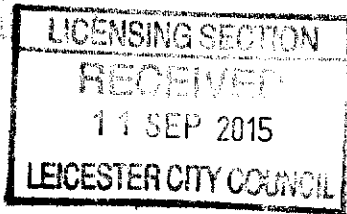


NOTICE OF APPLICATION FOR A NEW PREMISES LICENCE

Name of applicant :							
MR SURINDER SINGH SEMBHI							
Postal address of premises :							
BURNHAM NEWS 72 BURNHAM DRIVE LEIC							
Details of Application:							
<table border="1" style="margin: auto; border-collapse: collapse;"> <thead> <tr> <th style="padding: 5px;">Licensable activity</th> <th style="padding: 5px;">Proposed Hours</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;">Supply of Alcohol</td> <td style="padding: 5px;">SUN – THUR 10.00 UNTIL 00.00 FRI TO SAT – 10.00 01.00 ONE EXTRA HOUR IN THE MONTH OF DEC</td> </tr> <tr> <td style="padding: 5px;">Opening hours</td> <td style="padding: 5px;">SUN – THUR 10.00 UNTIL 00.00 FRI TO SAT – 10.00 01.00 ONE EXTRA HOUR IN THE MONTH OF DEC</td> </tr> </tbody> </table>		Licensable activity	Proposed Hours	Supply of Alcohol	SUN – THUR 10.00 UNTIL 00.00 FRI TO SAT – 10.00 01.00 ONE EXTRA HOUR IN THE MONTH OF DEC	Opening hours	SUN – THUR 10.00 UNTIL 00.00 FRI TO SAT – 10.00 01.00 ONE EXTRA HOUR IN THE MONTH OF DEC
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Opening hours	SUN – THUR 10.00 UNTIL 00.00 FRI TO SAT – 10.00 01.00 ONE EXTRA HOUR IN THE MONTH OF DEC						
<ul style="list-style-type: none"> • The Licensing Register can be inspected at any time by visiting www.leicester.gov.uk/licensing . During office hours arrangements may be made for the register to be viewed at the Customer Services Department, Leicester City Council, New Walk Centre, Welford Place, Leicester, LE1 6ZG. 							
<ul style="list-style-type: none"> • Any representation relating to this application must be made in writing to the Licensing Authority by 9TH OCT 2015 							
<ul style="list-style-type: none"> • It is an offence knowingly or recklessly to make a false statement in connection with an application. The maximum fine on summary conviction for this offence is £5,000. 							



075508^{10.10} FORM 2



Leicester City Council

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. Use additional sheets if necessary.

You may wish to keep a copy of the completed form for your records.

I/~~WE~~ SURINDER SINGH SEMBHI

(Insert name(s) of applicant)

apply for a premises licence under section 17 of the Licensing Act 2003 for the premises described in Part 1 below (the premises) and I/we are making this application to you as the relevant licensing authority in accordance with section 12 of the Licensing Act 2003

Part 1 - Premises Details

Postal address of premises or, if none, ordnance survey map reference or description BURNHAM NEWS 72 BURNHAM DRIVE			
Post town	LEICESTER	Postcode	LE4 OHP

Telephone number at premises (if any)	0116 3678 599
Non-domestic rateable value of premises	£5000

Part 2 - Applicant Details

Please state whether you are applying for a premises licence as
Please tick as appropriate

- a) an individual or individuals * please complete section (A)
- b) a person other than an individual *
 - i. as a limited company please complete section (B)
 - ii. as a partnership please complete section (B)

- iii. as an unincorporated association or please complete section (B)
- iv. other (for example a statutory corporation) please complete section (B)
- c) a recognised club please complete section (B)
- d) a charity please complete section (B)
- e) the proprietor of an educational establishment please complete section (B)
- f) a health service body please 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 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:

Please tick yes

- 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)	
Surname SEMBHI			First names SURINDER SINGH		
I am 18 years old or over				<input checked="" type="checkbox"/>	Please tick yes
Current postal address if different from premises address		38 CASTLEFIELDS			
Post town	LEICESTER				
Daytime contact telephone number					
E-mail address (optional)					

