

25 MAY 2011

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 ...**NOUSHAD KANNUKARAN**.....

.....(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 TALBOT EXPRESS STORE 7 TALBOT ROW, BALSHAW LANE, EUXTON, CHORLEY, LANCASHIRE	
Post town CHORLEY	Post code PR7 6PD

Telephone number at premises (if any)

[Empty box]

Non-domestic rateable value of premises

14,750

Part 2 - Applicant details

Please state whether you are applying for a premises licence as

Please tick ✓ yes

a) an individual or individuals\*

please complete section (A)

b) a person other than an individual\*

i. as a limited company

please complete section (B)

ii. as a partnership

please complete section (B)

iii. as an unincorporated association or

please complete section (B)

iv. other (for example a statutory corporation)

please complete section (B)

c) a recognised club

please complete section (B)

- d) a charity please complete section (B)
- e) the proprietor of an educational establishment  please complete section (B)
- f) a health service body  please complete section (B)
- g) a person who is registered under Part 2 of the Care Standards Act 2000 (c14) in respect of an independent hospital  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:

- 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

Please tick  yes

**(A) INDIVIDUAL APPLICANTS** (fill in as applicable)

Mr  Mrs  Miss  Ms  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  Mrs  Miss  Ms  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)

**(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**

Day Month Year

When do you want the premises licence to start? AS SOON AS POSSIBLE

Day Month Year

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

--	--	--	--	--	--	--	--	--	--

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

--

Please give a general description of the premises (please read guidance note1)

CONVENIENCE STORE SELLING USUAL CONVENIENCE STORE GOODS AND  
SERVICES.

What licensable activities do you intend to carry on from the premises?  
(Please see sections 1 and 14 of the Licensing Act 2003 and Schedule 1 and 2 to the Licensing Act 2003)

Please tick ✓ yes

**Provision of regulated entertainment**

- 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 entertainment facilities for:**

- i) making music (if ticking yes, fill in box I)
- j) dancing (if ticking yes, fill in box J)
- k) entertainment of a similar description to that falling within (i) or (j)  
(if ticking yes, fill in box K)

**Provision of late night refreshment** (if ticking yes, fill in box L)

**Supply of alcohol** (if ticking yes, fill in box M)

**In all cases complete boxes N, O and P**

# M

Supply of Alcohol Standard days and timings (please read guidance note 6)			Will the sale of alcohol be for consumption (please tick [√]) (please read guidance note 7)	On the premises		
Day	Start	Finish		Off the premises	√	
Mon	07.00	24.00	<b>State any seasonal variations for the supply of alcohol</b> (please read guidance note 4)	Both		
Tues	07.00	24.00				
Wed	07.00	24.00				
Thur	07.00	24.00		<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 5)		
Fri	07.00	24.00				
Sat	07.00	24.00				
Sun	07.00	24.00				

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

Name... MOHAMED SHIYAM ABDUL JALEEL.....

Address 6 RIBBLE ROAD, BLACKPOOL,

Postcode..... FY1 4AB

Personal Licence number(if known) ... PA2809...

BLACKPOOL

Issuing licensing authority (if known).....

# N

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)

NONE

# O

Hours premises are open to the public Standard timings (please read guidance note 6)			State any seasonal variation (please read guidance note 4)
Day	Start	Finish	
Mon	07.00	24.00	<p><b>Non standard timings. Where you intend to use 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)</b></p>
Tue	07.00	24.00	
Wed	07.00	24.00	
Thur	07.00	24.00	
Fri	07.00	24.00	
Sat	07.00	24.00	
Sun	07.00	24.00	

## **P**

Describe the steps you intend to take to promote the four licensing objectives:

**a) General – all four licensing objectives (b,c,d,e) (please read guidance note 9)**

STAFF TRAINING TO OCCUR AT REGULAR INTERVALS.

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

CCTV. . I.D. PERSONS WHO APPEAR TO BE UNDER 25 WHO ATTEMPT TO PURCHASE ALCOHOL.  
LIAISE WITH LOCAL POLICE COMMUNITY SUPPORT TEAM AS they REQUIRE.  
ACCEPTABLE I.D. TO BE PASSPORT, NEW STYLE DRIVING LICENCE WITH PHOTO I.D. AND PASS ACCREDITED CARDS.

**c) Public safety**

CCTV-DISPLAY ANY NOTICES REQUIRED BY RELEVANT AUTHORITIES.

**d) The prevention of public nuisance**

CCTV- STAFF TRAINING AND RESPONSIBLE RETAILING SHOULD ENSURE THE SHOP DOES NOT PRESENT A PUBLIC NUISANCE.  
NO UNREASONABLE SMELL OR NOISE

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

REFUSAL REGISTER-I.D. PERSONS WHO APPEAR TO BE UNDER 25 WHO ATTEMPT TO PURCHASE ALCOHOL. BE AWARE OF POSSIBLE PROXY SALES.  
STAFF TRAINING AT SIX MONTHLY INTERVALS WHICH WILL BE RECORDED.



**CHECKLIST:-**

- |  |  |
|--|--|
|  | Please tick <input checked="" type="checkbox"/> <b>yes</b> |
| • I have made or enclosed payment of the fee   | <input checked="" type="checkbox"/>                        |
| • I have enclosed the plan of the premises   | <input checked="" type="checkbox"/>                        |
| • I have sent copies of this application and the plan to responsible authorities and others where applicable   | <input checked="" type="checkbox"/>                        |
| • I have enclosed the consent form completed by the individual I wish to be premises supervisor, if applicable | <input checked="" type="checkbox"/>                        |
| • I understand that I must now advertise my application  | <input checked="" type="checkbox"/>                        |
| • I understand that if I do not comply with the above requirements my application will be rejected             | <input checked="" type="checkbox"/>                        |

**IT IS AN OFFENCE, LIABLE ON CONVICTION TO A FINE UP TO LEVEL 5 ON THE STANDARD SCALE (£5000), UNDER SECTION 158 OF THE LICENSING ACT 2003 TO MAKE A FALSE STATEMENT IN OR IN CONNECTION WITH THIS APPLICATION**

**Part 5 – 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 R. Jordan ..... R.JORDAN ON BEHALF OF PR RETAIL CONSULTANTS LIMITED ON BEHALF OF THE APPLICANT... **NOUSHAD KANNUKARAN**

Date..... 23/5/2011.....

Capacity  
...AGENT.....

**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 12) **If signing on behalf of the applicant please state in what capacity.**

Signature .....

Date.....

Capacity .....

<b>Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 13)</b>	
R. JORDAN PR RETAIL CONSULTANTS THE PUMP HOUSE, OLD MEAD ROAD, HENHAM, BISHOPS STORTFORD, HERTS, CM22 6JG	
<b>Post town</b> BISHOPS STORTFORD	<b>Post code</b> CM22 6JG
<b>Telephone number (if any) 01279 850753</b>	
<b>If you would prefer us to correspond with you by e-mail your e-mail address (optional)</b> robertjordan01@btinternet.com	