



**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 ~~PRZEMYSŁAW MALINOWSKI~~ MALPOL LTD
(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 19 - 21 NARBOROUGH ROAD			
Post town	LEICESTER	Postcode	LE3 0LE
Telephone number at premises (if any)			
Non-domestic rateable value of premises	£ 20,000		

Part 2 - Applicant Details

Please state whether you are applying for a premises licence as

Please tick as appropriate

- | | | |
|--|-------------------------------------|-----------------------------|
| a) an individual or individuals * | <input type="checkbox"/> | please complete section (A) |
| b) a person other than an individual * | | |
| i. as a limited company | <input checked="" type="checkbox"/> | please complete section (B) |
| ii. as a partnership | <input type="checkbox"/> | please complete section (B) |
| iii. as an unincorporated association or | <input type="checkbox"/> | 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 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)					

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	PRZEMYSŁAW MALINOWSKI MALPOL LTD
Address	34 WALSGRAVE ROAD COVENTRY CV2 4EB
Registered number (where applicable)	06564383
Description of applicant (for example, partnership, company, unincorporated association etc.)	COMPANY DIRECTOR
Telephone number (if any)	
E-mail address (optional)	

Part 3 Operating Schedule

When do you want the premises licence to start?

DD MM YYYY

0	6	1	2	2	0	1	5
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If you wish the licence to be valid only for a limited period, when do you want it to end?

DD MM YYYY

1	N/A	1	1	1	1
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Please give a general description of the premises (please read guidance note 1)

THE PREMISES IS A POLISH DELICATESSEN
 OFFERING FINEST POLISH PRODUCTS
 INCLUDING BAKERY, PASTRY AND CHEMISI.

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

N/A

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)
- b) films (if ticking yes, fill in box B)
- c) indoor sporting events (if ticking yes, fill in box C)
- d) boxing or wrestling entertainment (if ticking yes, fill in box D)
- e) live music (if ticking yes, fill in box E)
- f) recorded music (if ticking yes, fill in box F)
- g) performances of dance (if ticking yes, fill in box G)
- h) anything 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

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"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish			
Mon			Please give further details here (please read guidance note 3)		
Tue					
Wed			State any seasonal variations for performing plays (please read guidance note 4)		
Thur					
Fri			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)		
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"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon			Please give further details here (please read guidance note 3)	Both	<input type="checkbox"/>
Tue					
Wed					
Thur			State any seasonal variations for the exhibition of films (please read guidance note 4)		
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			
Tue			<u>State any seasonal variations for indoor sporting events</u> (please read guidance note 4)
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)			Will the boxing or wrestling entertainment 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			State any seasonal variations for boxing or wrestling entertainment (please read guidance note 4)		
Wed					
Thur			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 (please read guidance note 5)		
Fri					
Sat					
Sun					

E

Live music Standard days and timings (please read guidance note 6)			Will the performance of live music 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						
			State any seasonal variations for the performance of live music (please read guidance note 4)			
Tue						
			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 (please read guidance note 5)			
Wed						
Thur						
Fri						
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			<u>State any seasonal variations for the playing of recorded music</u> (please read guidance note 4)			
Wed						
Thur			<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)			
Fri						
Sat						
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"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish			
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			State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g) (please read guidance note 4)		
Fri					
Sat			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)		
Sun					

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	Please give further details here (please read guidance note 3)		
Mon					
Tue					
Wed			State any seasonal variations for the provision of late night refreshment (please read guidance note 4)		
Thur					
Fri			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 (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"/>
Day	Start	Finish	Both <input type="checkbox"/>		
Mon	9	22	State any seasonal variations for the supply of alcohol (please read guidance note 4) N/A		
Tue	9	22			
Wed	9	22			
Thur	9	22	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) N/A		
Fri	9	22			
Sat	9	21			
Sun	9	21			

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

Name	IZABELA MORBACZ
Address	
Personal licence number (if known)	LEIPRS 2657
Issuing licensing authority (if known)	LEICESTER CITY COUNCIL

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).

N/A

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)
Day	Start	Finish	
Mon	9	22	N/A
Tue	9	22	
Wed	9	22	
Thur	9	22	
Fri	9	22	<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> (please read guidance note 5) N/A
Sat	9	21	
Sun	9	21	

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)

TO PROMOTE ALL FOUR LICENSING OBJECTIVES TOGETHER, STRONG MANAGEMENT CONTROLS AND EFFECTIVE TRAINING OF ALL STAFF WILL BE KEPT SO THAT THEY ARE AWARE OF THE PREMISES LICENCE AND THE REQUIREMENTS TO MEET THE FOUR LICENSING OBJECTIVES WITH ATTENTION TO SELLING NO ALCOHOL TO UNDERAGE PEOPLE, DRUNK PEOPLE AND ATTENTION TO NO VIOLENT AND ANTI-SOCIAL BEHAVIOUR WITHIN THE PREMISES AND AROUND.

b) The prevention of crime and disorder

CCTV SYSTEM OPERATED AT ALL TIMES IN THE PREMISES. ROLLER METAL EXTERIOR SHUTTER FITTED TO ENSURE THAT SHOP FRONT IS SAFE AND SECURE AT ALL TIMES. ALARM SYSTEM INSTALLED. STAFF WILL BE WELL TRAINED IN ASKING CUSTOMERS TO USE PREMISES IN A RESPECTFUL MANNER AND PREVENT DRINKING ALCOHOL AT THE RETAIL UNIT.