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)	
Surname			First names		
I am 18 years old or over					<input type="checkbox"/> Please tick yes
Current postal address if different from premises address					
Post town		Postcode			
Daytime contact telephone number					
E-mail address (optional)					

(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	MM	YYYY
01	10	2015

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

DD	MM	YYYY

Please give a general description of the premises (please read guidance note 1)
 LOCK UP SHOP OF APPROXIMATELY 47m2 CURRENTLY USED AS A NEWSAGENT AND CONVENIENCE STORE. SINGLE ENTRANCE DOOR AT FRONT WITH EASILY VIEWED TRADING AREA. COMMERCIAL NEED TO ADD ALCOHOL SALES FOR CONSUMPTION OFF THE PREMISES. SITUATED AT THE END OF A PARADE OF SHOPS.

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

NA

What licensable activities do you intend to carry on from the premises?

(Please see sections 1 and 14 of the Licensing Act 2003 and Schedules 1 and 2 to the Licensing Act 2003)

- | Provision of regulated entertainment | Please tick any 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 Standard days and timings (please read guidance note 6)			Will the performance of a play take place indoors or outdoors or both – please tick (please read guidance note 2)	Indoors	<input type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Mon				Please give further details here (please read guidance note 3)	
Tue			State any seasonal variations for performing plays (please read guidance note 4)		
Wed			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 (please read guidance note 5)		
Thur					
Fri					
Sat					
Sun					

B

Films Standard days and timings (please read guidance note 6)			Will the exhibition of films take place indoors or outdoors or both – please tick (please read guidance note 2)	Indoors <input type="checkbox"/>
				Outdoors <input type="checkbox"/>
				Both <input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 3)	
Mon				
Tue				
Wed				
			State any seasonal variations for the exhibition of films (please read guidance note 4)	
Thur				
Fri				
Sat				
			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 (please read guidance note 5)	
Sun				

C

Indoor sporting events Standard days and timings (please read guidance note 6)			<u>Please give further details</u> (please read guidance note 3)
Day	Start	Finish	
Mon			<u>State any seasonal variations for indoor sporting events</u> (please read guidance note 4)
Tue			
Wed			
Thur			<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> (please read guidance note 5)
Fri			
Sat			
Sun			

D

Boxing or wrestling entertainments Standard days and timings (please read guidance note 6)			<u>Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick</u> (please read guidance note 2)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<u>Please give further details here</u> (please read guidance note 3)		
Mon					
Tue					
Wed			<u>State any seasonal variations for boxing or wrestling entertainment</u> (please read guidance note 4)		
Thur					
Fri			<u>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</u> (please read guidance note 5)		
Sat					
Sun					

E

Live music Standard days and timings (please read guidance note 6)			<u>Will the performance of live music take place indoors or outdoors or both – please tick</u> (please read guidance note 2)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<u>Please give further details here</u> (please read guidance note 3)		
Mon					
Tue					
Wed			<u>State any seasonal variations for the performance of live music</u> (please read guidance note 4)		
Thur					
Fri			<u>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</u> (please read guidance note 5)		
Sat					
Sun					

F

Recorded music Standard days and timings (please read guidance note 6)			<u>Will the playing of recorded music take place indoors or outdoors or both – please tick</u> (please read guidance note 2)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<u>Please give further details here</u> (please read guidance note 3)		
Mon					
Tue					
Wed			<u>State any seasonal variations for the playing of recorded music</u> (please read guidance note 4)		
Thur					
Fri					
Sat			<u>Non standard timings. Where you intend to use the premises for the playing of recorded music at different times to those listed in the column on the left, please list</u> (please read guidance note 5)		
Sun					

