



- g) a person who is registered under Part 2 of the Care Standards Act 2000 (c14) in respect of an independent hospital in Wales  please complete section (B)
- ga) a person who is registered under Chapter 2 of Part 1 of the Health and Social Care Act 2008 (within the meaning of that Part) in an independent hospital in England  please complete section (B)
- h) the chief officer of police of a police force in England and Wales  please complete section (B)

\* If you are applying as a person described in (a) or (b) please confirm (by ticking yes to one box below):

I am carrying on or proposing to carry on a business which involves the use of the premises for licensable activities; or

I am making the application pursuant to a statutory function or

a function discharged by virtue of Her Majesty's prerogative

**(A) INDIVIDUAL APPLICANTS (fill in as applicable)**

|  |                              |                               |                                     |                                |
|--|------------------------------|-------------------------------|-------------------------------------|--------------------------------|
| Mr <input checked="" type="checkbox"/>                         | Mrs <input type="checkbox"/> | Miss <input type="checkbox"/> | Ms <input type="checkbox"/>         | Other Title (for example, Rev) |
| <b>Surname</b>   | Gumustekin                   |                               | <b>First names</b>                  | Mehmet                         |
| <b>Date of birth:</b>  | <input type="checkbox"/>     | I am 18 years old or over     | <input checked="" type="checkbox"/> | Please tick yes                |
| <b>Nationality:</b>  | British                      |                               |                                     |                                |
| Current residential address if different from premises address | <input type="checkbox"/>     |                               |                                     |                                |
| Post town  | Blackpool                    | Postcode                      | <input type="checkbox"/>            |                                |
| <b>Daytime contact telephone number</b>                        | <input type="checkbox"/>     |                               |                                     |                                |
| <b>E-mail address (optional)</b>                               | <input type="checkbox"/>     |                               |                                     |                                |

**SECOND INDIVIDUAL APPLICANT (if applicable)**

|   |                              |                               |                             |                                |
|---|------------------------------|-------------------------------|-----------------------------|--------------------------------|
| Mr <input type="checkbox"/>                               | Mrs <input type="checkbox"/> | Miss <input type="checkbox"/> | Ms <input type="checkbox"/> | Other Title (for example, Rev) |
| <b>Surname</b>  |                              | <b>First names</b>            |                             |                                |
| <b>Date of birth</b>                                      | I am 18 years old or over    | <input type="checkbox"/>      | Please tick yes             |                                |
| <b>Nationality</b>  |                              |                               |                             |                                |
| Current postal address if different from premises address | <input type="checkbox"/>     |                               |                             |                                |
| Post town   |                              | Postcode                      | <input type="checkbox"/>    |                                |
| <b>Daytime contact telephone number</b>                   | <input type="checkbox"/>     |                               |                             |                                |

|                                  |  |
|----------------------------------|--|
| <b>E-mail address (optional)</b> |  |
|----------------------------------|--|

**(B) OTHER APPLICANTS**

**Please provide name and registered address of 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   |
| Registered number (where applicable)  |
| Description of applicant (for example, partnership, company, unincorporated association etc.) |
| Telephone number (if any)   |
| E-mail address (optional)   |

**Part 3 Operating Schedule**

When do you want the premises licence to start?

|     |     |         |
|-----|-----|---------|
| DD  | M   | YYY     |
| 1 0 | 1 1 | 2 0 2 1 |

If you wish the licence to be valid only for a limited period, when do you want it to end?

|    |   |      |
|----|---|------|
| DD | M | YYYY |
|    |   |      |

|  |
|--|
| <p>Please give a general description of the premises (please read guidance note 1)</p> <p>Seagulls Mini Mart is a fresh food and general convenience grocery store situated on Dean Street close to the south pier and will be refurbishing what was a well-known café in the local area. It will offer a wide range of fresh produce, with alcohol as ancillary to the goods being sold (Approximately 10% of stock on display).</p> <p>The applicant has owned and ran the premises for as number of years and knows the local area very well and is keen to make good use out of this distinctive premises to what could otherwise fall into disuse after a severe decline in trade in the recent times.</p> <p>No alcohol will be sold unless a minimum purchase of £5 worth of goods has been purchased beforehand.</p> |
|--|

No sales of alcohol will be displayed or sold until we (JMC Licensing) have completed a comprehensive training for all of the management and staff regarding a full understanding of how to use the compliance books, and full awareness is given to all of the posters provided and conditions set out in the operating schedule. Evidence of all Compliance books to be used and other warning posters etc will be sent with this application as supporting evidence.

