sup>	00 <sup>00</sup>	
Tue	7 <sup>00</sup>	00 <sup>00</sup>	
Wed	7 <sup>00</sup>	00 <sup>00</sup>	
Thurs	7 <sup>00</sup>	00 <sup>00</sup>	
Fri	7 <sup>00</sup>	00 <sup>00</sup>	
Sat	7 <sup>00</sup>	00 <sup>00</sup>	
Sun	7 <sup>00</sup>	00 <sup>00</sup>	

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>	<del>NEIF</del> NEIF	<b>Forename(s)</b>	MARWAN
<b>State any previous names</b>			
<b>They are 18 years old or over</b>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	<b>Their Date of Birth</b>
		<b>Day</b>	<b>Month</b>
			<b>Year</b>
			1977
<b>Address</b>	295 WARLEY ROAD		
	BLACK POOL		
	<b>Post Code</b>	FY2	04P
<b>Telephone Number</b>	07 [REDACTED]		
<b>Email Address</b>	[REDACTED]		
<b>Personal Licence Number (if known)</b>	DA4505		
<b>Expiry date of Personal Licence</b>	04-01-2025		
<b>Issuing Licensing Authority (if known)</b>	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)**

To respect all steps to achieve licensing objectives which I mention below,

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

- C.C.T.V 24 hours in operation,
- Alarm security,
- a T.V. showing that the c.c.t.v is in operation
- call the police in any event of crime.

**c) Public Safety**

- always use suitable signs and caution notice to public - like floor wet signs,
- fix any machine or furniture which may harm public
- shop insurance and up to date certificates.

**d) The prevention of public nuisance**

- No music at loud level
- serve customers professionally and fast, to prevent queues.
- closing times must be respected, No late opening hours.

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

- No selling Alcohol to young persons less than 18 years old, - No display of tobacco
- children less than 16 must be accompanied with an adult when entering the shop.
- keep records of kids who come without id.


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>	MARWAN NEIF
<b>Capacity</b>	Shop owner
<b>Date</b>	02-02-2015

**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>	

**Contact name (where not previously given) and address for correspondence associated with this application. (Please read guidance note 13)**

<b>Title:</b>	Mr	Mrs	Miss	Ms			
<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.

# Blackpool Council

03 FEB 2015

## CONSENT OF DPS FORM

**Premises Licence  
holder(s):**

Marwan Neif



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

<b>Full name of the prospective premises supervisor:</b>	<b>Type of Licensing Application:</b>
Marwan Neif	

<b>Home address of the prospective premises supervisor:</b>
295 warley Road, Blackpool, FY2 0UP


<b>Full name(s) of Premises Licence holder:</b>	<b>Premises Licence number (if any):</b>
Marwan Neif	

<b>Name and address of the premises to which the application relates:</b>
"Foxhall news and booze" 60 Foxhall Road, Blackpool, FY1 5BW

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.

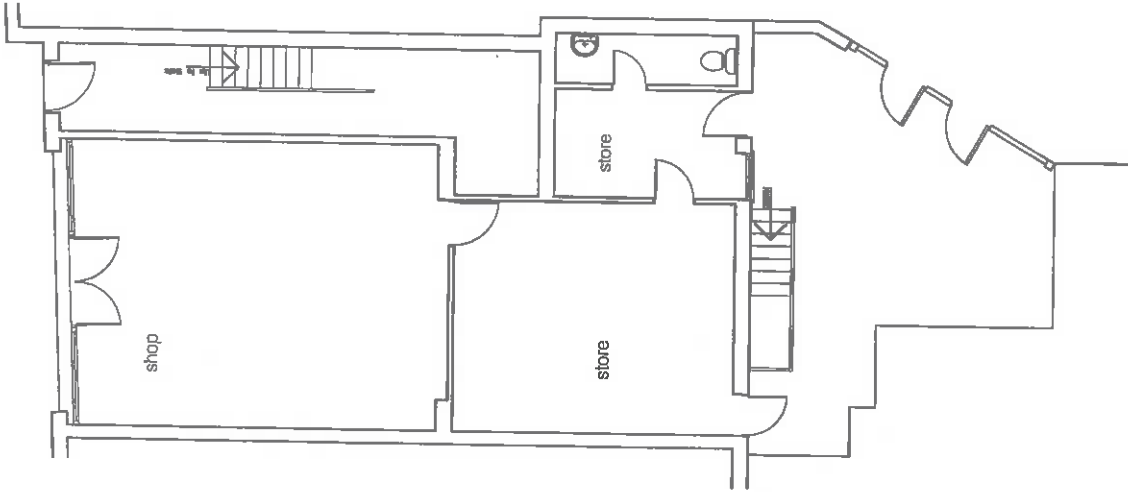
<b>Personal Licence Number:</b>	PA 4505
<b>Expiry Date on Personal Licence:</b>	04-01-2025