G

Performances of dance Standard days and timings (please read guidance note 6)			<u>Will the performance of dance take place indoors or outdoors or both – please tick</u> (please read guidance note 2)	Indoors	<input type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Mon			<u>Please give further details here</u> (please read guidance note 3)		
Tue					
Wed			<u>State any seasonal variations for the performance of dance</u> (please read guidance note 4)		
Thur					
Fri			<u>Non standard timings. Where you intend to use the premises for the performance of dance at different times to those listed in the column on the left, please list</u> (please read guidance note 5)		
Sat					
Sun					

H

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

1

Late night refreshment Standard days and timings (please read guidance note 6)			Will the provision of late night refreshment take place indoors or outdoors or both – please tick (please read guidance note 2)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<u>Please give further details here</u> (please read guidance note 3)		
Mon					
Tue					
Wed			<u>State any seasonal variations for the provision of late night refreshment</u> (please read guidance note 4)		
Thur					
Fri			<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> (please read guidance note 5)		
Sat					
Sun					

J

Supply of alcohol Standard days and timings (please read guidance note 6)			Will the supply of alcohol be for consumption – please tick (please read guidance note 7)	On the premises	<input type="checkbox"/>
				Off the premises	<input checked="" type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	State any seasonal variations for the supply of alcohol (please read guidance note 4) CHRISTMAS LICENSING TIMES WILL BE ONE HOUR EXTRA FOR THE MONTH OF DECEMBER.		
Mon	10.00	00.00			
Tue	10.00	00.00			
Wed	10.00	00.00			
Thur	10.00	00.00			
Fri	10.00	00.00			
Sat	00.00	01.00			
	10.00	00.00			
Sun	00.00	01.00			
	10.00	00.00			
			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 (please read guidance note 5) NONE		

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

Name JOGINDER SINGH MATHAROO	
Address 1 PARKSIDE CLOSE LEICESTER	
Postcode	LE4 1EP
Personal licence number (if known) LEIPRS0752	
Issuing licensing authority (if known) LEICESTER	

K

Please highlight any adult entertainment or services, activities, other entertainment or matters ancillary to the use of the premises that may give rise to concern in respect of children (please read guidance note 8).
 NONE

L

Hours premises are open to the public Standard days and timings (please read guidance note 6)			State any seasonal variations (please read guidance note 4) CHRISTMAS LICENSING TIMES WILL BE ONE HOUR EXTRA FOR THE MONTH OF DECEMBER.
Day	Start	Finish	
Mon	10.00	00.00	<p>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 (please read guidance note 5)</p>
Tue	10.00	00.00	
Wed	10.00	00.00	
Thur	10.00	00.00	
Fri	10.00	00.00	
Sat	00.00	01.00	
	10.00	00.00	
Sun	00.00	01.00	
	10.00	00.00	

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 9)

BY USE OF A DPS WHO HAS OVER TWENTY YEARS EXPERIENCE IN ON AND OFF PREMISES SALES. ADOPTION OF CCTV INSIDE AND OUTSIDE THE PREMISES. CLEAR SIGNAGE OF AGE RESTRICTIONS AND ADOPTION OF A CHALLENGE 25 POLICY WITH ALL SERVING STAFF TO BE FULLY TRAINED AND CONVERSANT WITH LICENSING LAW. SIGNAGE ASKING PATRONS TO RESPECT NEIGHBOURING PROPERTIES.

b) The prevention of crime and disorder

DIGITAL CCTV TO BE INSTALLED BEFORE LICENSING ACTIVITIES START TO ENSURE PREVENTION OF CRIME AND DISORDER INSIDE AND OUTSIDE OF THE PREMISES. CLEAR SIGNAGE AND TRAINING OF STAFF IN UNDER AGE SALES PREVENTION. ADOPT CHALLENGE 25 SCHEME. CLEAR SIGNAGE INSIDE AND OUTSIDE THE PREMISES ASKING PATRONS TO SHOW COURTESY FOR NEIGHBOURING RESIDENTS.

c) Public safety

CCTV COVERING ALL PUBLIC AREAS. TRAINING OF STAFF TO ENSURE OCCUPANCY LEVELS DO NOT EXCEED STATED MAXIMUM. CARRY OUT A RISK ASSESSMENT TO ENSURE PUBLIC SAFETY IN AND AROUND THE PREMISES.