All log books used will be 'fit for purpose'.

If 5,000 or more people are expected to attend the premises at any one time, please state the number expected to attend.

What licensable activities do you intend to carry on from the premises?  
 (please see sections 1 and 14 and Schedules 1 and 2 to the Licensing Act 2003)

- |   |                            |
|---|----------------------------|
| Provision of regulated entertainment (please read guidance note 2)  | Please tick all that apply |
| a) plays (if ticking yes, fill in box A)  | <input type="checkbox"/>   |
| b) films (if ticking yes, fill in box B)  | <input type="checkbox"/>   |
| c) indoor sporting events (if ticking yes, fill in box C)   | <input type="checkbox"/>   |
| d) boxing or wrestling entertainment (if ticking yes, fill in box D)  | <input type="checkbox"/>   |
| e) live music (if ticking yes, fill in box E)   | <input type="checkbox"/>   |
| f) recorded music (if ticking yes, fill in box F)   | <input type="checkbox"/>   |
| g) performances of dance (if ticking yes, fill in box G)  | <input type="checkbox"/>   |
| h) anything of a similar description to that falling within (e), (f) or (g) (if ticking yes, fill in box H) | <input type="checkbox"/>   |

**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

| Plays<br>Standard days and timings<br>(please read guidance note 7) |       |        | <b>Will the performance of a play take place indoors or outdoors or both – please tick</b> (please read guidance note 3)   | Indoors  | <input type="checkbox"/> |
|---|-------|--------|--|----------|--------------------------|
| Day   | Start | Finish |  | Outdoors | <input type="checkbox"/> |
|   |       |        |  | Both     | <input type="checkbox"/> |
| Mon   |       |        | <b>Please give further details here</b> (please read guidance note 4)  |          |                          |
|   |       |        |  |          |                          |
| Tue   |       |        | <b>Please give further details here</b> (please read guidance note 4)  |          |                          |
|   |       |        |  |          |                          |
| Wed   |       |        | <b>State any seasonal variations for performing plays</b> (please read guidance note 5)  |          |                          |
|   |       |        |  |          |                          |
| Thur  |       |        | <b>State any seasonal variations for performing plays</b> (please read guidance note 5)  |          |                          |
|   |       |        |  |          |                          |
| Fri   |       |        | <b>Non standard timings. Where you intend to use the premises for the performance of plays at different times to those listed in the column on the left, please list</b> (please read guidance note 6) |          |                          |
|   |       |        |  |          |                          |
| Sat   |       |        |  |          |                          |
|   |       |        |  |          |                          |
| Sun   |       |        |  |          |                          |
|   |       |        |  |          |                          |

**B**

|  |       |        |   |          |                          |
|--|-------|--------|---|----------|--------------------------|
| <b>Films</b><br>Standard days and timings<br>(please read guidance note 7) |       |        | <b>Will the exhibition of films take place indoors or outdoors or both – please tick</b> (please read guidance note 3)  | Indoors  | <input type="checkbox"/> |
|  |       |        |   | Outdoors | <input type="checkbox"/> |
|  |       |        |   | Both     | <input type="checkbox"/> |
| Day  | Start | Finish | <b>Please give further details here</b> (please read guidance note 4)   |          |                          |
| Mon  |       |        |   |          |                          |
|  |       |        | <b>State any seasonal variations for the exhibition of films</b> (please read guidance note 5)  |          |                          |
| Tue  |       |        |   |          |                          |
|  |       |        | <b>Non standard timings. Where you intend to use the premises for the exhibition of films at different times to those listed in the column on the left, please list</b> (please read guidance note 6) |          |                          |
| Wed  |       |        |   |          |                          |
|  |       |        |   |          |                          |
| Thur   |       |        |   |          |                          |
|  |       |        |   |          |                          |
| Fri  |       |        |   |          |                          |
|  |       |        |   |          |                          |
| Sat  |       |        |   |          |                          |
|  |       |        |   |          |                          |
| Sun  |       |        |   |          |                          |

