

**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 **SC RETAIL 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			
SC RETAIL LAUREL TERRACE HOLYWELL			
Post town	WHITLEY BAY	Postcode	NE25 0NT
Telephone number at premises (if any)			
Non-domestic rateable value of premises		£8700	

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/limited liability partnership | <input checked="" 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 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 (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 <input type="checkbox"/>		Miss <input type="checkbox"/>		Ms <input type="checkbox"/>		Other Title (for example, Rev)		
Surname						First names				
Date of birth				I am 18 years old or over <input type="checkbox"/> Please tick yes						
Nationality										
Current residential 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				

Date of birth		I am 18 years old or over <input type="checkbox"/> Please tick yes	
Nationality			
Current residential 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	SC RETAIL LTD
Address	38 NEWMINSTER ROAD NEWCASTLE UPON TYNE TYNE & WEAR NE4 9LJ
Registered number (where applicable)	10372335
Description of applicant (for example, partnership, company, unincorporated association etc.)	COMPANY
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)

RETAIL SHOP / CONVENIENCE STORE

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

Plays Standard days and timings (please read guidance note 7)			Will the performance of a play 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	Please give further details here (please read guidance note 4)		
Mon					
Tue			State any seasonal variations for performing plays (please read guidance note 5)		
Wed					
Thur			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 6)		
Fri					
Sat					
Sun					

B

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

C

Indoor sporting events Standard days and timings (please read guidance note 7)			Please give further details (please read guidance note 4)
Day	Start	Finish	
Mon			
Tue			<u>State any seasonal variations for indoor sporting events</u> (please read guidance note 5)
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 6)
Fri			
Sat			
Sun			

D

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

E

Live music Standard days and timings (please read guidance note 7)			Will the performance of live music 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	Please give further details here (please read guidance note 4)		
Mon					
Tue			State any seasonal variations for the performance of live music (please read guidance note 5)		
Wed					
Thur			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 6)		
Fri					
Sat					
Sun					

F

Recorded music Standard days and timings (please read guidance note 7)			Will the playing of recorded music take place indoors or outdoors or both – please tick (please read guidance note 3)	
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 4)	
Thur				
Fri			State any seasonal variations for the playing of recorded music (please read guidance note 5)	
Sat				
Sun			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 6)	

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"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon				Both	<input type="checkbox"/>
Tue				Please give further details here (please read guidance note 4)	
Wed			State any seasonal variations for the performance of dance (please read guidance note 5)		
Thur					
Fri			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 (please read guidance note 6)		
Sat					
Sun					

H

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

I

Late night refreshment Standard days and timings (please read guidance note 7)			Will the provision of late night refreshment 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	Please give further details here (please read guidance note 4)	
Mon				
Tue			State any seasonal variations for the provision of late night refreshment (please read guidance note 5)	
Wed				
Thur			Non standard timings. Where you intend to use the premises for the provision of late night refreshment at different times, in those listed in the column on the left, please list (please read guidance note 6)	
Fri				
Sat				
Sun				

J

Supply of alcohol Standard days and timings (please read guidance note 7)			Will the supply of alcohol be for consumption - please tick (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	State any seasonal variations for the supply of alcohol (please read guidance note 5)			
Mon	06.00	23.00				
Tue	06.00	23.00				
Wed	06.00	23.00				
Thur	06.00	23.00				
Fri	06.00	23.00				
Sat	06.00	23.00				
Sun	06.00	23.00				
					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 6)	

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 MR MUHAMMED ULLAH	
Date of birth 25.11.86	
Address 246 TAMWORTH ROAD NEWCASTLE UPON TYNE	
Postcode	NE4 5AP
Personal licence number (if known) NCCOOCJ2911	
Issuing licensing authority (if known) NEWCASTLE 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 9).

