

Blackpool Application for a premises licence Licensing Act 2003

* required information

Section 1 of 19		
You can save the form at any	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	ACS	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 • Yes I	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	Sripathmanathan	
* Family name	Rajkumar	
* E-mail	info@arkatraining.co.uk	
Main telephone number	0203 405 1886	Include country code.
Other telephone number		
☐ Indicate here if the applicant would prefer not to be contacted by tele		phone
Is the applicant:		
 Applying as a business 	or organisation, including as a sole trader	A sole trader is a business owned by one
 Applying as an individual 		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	Abiyamannjuu Convenience Store	If the applicant's business is registered, use its registered name.
* VAT number -	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	Manager	
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	13	applicant's official address - that is an address required of the applicant by law for
* Street	Clifton Street	receiving communications.
District		
* City or town	Blackpool	
County or administrative area		
* Postcode	FY1 1JD	
* Country	United Kingdom	
Agent Details		
* First name	Gosia	
* Family name	Goryl	
* E-mail	info@arkatraining.co.uk	
Main telephone number	0203 405 1886	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 business or organisation, including a sole trader person without any special legal structure 		
 A private individual actir 	ng as an agent	
Agent Business		
* Is your business registered in the UK with Companies House?	• Yes O No	
* Registration number	09036487	
* Business name	Arka Licensing Consultants Ltd	If your business is registered, use its registered name.
* VAT number -	none	Put "none" if you are not registered for VAT.
* Legal status	Private Limited Company	

Continued from previous page				
* Your position in the business	Licensing Consultant			
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	Trident Business Centre-B003			
* Street	89 Bickersteth Road			
District				
* City or town	Tooting			
County or administrative area				
* Postcode	SW17 9SH			
* Country	United Kingdom			
Section 2 of 19				
PREMISES DETAILS				
	ply for a premises licence under section 17 of th he premises) and I/we are making this applicati of the Licensing Act 2003.			
Premises Address				
Are you able to provide a posta	al address, OS map reference or description of t	he premises?		
Address OS map reference Description				
Postal Address Of Premises				
Building number or name	13			
Street	Clifton Street			
District				
City or town	Blackpool			
County or administrative area				
Postcode	FY1 1JD			
Country	United Kingdom			
Further Details				
Telephone number	02034051886			
Non-domestic rateable value of premises (£)	15,000			

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	ICATION DETAILS			
In wh		ving for the premises licence?		
	An individual or individu	Jals		
	A limited company			
	A partnership			
	An unincorporated asso	ciation		
	A recognised club			
	A charity			
	The proprietor of an edu	ucational establishment		
	A health service body			
	1 0	ed under part 2 of the Care Standards Act an independent hospital in Wales		
	Social Care Act 2008 in r	ed under Chapter 2 of Part 1 of the Health and espect of the carrying on of a regulated ning of that Part) in an independent hospital in		
	The chief officer of police of a police force in England and Wales			
	Other (for example a statutory corporation)			
Con	firm The Following			
\square	I am carrying on or prop the use of the premises	osing to carry on a business which involves for 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	VIDUAL APPLICANT DE	TAILS		
	licant Name e name the same as (or si	milar 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	name	Sripathmanathan]	
Fam	Family name Rajkumar			
Is the applicant 18 years of age or older?				

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O No

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Applicant Postal Address			
Is the address the same as (or s	similar to) the address given in section one?	If "Yes" is selected you can re-use the details	
⊖ Yes	• No	from section one, or amend them as required. Select "No" to enter a completely new set of details.	
Building number or name			
Street			
District			
City or town	Blackpool		
County or administrative area			
Postcode	FY1		
Country	United Kingdom		
Applicant Contact Details			
Are the contact details the sam	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	
• Yes	⊖ No	required. Select "No" to enter a completely new set of details.	
E-mail	info@arkatraining.co.uk		
Telephone number	0203 405 1886		
Other telephone number			
	Add another applicant		
Section 5 of 19			
OPERATING SCHEDULE			
When do you want the premises licence to start?	18 / 05 / 2015 dd mm yyyy		
If you wish the licence to be valid only for a limited period, d / / / / / / / / / / / / / / / / / /			
Provide a general description of	of the premises		
For example the type of premises, its general situation and layout and any other information which 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 will be and its proximity to the premises.			
Convenience store selling food	l items, Grocery, beverages & alcohol. Sale of al	cohol for consumption Off the premises only.	