C

| Indoor sporting events<br>Standard days and timings<br>(please read guidance note 7) |       |        | <u>Please give further details</u> (please read guidance note 4)                                     |   |
|--|-------|--------|--|---|
| Day  | Start | Finish |  |   |
| Mon  |       |        | <b><u>State any seasonal variations for indoor sporting events</u></b> (please read guidance note 5) |   |
|  |       |        |  |   |
| Tue  |       |        |  |   |
|  |       |        |  |   |
| Wed  |       |        |  |   |
|  |       |        |  |   |
| Thur   |       |        |  | <b><u>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</u></b> (please read guidance note 6) |
|  |       |        |  |   |
| Fri  |       |        |  |   |
|  |       |        |  |   |
| Sat  |       |        |  |   |
|  |       |        |  |   |
| Sun  |       |        |  |   |
|  |       |        |  |   |

**D**

|   |       |        |   |          |                          |
|---|-------|--------|---|----------|--------------------------|
| <b>Boxing or wrestling entertainments</b><br>Standard days and timings<br>(please read guidance note 7) |       |        | <b>Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick</b><br>(please read guidance note 3)   | Indoors  | <input type="checkbox"/> |
|   |       |        |   | Outdoors | <input type="checkbox"/> |
|   |       |        |   | Both     | <input type="checkbox"/> |
| Day   | Start | Finish |   |          |                          |
| Mon   |       |        | <b>Please give further details here</b> (please read guidance note 4)   |          |                          |
|   |       |        |   |          |                          |
| Tue   |       |        |   |          |                          |
|   |       |        |   |          |                          |
| Wed   |       |        | <b>State any seasonal variations for boxing or wrestling entertainment</b><br>(please read guidance note 5)   |          |                          |
|   |       |        |   |          |                          |
| Thur  |       |        |   |          |                          |
|   |       |        |   |          |                          |
| Fri   |       |        | <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 6) |          |                          |
|   |       |        |   |          |                          |
| Sat   |       |        |   |          |                          |
|   |       |        |   |          |                          |
| Sun   |       |        |   |          |                          |
|   |       |        |   |          |                          |



**E**

|   |       |        |   |          |                          |
|---|-------|--------|---|----------|--------------------------|
| <b>Live music</b><br>Standard days and timings<br>(please read guidance note 7) |       |        | <b>Will the performance of live music take place indoors or outdoors or both – please tick</b> (please read guidance note 3)  | Indoors  | <input type="checkbox"/> |
|   |       |        |   | Outdoors | <input type="checkbox"/> |
|   |       |        |   | Both     | <input type="checkbox"/> |
| Day   | Start | Finish |   |          |                          |
| Mon   |       |        | <b>Please give further details here</b> (please read guidance note 4)   |          |                          |
|   |       |        |   |          |                          |
| Tue   |       |        |   |          |                          |
|   |       |        |   |          |                          |
| Wed   |       |        | <b>State any seasonal variations for the performance of live music</b> (please read guidance note 5)  |          |                          |
|   |       |        |   |          |                          |
| Thur  |       |        |   |          |                          |
|   |       |        |   |          |                          |
| Fri   |       |        | <b>Non standard timings. Where you intend to use the premises for the performance of live music at different times to those listed in the column on the left, please list</b> (please read guidance note 6) |          |                          |
|   |       |        |   |          |                          |
| Sat   |       |        |   |          |                          |
| Sun   |       |        |   |          |                          |

