

## 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**

Baghcheh Pirouzi

*(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			
Miszak Mini Market 182 Narborough Road,			
Post town	Leicester	Postcode	LE3 0BU

Telephone number at premises (if any)	
Non-domestic rateable value of premises	£ 12,500

**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"/> please complete section (A) |
| b) a person other than an individual *                          |                                                                 |
| i as a limited company/limited liability partnership            | <input type="checkbox"/> please complete section (B)            |
| ii as a partnership (other than limited liability)              | <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                                            | <input type="checkbox"/> please complete section (B)            |
| d) a charity                                                    | <input type="checkbox"/> please complete section (B)            |
| e) the proprietor of an educational establishment               | <input type="checkbox"/> please complete section (B)            |
| f) a health service body                                        | <input type="checkbox"/> 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 (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 type="checkbox"/>	Mrs X <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
<b>Surname</b> Pirouzi			<b>First names</b> Baghcheh		
<b>Date of birth:</b> [REDACTED]		I am 18 years old or over <input checked="" type="checkbox"/>		Please tick yes	
<b>Place of birth:</b> [REDACTED]		<b>Nationality:</b> [REDACTED]			
Current residential address if different from premises address		[REDACTED]			
Post town	[REDACTED]	Postcode	[REDACTED]		
<b>Daytime contact telephone number</b>		[REDACTED]			
<b>E-mail address (optional)</b>	[REDACTED]				

**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					
Post town		Postcode			

<b>Daytime contact telephone number</b>	
<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
0	7	0 1 2 0 2 5

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>A small general grocery store with off licence situated in the middle of a bank of retail shops on a throughfare to the A418 from the city Centre.</p> <p>The premises sits inside the Cumulative Impact Zone and the risk assessment has been carried out with consideration to this effect.</p>
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

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)
- 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**

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

**B**

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

C

<b>Indoor sporting events</b> Standard days and timings (please read guidance note 7)			<b><u>Please give further details</u></b> (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			<b><u>State any seasonal variations for indoor sporting events</u></b> (please read guidance note 5)
Wed			<b><u>State any seasonal variations for indoor sporting events</u></b> (please read guidance note 5)
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			<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)
Sat			<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)
Sun			<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)

**D**

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



**E**

<b>Live music</b> Standard days and timings (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	<b>Please give further details here</b> (please read guidance note 4)					
Mon								
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> Standard days and timings (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"/>			
				Outdoors	<input type="checkbox"/>			
				Both	<input type="checkbox"/>			
Day	Start	Finish	<b>Please give further details here</b> (please read guidance note 4)					
Mon								
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 Standard days and timings (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"/>
				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			<b>State any seasonal variations for the performance of dance</b> (please read guidance note 5)		
Wed			<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)		
Thur					
Fri					
Sat					
Sun					

# H

<b>Anything of a similar description to that falling within (e), (f) or (g)</b> Standard days and timings (please read guidance note 7)			Please give a description of the type of entertainment you will be providing		
Day	Start	Finish	<b><u>Will this entertainment take place indoors or outdoors or both – please tick</u></b> (please read guidance note 3)	Indoors	<input type="checkbox"/>
Mon				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Tue			<b><u>Please give further details here</u></b> (please read guidance note 4)		
Wed					
Thur			<b><u>State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g)</u></b> (please read guidance note 5)		
Fri					
Sat			<b><u>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</u></b> (please read guidance note 6)		
Sun					

**I**

<b>Late night refreshment</b> Standard days and timings (please read guidance note 7)			<b>Will the provision of late night refreshment 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><u>Please give further details here</u></b> (please read guidance note 4)		
Mon					
Tue					
Wed					
			<b><u>State any seasonal variations for the provision of late night refreshment</u></b> (please read guidance note 5)		
Thur			<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)		
Fri					
Sat					
Sun					

**J**

<b>Supply of alcohol</b> Standard days and timings (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	22.00						
Tue	08.00	22.00						
Wed	08.00	22.00						
Thur	08.00	22.00				<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)		
Fri	08.00	22.00						
Sat	08.00	22.00						
Sun	08.00	22.00						

**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 Mrs Baghcheh Pirouzi	
Date of birth	Place of birth: Nationality
Address	
Postcode	
Personal licence number (if known) 170194	
Issuing licensing authority (if known) Birmingham City	

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> Standard days and timings (please read guidance note 7)			<u>State any seasonal variations</u> (please read guidance note 5)
Day	Start	Finish	
Mon	08.00		<p><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)</p>
		22.00	
Tue	08.00		
		22.00	
Wed	08.00		
		22.00	
Thur	08.00		
		22.00	
Fri	08.00		
		22.00	
Sat	08.00		
		22.00	
Sun	08.00		
		22.00	

**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)

## CCTV

1.1 The premises are to operate an effective CCTV system which is to be maintained in good working order at all times the premises is open for business.

1.2 The recording medium (e.g. disks / 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 / authorised officers of the Licensing Authority upon request.

1.3 The premises licence holder or designated premises supervisor is to provide the police with the contact details of at least one other member of staff (or other person(s)) who is trained and familiar with the operation of the equipment so that, at the expense of the premises licence holder, they are able to check that the equipment is operating properly and that they are able to provide copies of recorded data upon request and at their own expense within no more than 12 hours from the time of the request.

1.4 The premises licence holder / Designated Premises Supervisor must notify the licensing office or the Police in the event of CCTV breakdown as soon as is reasonably practicable and in any event within 24 hours.

