

**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 JUNED IKLERIYA

(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 KINGS NEWS 11 KING STREET			
Post town	LEICESTER	Postcode	LE1 6RN
Telephone number at premises (if any)			
Non-domestic rateable value of premises		£8100	

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 | <input 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 | <input type="checkbox"/> | please complete section (B) |
| d) a charity | <input type="checkbox"/> | 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 IKLERIYA			First names JUNED		
I am 18 years old or over				<input checked="" type="checkbox"/>	Please tick yes
Current postal address if different from premises address		11 KING STREET			
Post town	LECEISTER		Postcode	LE1 6RN	
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

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)
A PURPOSE BUILT BRICK PREMISES OPERATING AS A NEWSAGENT AND CONVENIENCE STORE.
THE PREMISES HAS AN EXISTING LICENCE FOR LATE NIGHT REFRESHMENT AND THE OWNER WISHES TO BE ABLE TO OFFER ALCOHOLIC PRODUCTS TO HIS CUSTOMERS.

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)
- 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"/>
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"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon			Please give further details here (please read guidance note 3)	Both	<input type="checkbox"/>
Tue					
Wed				State any seasonal variations for the exhibition of films (please read guidance note 4)	
Thur					
Fri					
Sat					
Sun				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)	

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			<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)
Thur			
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"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon			Please give further details here (please read guidance note 3)	Both	<input type="checkbox"/>
Tue					
Wed			State any seasonal variations for boxing or wrestling entertainment (please read guidance note 4)		
Thur					
Fri			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)		
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						
Tue						
Wed			State any seasonal variations for the performance of live music (please read guidance note 4)			
Thur						
Fri			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)			
Sat						
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)	
Day	Start	Finish	Indoors	<input type="checkbox"/>
Mon			Outdoors	<input type="checkbox"/>
Tue			Both	<input type="checkbox"/>
Wed			Please give further details here (please read guidance note 3)	
Thur			State any seasonal variations for the playing of recorded music (please read guidance note 4)	
Fri			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)	
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	<u>Please give further details here</u> (please read guidance note 3)	
Mon				
Tue				
Wed				
Thur				
Fri				
Sat				
Sun			<u>State any seasonal variations for the performance of dance</u> (please read guidance note 4)	
			<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)	

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			State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g) (please read guidance note 4)		
Thur					
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 checked="" type="checkbox"/>
Day	Start	Finish	<u>Please give further details here</u> (please read guidance note 3)		
Mon	23.00	05.00			
Tue	23.00	05.00			
Wed	23.00	05.00	<u>State any seasonal variations for the provision of late night refreshment</u> (please read guidance note 4)		
Thur	23.00	05.00			
Fri	23.00	05.00			
Sat	23.00	05.00	<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)		
Sun	23.00	05.00			

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	State any seasonal variations for the supply of alcohol (please read guidance note 4)					
Mon	06.00	05.00						
Tue	06.00	05.00						
Wed	06.00	05.00						
Thur	06.00	05.00				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)		
Fri	06.00	05.00						
Sat	06.00	05.00						
Sun	06.00	05.00						

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

Name JUNED IKLERIYA	
Address 11 KING STREET LEICESTER	
Postcode	LE1 6RN
Personal licence number (if known) LEIPRS3058	
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)			<u>State any seasonal variations</u> (please read guidance note 4)
Day	Start	Finish	
Mon	06.00	05.00	<p><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)</p>
Tue	06.00	05.00	
Wed	06.00	05.00	
Thur	06.00	05.00	
Fri	06.00	05.00	
Sat	06.00	05.00	
Sun	06.00	05.00	

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)

The DPS fully understands his roles and responsibilities concerning the four licensing objectives obtained within the 2003 Licensing Act, a comprehensive breakdown of these objectives and how to ensure they are met are detailed below. The DPS attended the level 2 training programme and his personal licence will be issued by Leicester City Council. The DPS will take full responsibility of ensuring all staff are trained and have full knowledge of all licensing issues concerning them under the 2003 Licensing Act including the Challenge 25 rule. Mr Ikleriya is fully aware that his premises are located in the Cumulative Impact Zone as laid out in Leicester City Councils licensing policy and understands the impact another licensed premises could have. Mr Ikleriya is very serious about his responsibilities and the reputation of his business.

b) The prevention of crime and disorder

The applicant has installed to the premises a CCTV recording system with a minimum 28 day recording capability to ensure the prevention of crime & disorder. The CCTV will follow the DCMS guidelines for camera systems in licensed premises and will be in accordance with Police recommendations. The CCTV system will cover all key internal and external areas. All members of staff shall be trained to deal with suspicious customers efficiently. All CCTV recordings shall be available to local Police or relevant authorities upon request. The premises shall maintain an incident register which will be kept at the premises to be inspected on request. Mr Ikleriya is aware of other late night venues within close proximity of his premises. Staff working at the premises shall be trained to be extra vigilant during the later hours of the day and early hours of the morning where revellers departing from other premises may be concerned and their responsibilities should they attempt to enter the premises and make a purchase of alcohol.