**F**

| <b>Recorded music</b><br>Standard days and timings<br>(please read guidance note 7) |       |        | <b>Will the playing of recorded music take place indoors or outdoors or both – please tick</b> (please read guidance note 3)  | Indoors  | <input type="checkbox"/> |
|---|-------|--------|---|----------|--------------------------|
| Day   | Start | Finish |   | Outdoors | <input type="checkbox"/> |
| Mon   |       |        | <b>Please give further details here</b> (please read guidance note 4)   | Both     | <input type="checkbox"/> |
| Tue   |       |        |   |          |                          |
| Wed   |       |        | <b>State any seasonal variations for the playing of recorded music</b> (please read guidance note 5)  |          |                          |
| Thur  |       |        |   |          |                          |
| Fri   |       |        | <b>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</b> (please read guidance note 6) |          |                          |
| Sat   |       |        |   |          |                          |
| Sun   |       |        |   |          |                          |

# G

| Performances of dance<br>Standard days and timings<br>(please read guidance note 7) |       |        | Will the performance of dance take place indoors or outdoors or both – please tick (please read guidance note 3)   | Indoors  | <input type="checkbox"/> |
|---|-------|--------|--|----------|--------------------------|
| Day   | Start | Finish |  | Outdoors | <input type="checkbox"/> |
|   |       |        |  | Both     | <input type="checkbox"/> |
| Mon   |       |        | <b>Please give further details here</b> (please read guidance note 4)  |          |                          |
|   |       |        |  |          |                          |
| Tue   |       |        |  |          |                          |
|   |       |        |  |          |                          |
| Wed   |       |        | <b>State any seasonal variations for the performance of dance</b> (please read guidance note 5)  |          |                          |
|   |       |        |  |          |                          |
| Thur  |       |        |  |          |                          |
|   |       |        |  |          |                          |
| Fri   |       |        | <b>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</b> (please read guidance note 6) |          |                          |
|   |       |        |  |          |                          |
| Sat   |       |        |  |          |                          |
| Sun   |       |        |  |          |                          |
|   |       |        |  |          |                          |

**H**

|   |       |        |   |          |                          |
|---|-------|--------|---|----------|--------------------------|
| <b>Anything of a similar description to that falling within (e), (f) or (g)</b><br>Standard days and timings<br>(please read guidance note 7) |       |        | Please give a description of the type of entertainment you will be providing  |          |                          |
| Day   | Start | Finish | <b>Will this entertainment take place indoors or outdoors or both – please tick</b> (please read guidance note 3)   | Indoors  | <input type="checkbox"/> |
| Mon   |       |        |   | Outdoors | <input type="checkbox"/> |
|   |       |        |   | Both     | <input type="checkbox"/> |
| Tue   |       |        | <b>Please give further details here</b> (please read guidance note 4)   |          |                          |
| Wed   |       |        |   |          |                          |
| Thur  |       |        | <b>State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g)</b> (please read guidance note 5)  |          |                          |
| Fri   |       |        |   |          |                          |
| Sat   |       |        | <b>Non standard timings. Where you intend to use the premises for the entertainment of a similar description to that falling within (e), (f) or (g) at different times to those listed in the column on the left, please list</b> (please read guidance note 6) |          |                          |
| Sun   |       |        |   |          |                          |

**I**

|   |              |               |   |          |                          |
|---|--------------|---------------|---|----------|--------------------------|
| <b>Late night refreshment</b><br>Standard days and timings<br>(please read guidance note 7) |              |               | <b>Will the provision of late night refreshment take place indoors or outdoors or both – please tick</b><br>(please read guidance note 3)   | Indoors  | <input type="checkbox"/> |
|   |              |               |   | Outdoors | <input type="checkbox"/> |
|   |              |               |   | Both     | <input type="checkbox"/> |
| <b>Day</b>  | <b>Start</b> | <b>Finish</b> | <b><u>Please give further details here</u></b> (please read guidance note 4)  |          |                          |
| Mon   |              |               |   |          |                          |
|   |              |               | <b><u>State any seasonal variations for the provision of late night refreshment</u></b><br>(please read guidance note 5)  |          |                          |
| Tue   |              |               |   |          |                          |
|   |              |               | <b><u>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</u></b> (please read guidance note 6) |          |                          |
| Wed   |              |               |   |          |                          |
| Thur  |              |               |   |          |                          |
|   |              |               |   |          |                          |
| Fri   |              |               |   |          |                          |
| Sat   |              |               |   |          |                          |
|   |              |               |   |          |                          |
| Sun   |              |               |   |          |                          |

