

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 Red Apple Supermarket Limited

(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 Red Apple Supermarket 7-9 Hannam Court, Charles Street Leicester			
Post town	Leicester	Postcode	LE1 3FS
Telephone number at premises (if any)			
Non-domestic rateable value of premises		£23,817	

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 checked="" type="checkbox"/> | no | please complete section (A) |
| b) a person other than an individual * | | yes | please complete section (B) |
| 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) | <input type="checkbox"/> | | 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 yes

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)

		Other Title (for example, Rev)	
Surname		First names	
I am 18 years old or over		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 Red Apple Supermarket Limited
Address 7-9 Hannam Court Charles Street Leicester LE1 3FS
Registered number (where applicable) 10368472
Description of applicant (for example, partnership, company, unincorporated association etc.) Private Limited Company
Telephone number (if any) [REDACTED]
E-mail address (optional)

Part 3 Operating Schedule

When do you want the premises licence to start?

DD	MM	YYYY
1	8	112016

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)
 Main Road premises newly re-fitted to trade as a Conveniences Store.
 There are 2 full time and 3 part time staff including Licensee. All members of staff are trained and are aware of their personal responsibilities with regards to sales of alcohol. Challenge 21 Notices are to be displayed with "valid proof of age required" message and a refusal of service book will be in operation.
 Security is provided by 16 high resolution cctv cameras, visible monitor and recording system.

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 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)

yes

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					
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"/>
					Outdoors	<input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 3)			
Mon						
Tue			State any seasonal variations for the exhibition of films (please read guidance note 4)			
Wed						
Thur			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)			
Fri						
Sat						
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)	
Day	Start	Finish	Indoors	<input type="checkbox"/>
Mon			Outdoors	<input type="checkbox"/>
Tue			Both	<input type="checkbox"/>
Wed			<u>Please give further details here</u> (please read guidance note 3)	
Thur			<u>State any seasonal variations for boxing or wrestling entertainment</u> (please read guidance note 4)	
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)			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) To facilitate guest requests and bookings on an ad hoc basis	
Mon				
Tue				
Wed				
Thur				
Fri				
Sat				
			State any seasonal variations for the performance of live music (please read guidance note 4)	
			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)	
Sun				

F

Recorded music Standard days and timings (please read guidance note 6)			Will the playing of recorded 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) Background music by cd and controlled sound system	
Mon				
Tue				
Wed				
Thur				
Fri				
Sat				
			State any seasonal variations for the playing of recorded music (please read guidance note 4)	
			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 (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"/>
					Outdoors	<input type="checkbox"/>
					Both	<input type="checkbox"/>
Day	Start	Finish	<u>Please give further details here</u> (please read guidance note 3) To facilitate guest requests and bookings on an ad hoc basis			
Mon						
Tue						
Wed			<u>State any seasonal variations for the performance of dance</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						

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					


I

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			<u>State any seasonal variations for the provision of late night refreshment</u> (please read guidance note 4)		
Wed					
Thur			<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)		
Fri					
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	yes
				Both	<input type="checkbox"/>
Day	Start	Finish	State any seasonal variations for the supply of alcohol (please read guidance note 4)		
Mon	0800	2300			
Tue	0800	2300			
Wed	0800	2300			
Thur	0800	2300			
Fri	0800	2300			
Sat	0800	2300			
Sun	0800	2300	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)		

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

Name Roma Karim Rasoul
Address 
Telephone number (if known) LEIPRS2839
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).

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	0800	2300	
Tue	0800	2300	
Wed	0800	2300	
Thur	0800	2300	
Fri	0800	2300	
Sat	0800	2300	
Sun	0800	2300	
			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)

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)

Nothing beyond existing Health and Safety/Fire Safety requirements and the existing rules, regulations and responsibilities of a Licensee. The premises will promote the licensing objectives in accordance with Section 182 guidance.
All members of staff will be formally trained in their roles and responsibilities

b) The prevention of crime and disorder

A 16 camera multiplex CCTV system is in operation with visible monitor and due warning signs displayed to the public of its use within the premises. One interior camera is positioned to focus on the entrance doorway to help with the prevention and detection of crime and help with the protection of customers' and staff safety. Recording data will be timed, dated and have a minimum 31 days records. The Police and Local Authority Officers may have access to the system at any reasonable time and downloadable recordings on request. A refusal register is to be kept to record any incidents. No beer, lager or cider to be sold with more than 5.5% ABV.

c) Public safety

Fire safety equipment includes alarms, 2 fire extinguishers which are regularly maintained. All electrical equipment is safety checked (PAT tested). Fire exit signs are displayed and the staff instructed in emergency evacuation procedures.

d) The prevention of public nuisance

A waste bin is provided. The front pavement is swept daily or more frequently if littered. Notices displayed requesting customers to leave the premises as quietly as possible.

e) The protection of children from harm

A maximum of 3 Unaccompanied children are allowed in the shop at any one time. Challenge 21 and "Pass" approved Notices displayed requesting valid proof of age for any age restricted products. "No I.D - No Sale". All staff are trained to serve alcohol and age sensitive products under the guidance of the DPS.