1.5 There will be a minimum of 2 external CCTV cameras working at all times the premises is open for business.

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

### **As above plus**

2. A written delegation of authority record will be kept at the premises whereby non personal licence holders are authorised to make sales on behalf of a personal licence holder.
3. Staff training shall take place on the Licensing Act and Licensing objectives upon commencement of employment and every six months thereafter, a written record of this training is to be maintained and made available to the police and any authorised officer of the Council for inspection on request.
4. An incident log must be kept at the premises. Log records will be retained for a period of 12 months from the date it occurred.



The Incident register will be made immediately available on request to an 'authorised person' (as defined by section 13 of the Licensing Act 2003), an authorised trading standards officer or the police, and must record the following;

- (a) All crimes reported to the premises (where relevant to the licensing objectives).
- (b) Any incidents of disorder involving the premises or its customers.
- (c) Incident records shall include the date, time, and location of the incident; nature of the incident; personal details and contact information for all people involved including any witnesses where available, Personal Licence numbers, any crime number and details of police officers attending.
- (d) A note of the action taken, and where relevant a note of the actions to prevent any recurrence should also be included.
- (e) Incident and accident records shall be kept in a bound register with consecutively numbered pages.
- (f) A register shall be maintained at the licensed premises showing the name, licence number and contact details including telephone number, for the designated premises supervisor and personal licence holders responsible for authorising alcohol sales.
- (g) This register shall be available for inspection by any authorised officer of the responsible authorities and shall be securely retained by the Premises Licence holder or nominated person for a period of 12 months from the date of the last entry.
- (h) This book/register shall be made available for inspection by a police officer or other authorised officer on request.

- 5. All spirits will be displayed behind the counter.
- 6. A list of persons authorised to sell alcohol shall be kept on site and made available for inspection at the request of Local Authority Officers and Police
- 7. Roller shutters have been installed at the front, security bars have been fitted on the windows and security door at the rear of the premises.
- 8. No Sale of Cans of Lagers, Ciders or Beers over 6.5% ABV will be sold from the premises at any time.

**c) Public safety**

No risk has been assessed

**d) The prevention of public nuisance**

- 9. Management and staff are to use their best endeavours to prevent any groups of 3 persons or more persons loitering outside the premises.
- 10. Prominent, clear and legible notices must be displayed at all exits requesting that customers respect the needs of local residents and to leave the premises and area quietly.

11. No deliveries to or from the premises between the hours of 21:00-08:00 where it may likely cause disturbance to local residents.

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

12. Publicity materials notifying customers of the operation of the “Challenge 25” scheme shall be displayed at the premises.

13. The premises will operate a “Challenge 25” proof of age policy, and signage to this effect is to be prominently displayed within the premises. Persons who appear to be under the age of 25 must produce for thorough scrutiny by staff, proof of identity/age before being sold/supplied alcohol. Only a passport or photo-card driving licence or a proof of age card bearing the official ‘PASS’ accreditation hologram should be accepted as proof of age.

14. The premises is to maintain a refusals to record the details of incidents / descriptions of individuals whenever a member of staff has refused to sell alcohol to a person suspected of being under the age of 18 and record the circumstances of any incident, the time and date and the reason for refusal. The book must be made available to the police / authorised officers of the Licensing Authority on request.

15. Staff will monitor the outside area via the CCTV system to identify any potential proxy purchasing concerns.

**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* X
- 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
- [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). X

*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.**

<b>Declaration</b>	<ul style="list-style-type: none"> <li>[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).</li> <li>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)</li> </ul>
Signature	<i>Tony Clarke</i>
Date	6th December 2024
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.**

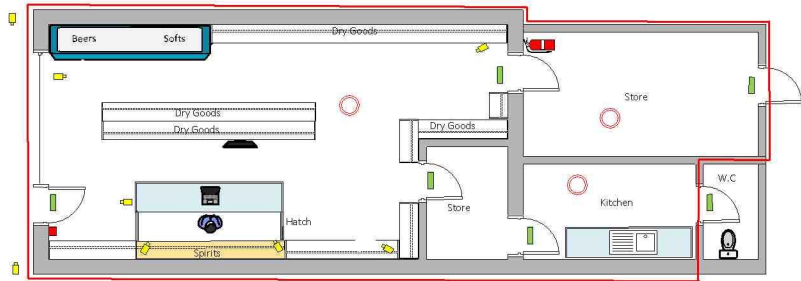
Signature	
Date	
Capacity	

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

<b>LEGEND</b>	Smoke Detector 	Fire Bell 	Fire Exit 
Camera 	Fire Ext. Water 	Monitor 	Licensable Area 



<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. All Measurements have been drawn in millimeters. This drawing is not be used for the intention of any building, shop fitting or construction purposes.	<b>Miszak Mini Market</b>	<b>182 Narborough Road, Leicester, LE3 0BU</b>	<b>1-100</b>

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

I: *[name of prospective premises supervisor]* Baghcheh Pirouzi

*[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

A new Premises Licence under s17 of the Licensing Act 2003  
*[type of application]*

by Baghcheh Pirouzi  
*[name of applicant]*

relating to a premises licence TBA

*[number of existing licence, if any]*

for

*[name and address of premises to which the application relates]* Miszak Mini Market, 182 Narborough Road, Leicester, LE3 0BU

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

Baghcheh Pirouzi

*[name of applicant]*

concerning the supply of alcohol at

Miszak Mini Market, 182 Narborough Road, Leicester, LE3 0BU

*[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**

170194

*[insert personal licence number, if any]*

**Personal licence issuing authority**

Birmingham City Council

*[insert name and address and telephone number of personal lic*

**Signed**



**Name** *(please print)*

Baghcheh Pirouzi

**Date**

6<sup>th</sup> December 2024