**J**

|  |       |        |  |                  |                                     |   |  |  |
|--|-------|--------|--|------------------|-------------------------------------|---|--|--|
| <b>Supply of alcohol</b><br>Standard days and timings<br>(please read guidance note 7) |       |        | <b>Will the supply of alcohol be for consumption – please tick</b> (please read guidance note 8) | On the premises  | <input type="checkbox"/>            |   |  |  |
|  |       |        |  | Off the premises | <input checked="" type="checkbox"/> |   |  |  |
|  |       |        |  | Both             | <input type="checkbox"/>            |   |  |  |
| Day  | Start | Finish | <b>State any seasonal variations for the supply of alcohol</b> (please read guidance note 5)     |                  |                                     |   |  |  |
| Mon  | 08.00 | 23.00  |  |                  |                                     |   |  |  |
| Tue  | 08.00 | 23.00  |  |                  |                                     |   |  |  |
| Wed  | 08.00 | 23.00  |  |                  |                                     |   |  |  |
| Thur   | 08.00 | 23.00  |  |                  |                                     |   |  |  |
| Fri  | 08.00 | 23.00  |  |                  |                                     |   |  |  |
| Sat  | 08.00 | 23.00  |  |                  |                                     |   |  |  |
| Sun  | 08.00 | 23.00  |  |                  |                                     |   |  |  |
|  |       |        |  |                  |                                     | <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 6) |  |  |

**State the name and details of the individual whom you wish to specify on the licence as designated premises supervisor (Please see declaration about the entitlement to work in the checklist at the end of the form):**

Name  
Mr Mehmet Gumustekin

Date of birth: [REDACTED] Place of birth: Tuzluca, Igdir, Turkey Nationality: British

Address  
[REDACTED]

Postcode [REDACTED]

Personal licence number (if known)  
6181

Issuing licensing authority (if known)  
Birmingham

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 9).**

None

L

| <b>Hours premises are open to the public</b><br>Standard days and timings<br>(please read guidance note 7) |       |        | <u>State any seasonal variations</u> (please read guidance note 5)   |
|--|-------|--------|--|
| Day  | Start | Finish |  |
| Mon  | 08.00 |        | <b><u>Non standard timings. Where you intend the premises to be open to the public at different times from those listed in the column on the left, please list</u></b> (please read guidance note 6) |
|  |       | 23.00  |  |
| Tue  | 08.00 |        |  |
|  |       | 23.00  |  |
| Wed  | 08.00 |        |  |
|  |       | 23.00  |  |
| Thur   | 08.00 |        |  |
|  |       | 23.00  |  |
| Fri  | 08.00 |        |  |
|  |       | 23.00  |  |
| Sat  | 08.00 |        |  |
|  |       | 23.00  |  |
| Sun  | 08.00 |        |  |
|  |       | 23.00  |  |