Checklist:

Please tick to indicate agreement

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

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	18-10-16
Capacity	Agent for applicant

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)

AC Consultancy
Licensing Services
5 Manor Farm Meadow
East Leake
LOUGHBOROUGH
Leicestershire

Post town	Loughborough	Postcode	LE12 6LL
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Telephone number (if any)	[REDACTED]
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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

I Roma Karim Rasoul

.....
[full name of prospective premises supervisor]

of



.....
[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
Off Licence

.....
[type of application]

by

Red Apple Supermarket Ltd

.....
[name of applicant]

relating to a premises licence

.....
[number of existing licence, if any]

for

Red Apple Supermarket
7-9 Hannam Court
Charles Street
Leicester
LE1 3FS

.....
[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

Red Apple Supermarket Ltd

[name of applicant]

concerning the supply of alcohol at

Red Apple Supermarket
7-9 Hannam Court
Charles Street
Leicester
LE1 3FS

[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

LEIPRS2839

[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



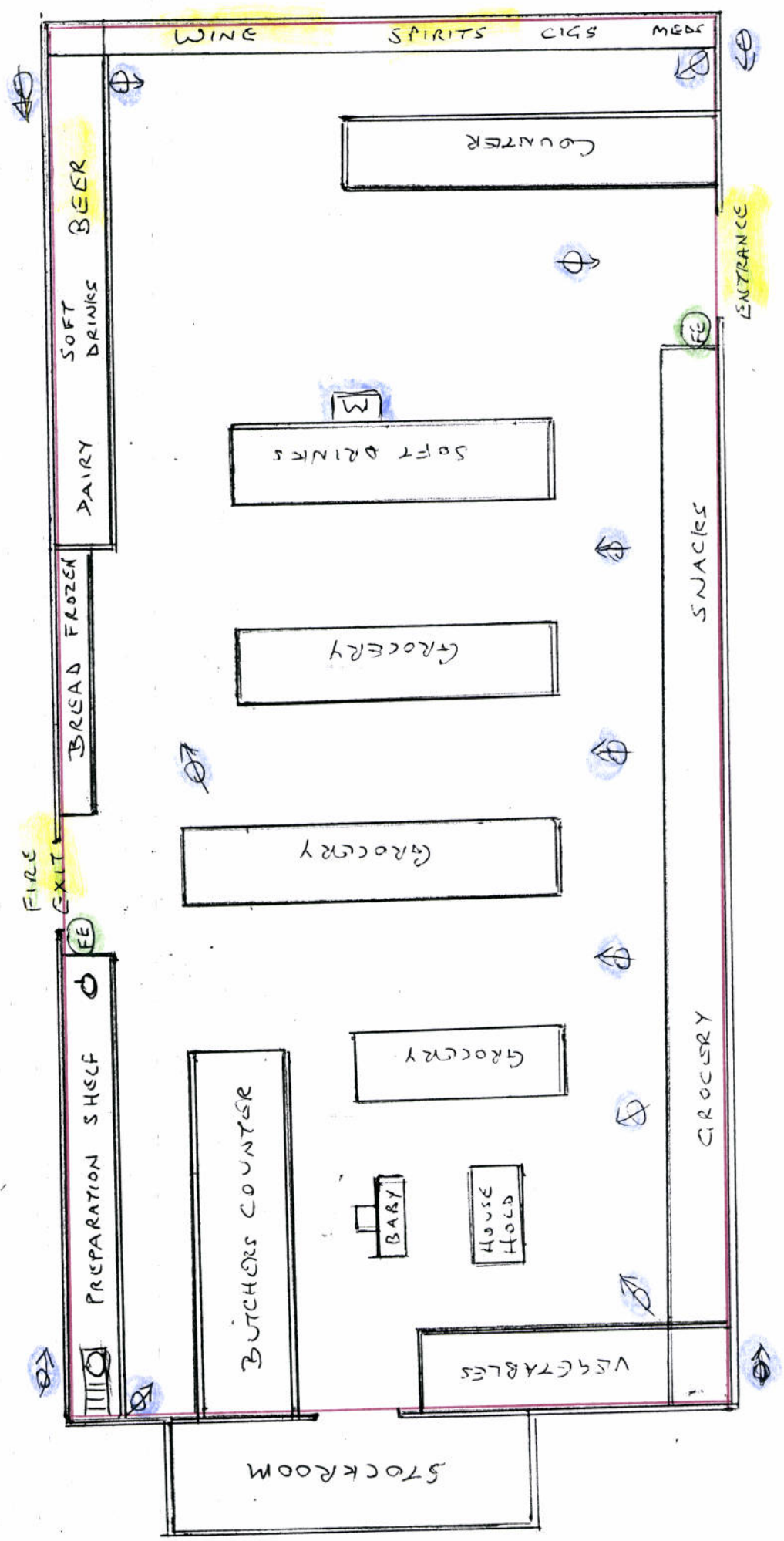
Name (please print)

Roma Karim Rasoul

Date

18 -10-16

- [M] - MONITOR
- ⊙ - CAMERA
- (FE) - FIRE EXTINGUISHER



Red Apple Supermarket, 7-9 Hannam Court, Charles Street, Leicester LE1 3FS

1-100