d) The prevention of public nuisance

SIGNAGE ASKING PATRONS TO RESPECT NEIGHBOURING RESIDENTS. NOT TO ALLOW GROUPS OF PEOPLE TO CONGREGATE OUTSIDE THE PREMISES. NO SERVICE TO ANYONE WHO APPEARS TO BE INTOXICATED.

e) The protection of children from harm

CHALLENGE 25 SCHEME TO BE ADOPTED TO ENSURE AGE LIMITS FOR SERVING ARE MAINTAINED AND TO MONITOR PATRONS LEAVING THE PREMISES TO ENSURE THAT THEY ARE NOTOVERTLY PASSING ON ALCOHOL OR TOBACCO TO THOSE BELOW THE REQUIRED AGE.

Checklist:

Please tick to indicate agreement

- I have made or enclosed payment of the fee.
- I have enclosed the plan of the premises.
- I have sent copies of this application and the plan to responsible authorities and others where applicable.
- I have enclosed the consent form completed by the individual I wish to be designated premises supervisor, if applicable.
- I understand that I must now advertise my application.
- I understand that if I do not comply with the above requirements my application will be rejected.

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.

Part 4 – Signatures (please read guidance note 10)

Signature of applicant or applicant’s solicitor or other duly authorised agent (see guidance note 11). **If signing on behalf of the applicant, please state in what capacity.**

Signature	[REDACTED]
Date	SURINDER SINGH SEMBHI
Capacity	PROPRIETOR

For joint applications, signature of 2nd applicant or 2nd applicant’s solicitor or other authorised agent (please read guidance note 12). **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 13)

SURINDER SINGH SEMBHI
38 CASTLEFIELDS

Post town	LEICESTER	Postcode	LE4 1AN
-----------	-----------	----------	---------

Telephone number (if any)	[REDACTED]
---------------------------	------------

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

Notes for Guidance

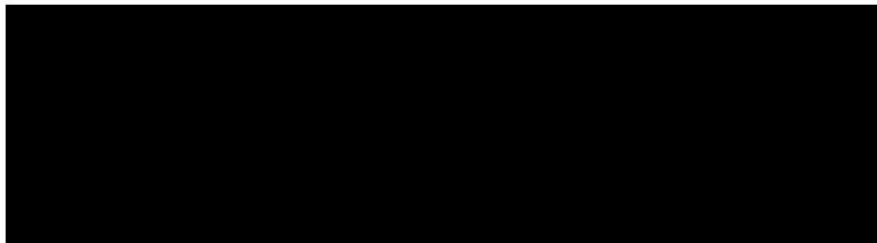
1. Describe the premises, for example the type of premises, its general situation and layout and any other information which could be relevant to the licensing objectives. Where your application includes off-supplies of alcohol and you intend to provide a place for consumption of these off-supplies, you must include a description of where the place will be and its proximity to the premises.
2. Where taking place in a building or other structure please tick as appropriate (indoors may include a tent).
3. For example 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 (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 the premises'. If you wish people to be able to purchase alcohol to consume away from the premises, please tick 'off the premises'. If you wish 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 which 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 for restricted age groups or the presence of gaming machines.
9. Please list here steps you will take to promote all four licensing objectives together.
10. The application form 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, each of the applicant or their respective agent must sign the application form.
13. This is the address which we shall use to correspond with you about this application.



Consent of individual to being specified as premises supervisor

JOGINDER SINGH MATHAROO

[full name of prospective premises supervisor]



[home address of prospective premises supervisor]

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

PREMISES LICENCE

[type of application]

by

SURINDER SINGH SEMBHI

[name of applicant]

relating to a premises licence

[number of existing licence, if any]

for

**BURNHAM NEWS
72 BURNHAM DRIVE
LEICESTER
LE4 0HP**

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

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

SURINDER SINGH SEMBHI

[name of applicant]

concerning the supply of alcohol at

BURNHAM NEWS
72 BURNHAM DRIVE
LEICESTER
LE4 0HP

[name and address of premises to which application relates]

I also confirm that I am applying for, intend to apply for or currently hold a personal licence, details of which I set out below.