**M** Describe the steps you intend to take to promote the four licensing objectives:

**a) General – all four licensing objectives (b, c, d and e)** (please read guidance note 10)

**1: CCTV**

- 1.1** The premise shall operate an effective CCTV system that will be maintained in good working order to the satisfaction of the Lancashire Constabulary. The CCTV system shall cover all areas of the store including the entrance, point of sale and main alcohol displays.
- 1.2** Signage warning customers of The CCTV system shall be prominently displayed on the premises. The system will record whenever the premises is open for licensable activities.
- 1.3** The CCTV system shall be capable of obtaining clear facial recognition images and a clear head and shoulders image of every person entering the premises and at the point of sale.
- 1.4** The location of cameras (to include the stock area) will be recorded on the plan attached to the licence. If any additional cameras are requested/advised by the police, they will be fitted within a reasonable time.
- 1.5** The recording medium (e.g. discs / tapes / hard drive etc.) and associated images are to be retained and securely stored for a minimum period of 31 days and are to be made available to the Police Constable / Authorised Officer of the Licensing Authority upon request within a reasonable time.
- 1.6** The Premises Licence Holder or Designated Premises Supervisor will provide the Police with the contact details of at least two members of staff (if any or other person(s) who are trained and familiar with the operation of the equipment so that they are able to provide copies of recorded data upon request and with the absolute minimum delay from the time of the request.
- 1.7** A full internal weekly check of the CCTV system will be made on a log sheet to ensure that the CCTV system is in good working order and recordings date and time stamped.
- 1.8** The Premises Licence holder / Designated Premises Supervisor must ensure that steps are taken to rectify any fault in the CCTV system immediately and a log of these steps are made available for inspection to a Police Constable or an authorised officer from the Licensing Authority.
- 1.9** When the DPS is not on duty, there will be another authorised person who will be contactable at all times and be able to attend the premises within one hour while the supply and sale of alcohol is being undertaken (whose identity will be known to all other staff engaged in the supply or sale of alcohol) except in cases of emergency



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

### **As above plus**

**2.1** Roller shutters have been installed at the front of the premises and a security door has been fitted on the rear exit doors.

**2.2** No beers or ciders with an ABV of 6.1% or above will be stored or sold from the premises. Signage notifying customers will be displayed at the entrance to the premises and at the point of sale.

**2.3** No single cans of beer, lager or cider will be sold from the premise. Signage notifying customers of this will be displayed at the entrance to the premises.

**2.4** The premises will not store or sell any psychoactive substances known as 'legal highs', store or sell fireworks and knives of any size or description.

**2.5** The names and contact details of all persons who has been authorised to sell alcohol whether paid or unpaid shall be maintained and kept on the premises. This document will be found at the front of the Training manual and shall be produced to a Police Constable or an Officer of the Local Authority upon demand.

**2.6** The Designated Premises Supervisor and all members of staff when on duty shall ensure that all lawful instructions and /or directions given by the Police are complied with.

**2.7** Any customer who appears to be carrying an alcoholic drink in an open vessel will be refused service and be asked to leave.

**2.8** Signage to inform customers will be in place near the point of sale and exits warning customers of the Public Space Protection Order.

**2.9** No credit will be given for the sale of alcohol

**2.10** There shall be a minimum purchase for the value of £5.00 of non alcoholic products ( not including cigarettes ) before any alcoholic products can be purchased.

### **INCIDENT LOG**

**2.11** The premises shall maintain an incident book to record details of the Following:-

- Any violence or anti-social behavior on or immediately outside the premises,
- Any other crime or criminal activity on the premises,
- Any call for police/ambulance assistance to the premises,

**2.12** The log records shall be made immediately available on request to a Police Constable or an Officer authorized by the Licensing Authority (as defined by section 13 of the Licensing Act 2003) All records shall be retained on the premises for 12 months from the date of the incident.

**2.13** Any staff employed at the premises shall be provided with training before they sell alcohol and refresher training every 6 months thereafter. Training will include information on preventing the sale of alcohol to somebody who is drunk and Age Restricted Products.

**2.14** A written record will be kept of all training carried out. These records will be stored on the premises and made available for inspection to a Police Constable or an Officer authorized by the Licensing Authority within a reasonable time.

**c) Public safety**

No risk assessed

**d) The prevention of public nuisance**

**4.1** Prominent, clear and legible signage shall be displayed at the exits to the premises requesting the public to respect the needs of local residents, businesses and to leave the premises and the area quickly and quietly.

**4.2** The Premises Licence holder / Designated Premises Supervisor will ensure that litter arising from people using the premises is cleared away on a regular basis.

