

Lancashire Constabulary

Licensing Unit, Police Station, St Thomas's Road, Chorley, PR7 1DR

Tel: 01257 246215

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24th February 2006

Licensing Officer
Chorley Borough Council
Town Hall
Market Street
Chorley

Dear Sirs

**RE: TRANSFER OF PREMISES LICENCE / VARIATION OF PREMISES
LICENCE TO CHANGE DPS**

Premises: Londis, 118 Park Road, Chorley.

Name: Vishavnath PATEL

There are the following police representations to be made in respect of this application:-

The police have concerns re these applications in that the only reason this application has come about is due to the fact that the applicant has been involved in the sale of alcohol to underage persons and as a result had to be spoken to by the police.

The fact is that the premises has been trading without a DPS for the past six months.

There is evidence as well as information that underage sales have been made at the premises resulting in youths obtaining alcohol and committing crime and disorder due to their drunken behaviour.

There are no processes in place at the premises re preventing the sales to underage.

The police therefore feel that granting both of these applications would undermine the crime prevention objective under the Licensing act 2003.

Yours faithfully

PS 1506 Bushell
Licensing Manager
Licensing Unit

Mr Patel

[Insert details including name and address of licensing authority and application reference if any]

Application to transfer 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 VISHAWNATH PATEL apply to transfer the premises licence described below under section 42 of the Licensing Act 2003 for the premises described in Part 1 below

Premises licence number

PL(A)0019

Part 1 - Premises details

Postal address of premises or, if none, ordnance survey map reference or description	
118 PARK RD CHORLEY	
Post town	Post code
CHORLEY	PR7 1QY
Telephone number at premises (if any)	
01257275079	

Please give a brief description of the premises
OFF LICENCE, GROCERY

Name of current premises licence holder
MR. S. SINGH.

Part 2 - Applicant details

In what capacity are you applying for the premises licence to be transferred to you?

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) an individual 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:

- 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 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 (optional)

Part 3

Please tick Yes

Are you the holder of the premises licence under an interim authority notice?

Do you wish the transfer to have immediate effect?

If not when would you like the transfer to take effect?

Day		Month		Year	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please tick Yes

I have enclosed the consent form signed by the existing premises licence holder

If you have not enclosed the consent form referred to above please give the reasons why not. What steps have you taken to try and obtain the consent?

Please tick Yes

If this application is granted I would be in a position to use the premises during the application period for the licensable activity or activities authorised by the licence (see section 43 of the Licensing Act 2003)

Please tick Yes

I have enclosed the premises licence

If you have not enclosed premises licence referred to above please give the reasons why not.

- I have made or enclosed payment of the fee
- I have enclosed the consent form signed by the existing premises licence holder or my statement as to why it is not enclosed
- I have enclosed the premises licence or relevant part of it or explanation
- I have sent a copy of this application to the chief officer of police today
- I understand that if I do not comply with the above requirements my application will be rejected

<input checked="" type="checkbox"/>
<input type="checkbox"/>
<input checked="" type="checkbox"/>
<input type="checkbox"/>
<input checked="" type="checkbox"/>

IT IS AN OFFENCE, LIABLE ON CONVICTION TO A FINE UP TO 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 2)

Signature of applicant or applicant's solicitor or other duly authorised agent (see guidance note 3). If signing on behalf of the applicant please state in what capacity.

Signature



Date

13-03-06

Capacity

STORE MANAGER

For joint applications signature of 2nd applicant or 2nd applicant's solicitor or other authorised agent (please read guidance note 4). 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 5)	
Post town	Post code
Telephone number (if any)	
If you would prefer us to correspond with you by e-mail your e-mail address (optional)	

Notes for Guidance

1. Describe the premises. For example the type of premises it is, its general situation and layout and any other information which would be relevant to the licensing objectives.
2. The application form must be signed.
3. An applicant's agent (for example solicitor) may sign the form on their behalf provided that they have actual authority to do so.
4. Where there is more than one applicant, both applicants or their respective agents must sign the application form.
5. This is the address which we shall use to correspond with you about this application.