c) Public safety

CCTV SYSTEM INSTALLED TO MONITOR ENTRANCE AND OTHER PARTS OF THE PREMISES IN ORDER TO ADDRESS THE PREVENTION OF CRIME OBJECTIVE. A CLEAR AND LEGIBLE NOTICE OUTSIDE THE PREMISES INDICATING THE NORMAL HOURS UNDER THE TERMS OF THE PREMISES LICENCE DURING WHICH SELLING OF ALCOHOL IS PERMITTED. CLEAR NOTICES WARNING OF POTENTIAL CRIMINAL ACTIVITY, SUCH AS THEFT, THAT MAY TARGET CUSTOMERS WILL BE DISPLAYED.

d) The prevention of public nuisance

POSTERS REGARDING SAFE LIMITS OF ALCOHOL CONSUMPTION, ANTI-DRINK DRIVING AND ZERO DRUG TOLERANCE WILL BE DISPLAYED. INTERNAL AND EXTERNAL LIGHTING FIXED TO PROMOTE THE PUBLIC SAFETY OBJECTIVE. WELL TRAINED STAFF. TRAINING OF UNDERAGE ID CHECKS. AN ACCIDENT BOOK WILL BE KEPT UPON THE PREMISES AND AVAILABLE FOR THE INSPECTION. ALL PARTS OF THE PREMISES AND ALL FITTINGS, DOOR FASTENING AND NOTICES, LIGHTING, HEATING, ELECTRICAL, AIR CONDITION AND OTHER INSTALLATIONS WILL BE MAINTAINED AT ALL TIMES IN GOOD ORDER AND IN A SAFE CONDITION. FIRE RISK ASSESSMENT WILL BE CARRIED OUT AND TO BE MAINTAINED.

e) The protection of children from harm

CLEAR AND VISIBLE "CHALLENGE 25" SIGN.
 WELL TRAINED STAFF ABOUT REQUIREMENT FOR
 PERSONS IDENTIFICATION. TRAINING RECORD BOOK WILL
 BE KEPT UP TO DATE A REFUSALS BOOK FOR UNDER
 18S WILL BE KEPT. REFUSING TO SELL ALCOHOL TO
 ANY ADULT WHO MIGHT BE BUYING ALCOHOL FOR
 ANY CHILDREN HANGING AROUND OUTSIDE.

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	
Date	29.10.2015
Capacity	

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)			
PRZEMYSŁAW MALIŃSKI			
34 WALSGRAVE ROAD			
Post town	COVENTRY	Postcode	CV2 4EB
Telephone	[REDACTED]		
If you would like to provide an alternative 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.

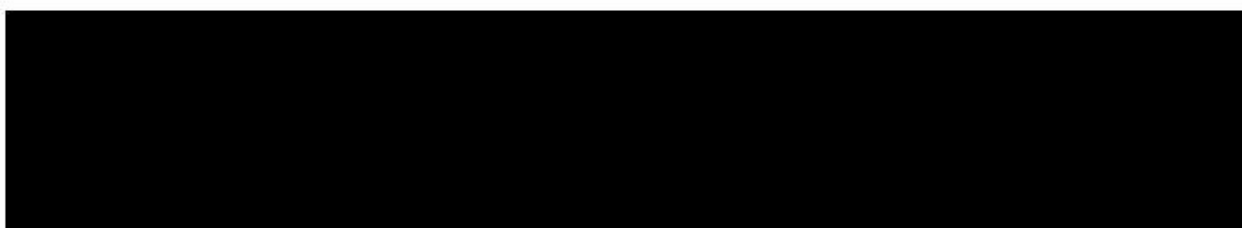


Leicester
City Council

Consent of individual to being specified as premises supervisor

I IZABELA HORBACZ
[full name of prospective premises 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
[type of application]

by

PRZEMYSŁAW MALINOWSKI / MALPOL LTD
[name of applicant]

relating to a premises licence _____
[number of existing licence, if any]

for

POLISH SHOP 19-21 NARBOROUGH ROAD LES OLE
[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

PRZEMYSŁAW MALINOWSKI / MALPOL LTD
[name of applicant]

concerning the supply of alcohol at

Polish Shop 19-21 Narborough Road LE3 0LE
[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

LE1P8S 2657
[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)

Isabella Martec

Date

29/10/2015

NOTICE OF APPLICATION FOR A NEW PREMISES LICENCE

Name of applicant:
MALPOL LTD
Postal address of premises:
19-12 NARBOROUGH ROAD LE3 0LE
Details of Application:
ALCOHOL SALES – OFF THE PREMISES MONDAY TO FRIDAY 09.00 – 22.00 SUNDAY 09.00 – 21.00
<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 Centre, 91 Granby Street, Leicester, LE1 6FB.• Any representation relating to this application must be made in writing to the Licensing Authority by 3 DECEMBER 2015.• 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.

HELPFUL INFORMATION (NB These notes do not form part of the notice and do not need to be displayed)

* delete if not applicable