**4.3** The Premises Licence Holder will fix a waste bin outside the premises and empty this daily.

**4.4** The Premises Licence Holder will ensure that no lighting or air conditioning units will cause any nuisance to another neighbouring property.

**4.5** The staff will observe the external frontage of the premises using the CCTV monitor and use their best endeavours to disperse any customers that appear to be loitering outside the premises.

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

**5.1** The premises will operate a "Challenge 25" proof of age policy which will require any person who appears to be under the age of 25 to produce identification to prove they are 18 or over.

**5.2** Only a passport, photo-card driving licence, European Union ID, Armed Forces ID cards or a proof of age card bearing the official "PASS" accreditation hologram, a photograph of the individual and date of birth shall be accepted as proof of age.

**5.3** Prominent, clear and legible Challenge 25 signage shall also be displayed at all entrances to the premises as well as at, at least one location behind any counter advertising the scheme operated.

**5.4** The premises is to maintain a refusals log book to record the details of all refusals of the sale of alcohol to persons suspected of being under the age of 18, appear to be drunk or suspected proxy sales.

**5.5** The Premises Licence holder / Designated Premises Supervisor or nominated representative shall regularly monitor the entries in the log, sign and date when checked. The book must be made available to a Police Constable or an Officer authorised by the Licensing Authority upon request.

**5.6** Any person who is authorised to sell alcohol at the premises will be provided with training before they sell alcohol and refresher training every 6 months thereafter. Training will include information on how to prevent underage sales, acceptable forms of ID, basic conflict management and Age Restricted Products.

**5.7** A written record will be kept of all training provided and this record will be kept on the premises for inspection by a Police Constable or an Officer authorised by the Licensing Authority upon request.

**5.8** No person under the age of 18 will be employed to work at the premises.

**5.9** Alcohol refusals policies will be displayed at the entrance of the premises, the point of display and the point of sale.

**5.10** Proxy notices will be prominently displayed at all places where alcohol is displayed and sold from and at the point of sale.

**Checklist:**

**Please tick to indicate agreement**

- I have made or enclosed payment of the fee. X
- I have enclosed the plan of the premises. X
- I have sent copies of this application and the plan to responsible authorities and others where applicable. □  
*Electronic application*
- I have enclosed the consent form completed by the individual I wish to be designated premises supervisor, if applicable. X
- I understand that I must now advertise my application. X
- I understand that if I do not comply with the above requirements my application will be rejected. X
- X  
[Applicable to all individual applicants, including those in a partnership which is not a limited liability partnership, but not companies or limited liability partnerships] I have included documents demonstrating my entitlement to work in the United Kingdom (please read note 15).

*It is an offence, under section 158 of the licensing act 2003, to make a false statement in or in connection with this application. Those who make a false statement may be liable on summary conviction to a fine of any amount.*

*It is an offence under section 24b of the immigration act 1971 for a person to work when they know, or have reasonable cause to believe, that they are disqualified from doing so by reason of their immigration status. Those who employ an adult without leave or who is subject to conditions as to employment will be liable to a civil penalty under section 15 of the immigration, asylum and nationality act 2006 and pursuant to section 21 of the same act, will be committing an offence where they do so in the knowledge, or with reasonable cause to believe, that the employee is disqualified*

**Part 4 – Signatures** (please read guidance note 11)

**Signature of applicant or applicant’s solicitor or other duly authorised agent** (see guidance note 12). **If signing on behalf of the applicant, please state in what capacity.**

- [Applicable to individual applicants only, including those in a partnership which is not a limited liability partnership] I understand I am not entitled to be issued with a licence if I do not have the entitlement to live and work in the UK (or if I am subject to a condition preventing me from doing work relating to the carrying on of a licensable activity) and that my licence will become invalid if I cease to be entitled to live and work in the UK (please read guidance note 15).