Application to vary a premises licence to specify an individual as designated premises supervisor under the Licensing Act 2003

(1)

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

(2) I/We

SUKHPREET SINGH

being the premises licence holder, apply to vary a premises licence to specify the individual named in this application as the premises supervisor under section 37 of the Licensing Act 2003

Premises licence number

PLA0019

Part 1 - Premises details

Postal address of premises or, if none, Ordnance Survey map reference or description 118 PARK ROAD	
Post town CHORLEY	Post code PR7 1QY
Telephone number (if any) 01257 275079	

Description of premises (please read guidance note 1)

OFF LICENCE, CENTRAL GROCERY

(1) Insert name and address of relevant licensing authority and its reference number (optional)
(2) Insert full name(s) of premises licence holder

Part 2

Full name of proposed designated premises supervisor

VISH PATEL

Personal licence number of proposed designated premises supervisor and issuing authority of that licence (if any)

PA 0368 CHORLEY COUNCIL

Full name of existing designated premises supervisor (if any)

MR S. SINGH.

Please tick yes

I would like this application to have immediate effect under section 38 of the Licensing Act 2003

I have enclosed the premises licence or relevant part of it

(if you have not enclosed the premises licence, or relevant part of it, please give reasons why not)

Reasons why I have failed to enclose the premises licence or relevant part of it

Please tick yes

- I have made or enclosed payment of the fee
- I will give a copy of this application to the chief officer of police
- I have enclosed the consent form completed by the proposed premises supervisor
- I have enclosed the premises licence or relevant part of it, or explanation
- I will give a copy of this form to the existing premises supervisor, if any
- I understand that if I do not comply with the above requirements my application will be rejected

IT IS AN OFFENCE, LIABLE ON CONVICTION TO A FINE UP TO 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

insert
mount

Part 5 - Signatures (please read guidance note 2)

Signature of applicant or applicant's solicitor or other duly authorised agent. (please read guidance note 3)
If signing on behalf of the applicant please state in what capacity.

Signature _____ [Redacted]

Date 14-03-06

Capacity _____

For joint application's signature of 2nd applicant or 2nd applicant's solicitor or other authorised agent. (please read guidance note 4)
If signing on behalf of the notifier 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 5)

[Redacted]

NORWICH

Post town NORWICH

Post code [Redacted]

Telephone number (if any) _____

If you would prefer us to correspond with you by e-mail your e-mail address (optional) _____

Notes for Guidance

1. Describe the premises. For example the type of premises it is.
2. The application form must be signed.
3. An applicant's agent (for example solicitor) may sign the form on their behalf provided that they have actual authority to do so.
4. Where there is more than one applicant, both applicants or their respective agents must sign the application form.
5. 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 [full name of prospective premises supervisor]
VISHAUNATH PATEL

of [home address of prospective premises supervisor]
118 PARK RD
CHORLEY
PR7 1QY

hereby confirm that I give my consent to be specified as the designated premises supervisor in relation to the application for

[type of application]

by

[name of applicant] VISHAUNATH PATEL

relating to a premises licence

[number of existing licence, if any] PL(A) 0019

for

[name and address of premises to which the application relates]
118 PARK RD
CHORLEY
PR7 1QY

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

[name of applicant] VISHAUNATH PATEL

concerning the supply of alcohol at

[name and address of premises to which application relates]
118 PARK RD
CHORLEY
PR7 1QY

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

[insert personal licence number, if any]

PA0368

Personal licence issuing authority

[insert name and address and telephone number of personal licence issuing authority, if any]

Signed



Name (please print)

V. PATEL

Date

13-03-06

VVlr Singh

CONSENT OF PREMISES LICENCE HOLDER TO TRANSFER

I / we SUKHPREET SINGH
[full name of premises licence holder(s)]

the premises licence holder of premises licence number PLA 0019
[insert premises licence number]

relating to 118 PARK ROAD
CHORLEY PR7 1QY

[name and address of premises to which the application relates]

hereby give my consent for the transfer of premises licence number

[insert premises licence number]

to VISH RATEL

[full name of transferee]

Signed _____


Name (please print) SUKHPREET SINGH

Dated 14-03-06

Mr S Singh
118 Park Road
Chorley
Lancashire
PR7 1QY

18 January, 2006

Dear Sir / Madam

Premises Licence PL(A)0019

Commences: 24 November, 2005

One Stop Shop

118 Park Road

Chorley

Please find enclosed the Premises Licence which has been issued under the provisions of the Licensing Act 2003.