N/A

L

Hours premises are open to the public Standard days and timings (please read guidance note 7)			State any seasonal variations (please read guidance note 5)
Day	Start	Finish	
Mon	06.00	23.00	<p>Non standard timings. Where you intend the premises to be open to the public at different times from those listed in the column on the left, please list (please read guidance note 6)</p>
Tue	06.00	23.00	
Wed	06.00	23.00	
Thur	06.00	23.00	
Fri	06.00	23.00	
Sat	06.00	23.00	
Sun	06.00	23.00	

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)

PLEASE SEE ATTACHED SCHEDULE OF CONDITIONS

b) The prevention of crime and disorder

c) Public safety

d) The prevention of public nuisance

e) The protection of children from harm

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.
- [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).

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.

Declaration	<ul style="list-style-type: none"> • [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). • 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
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	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 13)
Signature	
Date	27.12.17
Capacity	LICENSING AGENT

For joint applications, signature of 2nd applicant or 2nd 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)			
BEVERLEY SMITH ASPIRE LICENSING 141 EXETER ROAD			
Post town	WALSSEND	Postcode	NE28 9YP
Telephone number (if any)	07947 676 022		
If you would prefer us to correspond with you by e-mail, your e-mail address (optional) info@aspirelicensing.co.uk			

Notes for Guidance

- 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.
- In terms of specific regulated entertainments please note that:
 - Plays: no licence is required for performances between 08:00 and 23:00 on any day, provided that the audience does not exceed 500.
 - Films: no licence is required for 'not-for-profit' film exhibition held in community premises between 08:00 and 23:00 on any day provided that the audience does not exceed 500 and the organiser (a) gets consent to the screening from a person who is responsible for the premises; and (b) ensures that each such screening abides by age classification ratings.
 - Indoor sporting events: no licence is required for performances between 08:00 and 23:00 on any day, provided that the audience does not exceed 1000.

CONDITIONS

SC RETAIL, LAUREL TERRACE, HOLYWELL, WHITLEY BAY, NE25 ONT

- The operator shall ensure that at all times the premises are open for any licensable activity there are sufficient competent staff on duty at the premises for the purpose of fulfilling the terms and conditions of the licence and for preventing crime and disorder.
- No supply of alcohol may be made under the premises licence at a time when there is no designated premises supervisor in respect of the premises licence or at a time when the designated premises supervisor does not hold a personal licence or his personal licence is suspended.
- Every supply of alcohol under the premises licence must be authorised by a person who holds a personal licence
- Alcohol shall not be sold or supplied except during the permitted hours specified in this licence.
- Initial staff training to be carried out by the DPS to ensure no alcohol is sold to anyone underage and refresher training to be carried out every six months.
- All members of staff at the premises shall seek “credible photographic proof of age evidence” from any person who appears to be under the age of 25 years and is seeking to purchase alcohol from the premises. Such credible evidence, which shall include a photograph of the customer, will either be a passport, photographic driving licence or proof of age card carrying the PASS logo.
- A refusal register will be kept and endorsed after every refused sale. This to include over 18s purchasing alcohol and passing it to under 18s (proxy sales).
- Training records to be kept for every member of staff and endorsed after every training session. The records will be made available to officers and responsible authorities when requested to do so.
- The Premises will be fitted with a fully operational CCTV system that meets Home Office guidelines and can record data on a 28 day cycle and can be made available to the Police upon their request.
- The Premises Licence Holder must ensure at all times a DPS or appointed member of staff is capable and competent at downloading CCTV footage in recordable format, either disc, hard drive or memory stick to the police/local authority on demand.
- The recording equipment and discs/memory sticks shall be kept in a secure environment under the control of the DPS or other responsible named individual.

- Alcohol shall not be sold in an open container or be consumed in the licensed premises.
- Alcohol shall only be stored, displayed, sold or supplied in the areas and locations as detailed in the plan attached to this licence.
- At the close of business each day there will be a clear up of any litter waste in the outside vicinity of the premises.