Personal licence number

LEIPRS0752

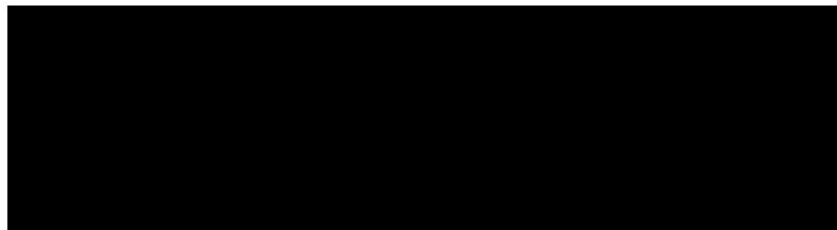
[insert personal licence number, if any]

Personal licence issuing authority

LEICESTER CITY COUNCIL

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

Signed

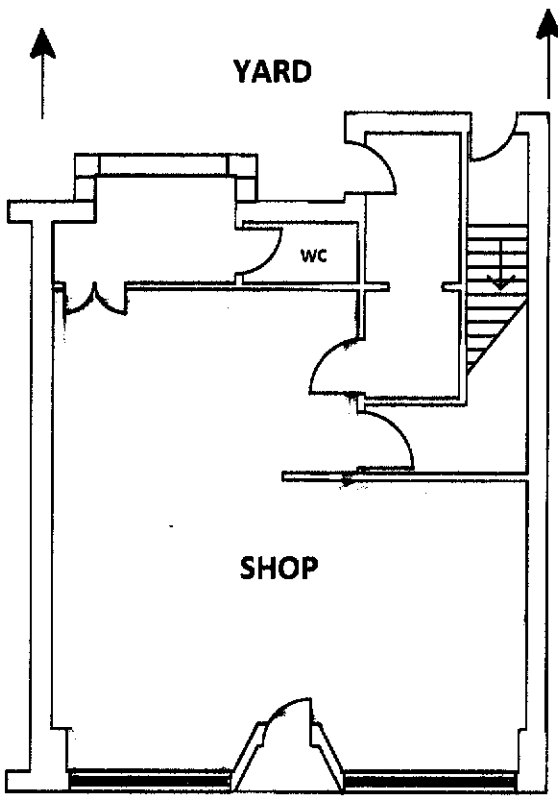


Name (please print)

JOGINDER SINGH MATHAROO

Date

9TH SEPTEMBER 2015



GROUND FLOOR PLAN

PROJECT	SCALE 1:00;1:1250
TITLE 72 BURNHAM DRIVE LEICESTER	DATE AUGUST 2015
	DRG NO RPD/AUGUST/2015/0
	CLIENT

GENERAL NOTES:

The main Contractor is responsible for checking the dimensions on site prior to commencement of any works and report any errors to RP DESIGN

Any construction work carried out prior to obtaining planning and/or building regulation approvals is entirely at the householders / clients risk. All the building work is subject to the satisfaction of the Local Authority Building Control Officer and in accordance with the current Building Regulations and as such any additional works may be required on site. The Contractor to inspect any adjoining properties that may affect the proposed works prior to commencement of works and record and report the owners with any defects.

The Contractor is entirely responsible for the security, strength and stability of the building during the course of the works.

All dimension are in millimetres.

All Work To Be Carried Out In Accordance With The Latest Statutory Building Regulation And Local Authority Requirements



SCALE RULE (1:100)

1 OF 1 @A3

R P DESIGN LIMITED

Architectural and Structural Services

RP DESIGN LIMITED
33 Launde Road, Oadby, Leicester, LE2 4HH
TEL: 0116 2209328 FAX: 0116 220 9328
MOBILE: 07811088948
EMAIL: rpdesignltd@hotmail.co.uk
WEB: rp-designltd.co.uk

REV

DATE

AMENDMENT

AUTHORITY