c) Public safety

The installed and approved CCTV recording system of the premises with a minimum 28 days recording capability will monitor all public safety issues. The DPS will be responsible for conducting a Fire Risk Assessment and also a Health & Safety Risk Assessment for the licensed premises. All notices in relation to public health & safety will be displayed at the premises. The DPS will also ensure the premises will be operated in line with the Health & Safety Act and any environmental health issues will be the responsibility of both the licence holder for the premises and the DPS.

d) The prevention of public nuisance

The DPS/Premises licence holder fully understands that it is their duty to prevent their business causing any nuisance to any local residents or businesses. They will monitor the external premises area in relation to any anti-social behaviour or public nuisance. The premises will only accept trade deliveries or rubbish collections during normal working hours. The premises shall ensure that any deliveries or collections are dealt with in a timely and prompt manner to reduce any risk of causing any nuisance.

The DPS will monitor the exterior of the premises to ensure litter is kept to a minimum. In the event of any anti-social behaviour both inside and outside of the premises, the DPS will make any CCTV recordings available to the local Police.

e) The protection of children from harm

The DPS will be responsible for ensuring all staff working within the premises will be fully trained and aware of the Challenge 25 Rule and their responsibilities with regards to the sale of alcohol under the Licensing Act 2003. Any staff training will be recorded in a training register which will be retained at the premises and available on request to any authorised party. The premises will only accept valid forms of identification such as photo driving licence, passport and home office approved ID cards displaying the national proof of age standard scheme (PASS hologram). All customers who look under the age of 25 shall be challenged to prove their identity when purchasing alcohol. Challenge 25 posters shall clearly be displayed at the premises to ensure that customers are aware of this policy. The premises will also have a refusals register, which will be kept at the premises at all times and all refusals by any member of staff shall be recorded. The refusals register will be made available to Responsible Authorities on request.

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	24/01/2014
Capacity	Licensing Consultants on Behalf of Client

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)			
PLT Online Ltd Unit 3 The Oaks Clews Road			
Post town	Redditch	Postcode	B98 7ST
Telephone number (if any)	0845 388 9581		
If you would prefer us to correspond with you by e-mail, your e-mail address (optional)			
jo@personallicence.com			

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.

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

JUNED IKLERIYA
[name of applicant]

concerning the supply of alcohol at

KINGS NEWS
11 KING STREET
LEICESTER
LE1 6RN

[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.

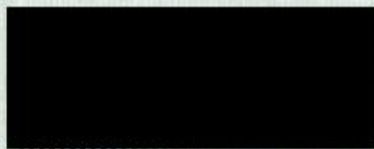
Personal licence number

LE1PRS3058
[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

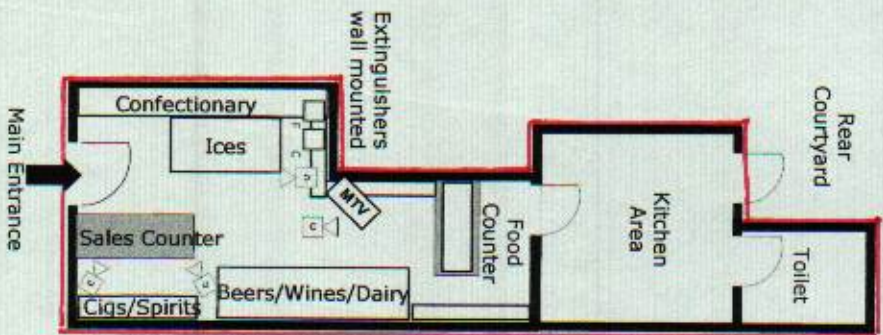


Name (please print)

JUNED - IKLERIYA

Date

24/01/2014



Kings News
 11 King Street
 Leicester
 LE1 6RN

Scale: 1 : 100

Client: Mr Juned Ikeriya

Date: 23/01/14

KEY:	
Security	
CCTV	
Monitor	MTV
Roller Shutters	
Fire:	
CO2	<input type="checkbox"/>
Foam	<input type="checkbox"/>
Water	<input type="checkbox"/>
Smoke	
Heat	
Dry	
Blanket	
Alarm	
EML	
Horn	



Plan Prepared by: PLT Online Limited
 Tel: 01243 222188
 Web: www.personallicencce.com