**Declaration**

- The DPS named in this application form is entitled to work in the UK (and is not subject to conditions preventing him or her from doing work relating to a licensable activity) and I have seen a copy of his or her proof of entitlement to work, if appropriate (please see note 15)

Signature *Tony Clarke*  
Date 12<sup>th</sup> October 2021  
Capacity Agent on behalf of the applicant

**For joint applications, signature of 2<sup>nd</sup> applicant or 2<sup>nd</sup> applicant’s solicitor or other authorised agent** (please read guidance note 13). **If signing on behalf of the applicant, please state in what capacity.**

Signature  
Date  
Capacity

Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 14)

Tony Clarke  
JMC Licensing Consultants  
540 Antrim Road

Post town Belfast

Postcode BT15 5GJ

Telephone number (if any) [REDACTED]

If you would prefer us to correspond with you by e-mail, your e-mail address (optional)

[REDACTED]

**Consent of individual to be specified as premises supervisor**

I: *[name of prospective premises supervisor]* Mr Mehmet Gumustekin

*[home address of prospective supervisor]*

of:

hereby confirm that I give my consent to be specified as the designated premises supervisor in relation to the application for

Application for a Premises Licence under s17 of the Licensing Act 2003

*[type of application]*

by

*[name of applicant]*

Mr Mehmet Gumustekin

relating to a premises licence

*[number of existing licence, if any]*

*[name and address of premises to which the application relates]*

Seagulls Mini Mart 1-3 Dean Street, Blackpool, FY4 1AU

and any premises licence to be granted or varied in respect of this application made by

Mr Mehmet Gumustekin

*[name of applicant]*

concerning the supply of alcohol at

Seagulls Mini Mart 1-3 Dean Street, Blackpool, FY4 1AU

*[name and address of premises to which application relates]*

I also confirm that I am entitled to work in the United Kingdom and am applying for, intend to apply for or currently hold a personal licence, details of which I set out below.

**Personal licence number**

6181

*[insert personal licence number, if any]*

**Personal licence issuing authority**

Birmingham Council

*[insert name and address and telephone number of personal licence issuing authority, if any]*

**Signed**



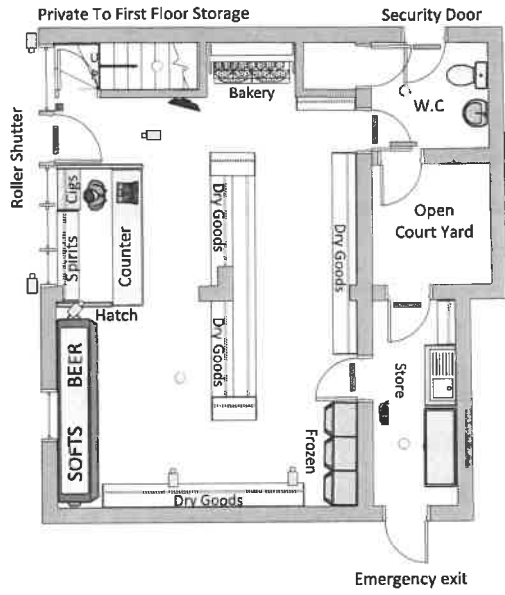
**Name** *(please print)*

Mr Mehmet Gumustekin

**Date**

12th October 2021

|  |   |   |   |
|--|---|---|---|
| <b>LEGEND</b>  | Smoke Detector   | Fire Bell  | Fire Exit  |
| Camera  | Fire Ext. Water  | Monitor    |   |



|                        |   |                           |  |              |
|------------------------|---|---------------------------|--|--------------|
| <b>Drawing Purpose</b> | <b>PREMISES LICENCE APPLICATION</b>   | <b>Name of Premises</b>   | <b>Premises Address</b>                          | <b>SCALE</b> |
| <b>Drawing Details</b> | The purpose of this drawing is for the submission of a Premises Licence Application.<br>All Measurements have been drawn in millimeters.<br>This drawing is not be used for the intention of any building, shop fitting or construction purposes. | <b>Seagulls Mini Mart</b> | <b>1-3 Dean Street<br/>Blackpool<br/>FY4 1AU</b> | <b>1-100</b> |