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If 5,000 or more people are	
expected to attend the premises at any one time,	
state the number expected to	
attend	
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PROVISION OF PLAYS	
Will you be providing plays?	
·	No
Section 7 of 19	
PROVISION OF FILMS	
Will you be providing films?	
⊖ Yes (No
Section 8 of 19	
PROVISION OF INDOOR SPORT	TING EVENTS
Will you be providing indoor sp	orting events?
⊖ Yes (No
Section 9 of 19	
PROVISION OF BOXING OR WR	ESTLING ENTERTAINMENTS
Will you be providing boxing or	wrestling entertainments?
⊖ Yes (• No
Section 10 of 19	
PROVISION OF LIVE MUSIC	
Will you be providing live music	?
⊖ Yes (No
Section 11 of 19	
PROVISION OF RECORDED MU	SIC
Will you be providing recorded	music?
⊖ Yes (No
Section 12 of 19	
PROVISION OF PERFORMANCE	S OF DANCE
Will you be providing performation	nces of dance?
⊖ Yes (No
Section 13 of 19	
PROVISION OF ANYTHING OF A	A SIMILAR DESCRIPTION TO LIVE MUSIC, RECORDED MUSIC OR PERFORMANCES OF
Will you be providing anything performances of dance?	similar to live music, recorded music or
	No

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Section 14 of 19				
LATE NIGHT REFRESH	MENT			
Will you be providing la	ate night refreshmer	nt?		
⊖ Yes	No			
Section 15 of 19				
SUPPLY OF ALCOHOL				
Will you be selling or su	upplying alcohol?			
Yes	⊖ No			
Standard Days And Ti	mings			
MONDAY				Give timings in 24 hour clock.
	Start 06:00	End	23:00	(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.
THECOAY				to be used for the activity.
TUESDAY				
	Start 06:00	End	23:00	
	Start	End		
WEDNESDAY				
	Start 06:00	End	23:00	
	Start	End		
THURSDAY				
	Start 06:00	End	23:00	
	Start	End		
FDIDAY				
FRIDAY	Chart 0(.00	F und	22.00	
	Start 06:00	End	23:00	
	Start	End		
SATURDAY				
	Start 06:00	End	23:00	
	Start	End		
SUNDAY				
	Start 06:00	End	23:00	
	Start	End		

Continued from previous page		
Will the sale of alcohol be for c	If the sale of alcohol is for consumption on the premises select on, if the sale of alcohol	
 On the premises 	• Off the premises	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 d	ays during the summer months.
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.
		. , , , , , , , , , , , , , , , , , , ,
State the name and details of licence as premises supervisor	the individual whom you wish to specify on the	
Name		
First name	Sripathmanathan	
Family name	Rajkmuar	
Enter the contact's address		
Building number or name		
Street		
District		
City or town	Blackpool	
County or administrative area		
Postcode	FY1 United	
Country	Kingdom	
Personal Licence number (if known)	06SR-00AQ-CNRY-HFDE	
Issuing licensing authority (if known)	Harrow Council	

Continued from previous pa	age				
PROPOSED DESIGNATE	D PREN	AISES SUPE	RVISOR CONSENT		
How will the consent for be supplied to the autho		e proposed	designated premises	supervisor	
 Electronically, by th 	ne prop	osed desigi	nated premises superv	isor	
• As an attachment t	o this a	pplication			
Reference number for co form (if known)	onsent [If the consent form is already submitted, ask the proposed designated premises supervisor for its 'system reference' or 'your reference'.
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ADULT ENTERTAINMEN	Т				
Highlight any adult ente premises that may give r				entertainmer	nt or matters ancillary to the use of the
	t of chil	dren, regar	dless of whether you ir	ntend childre	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	OPFN T				
Standard Days And Tim					
MONDAY	3				
	Chart [0(.00	Final	22.00	Give timings in 24 hour clock.
		06:00	End	23:00	(e.g., 16:00) and only give details for the days of the week when you intend the premises
	Start		End		to be used for the activity.
TUESDAY					
	Start	06:00	End	23:00	
	Start [End		
WEDNESDAY					
	Start	06:00	End	23:00	
	Start [End		
THURSDAY	L				
	Chart [0(.00	[22.00	
		06:00	End	23:00	
	Start [End		
FRIDAY					
	Start [06:00	End	23:00	
	Start [End		

Continued from previous page
SATURDAY
Start 06:00 End 23:00
Start End End
SUNDAY
Start 06:00 End 23:00
Start End 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.
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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.
All staff undergo training in licensing and social responsibility in sale of alcohol. The shop management will work closely with the local police to reduce any crime and disorder.
b) The prevention of crime and disorder
Fully recorded CCTV system would be installed. All staff be trained to avoid any conflict with any one. Incident record book will be maintained.
c) Public safety
Premises will operate with current legal requirement for fire safety, health and safety including periodic risk assessment. The premises will only purchase alcohol from registered wholesalers.

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d) The prevention of public nuisance

In addition to having policy of no sale to drunken people, we will work closely with local community, police to identify any one causing anti social behavior to be barred from the shop.

e) The protection of children from harm

The company will operate challenge 25 policy. Full training for staff with refusals book and refresher training on regular basis store shall operate fully recordable CCTV system.

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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

Band A - No RV to £4300	£100.00
Band B - £4301 to £33000	£190.00
Band C - £33001 to £87000	£315.00
Band D - £87001 to £125000	£450.00*
Band E - £125001 and over	£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
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

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* Fee amount (£)	190.00	
DECLARATION		
* I/we understand 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.		
I understand that the information I have provided, will be held by the Council on both computerised and manual files. 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.		
Ticking this box indicates 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	Gosia Goryl	
* Capacity	Licensing Consultant	
* Date	18 / 05 / 2015 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	ACS
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	
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