<b>Name of Personal Licence issuing authority:</b>	Blackpool Council
<b>Address of issuing authority:</b>	Licensing Services, P.O Box 4, FY11WA
<b>Telephone of issuing authority:</b>	01253 478572

<b>Signed by proposed DPS:</b>	
<b>Print Name:</b>	Marwan Neif
<b>Date:</b>	02-02-2015

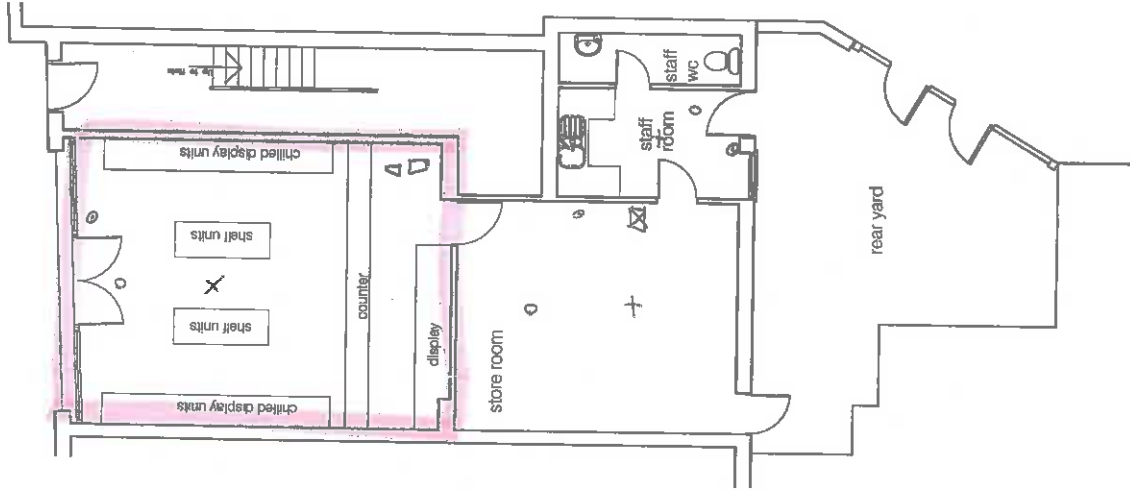
Licensed area

- Emergency light
- Call point
- Smoke detector
- Extinguisher (water)
- Extinguisher (powder)
- Fire alarm box



Existing Floor Plan

1:100



Proposed Floor Plan

1:100

Client	Marwan Neif
Drawing title	Floor Plan
Project	Licensing Application
	60 Foxhall Road Blackpool FY1 5BW
Scale	1:100@A3
Date	12/1/2015
Drawn	Drq. No. B/15/37/C
34 Coryll Road, St. Anne's, Lancashire, FY8 2QB	
Tel: 01253 788042	
Mob: 07743871015	
E-mail: rneif@panada.com	
<b>rdj creative ltd</b>	