The licence summary must be displayed on the premises where it can be viewed by the public or responsible authorities.

This licence is valid from 24th November 2005.

If there are any changes which may affect this licence, for example, change of designated premises supervisor etc, the Licensing Authority must be notified immediately.

If there are any mistakes which may affect this licence, for example, permitted hours for regulated entertainment, you must notify the Licensing Authority in writing within 28 days of receipt of this licence.

If you need any further assistance please do not hesitate to contact this office.

Yours faithfully,



Howard Bee
Licensing Manager

Licensing Act 2003
Premises Licence

PL(A)0019

Part 1 - Premises Details

POSTAL ADDRESS OF PREMISES, OR IF NONE, ORDANCE SURVEY MAP REFERENCE OR DESCRIPTION

One Stop Shop

118 Park Road, Chorley, Lancashire, PR7 1QY.

Telephone 01257 275079

WHERE THE LICENCE IS TIME LIMITED THE DATES

Not applicable

LICENSABLE ACTIVITIES AUTHORISED BY THE LICENCE

- the sale by retail of alcohol

THE TIMES THE LICENCE AUTHORISES THE CARRYING OUT OF LICENSABLE ACTIVITIES

Activity (and Area if applicable)	Description	Time From	Time To
M. The sale by retail of alcohol for consumption OFF the premises only	Monday to Saturday	08:00	23:00
	Sunday	10:00	22:30
	Good Friday	08:00	22:30
	Christmas Day	12:00	15:00
	Christmas Day	19:00	22:30

THE OPENING HOURS OF THE PREMISES

Description	Time From	Time To
Monday to Saturday	08:00	23:00
Sunday	10:00	22:30
Good Friday	08:00	22:30
Christmas Day	12:00	15:00
	19:00	22:30

WHERE THE LICENCE AUTHORISES SUPPLIES OF ALCOHOL WHETHER THESE ARE ON AND / OR OFF SUPPLIES

- M. The sale by retail of alcohol for consumption OFF the premises only

Part 2

NAME, (REGISTERED) ADDRESS, TELEPHONE NUMBER AND EMAIL (WHERE RELEVANT) OF HOLDER OF PREMISES LICENCE

Sukhpreet Singh

118 Park Road, Chorley, Lancashire, PR7 1QY.
 Telephone 01257 275079 or 01257 262963

REGISTERED NUMBER OF HOLDER, FOR EXAMPLE COMPANY NUMBER, CHARITY NUMBER (WHERE APPLICABLE)



Licensing Act 2003

Premises Licence

PL(A)0019

NAME, ADDRESS AND TELEPHONE NUMBER OF DESIGNATED PREMISES SUPERVISOR WHERE THE PREMISES LICENCE AUTHORISES THE SUPPLY OF ALCOHOL

Sukhpreet SINGH

118 Park Road, Chorley, Lancashire, PR7 1QY.
Telephone 01257 275079 or 01257 262963

PERSONAL LICENCE NUMBER AND ISSUING AUTHORITY OF PERSONAL LICENCE HELD BY DESIGNATED PREMISES SUPERVISOR WHERE THE PREMISES LICENCE AUTHORISES FOR THE SUPPLY OF ALCOHOL

Licence No: PA0110

Issued by Chorley

ANNEXES

ANNEX 1

Off Licence - Mandatory conditions

1 Alcohol shall not be sold or supplied except during permitted hours.

The above restrictions do not prohibit:

- a) During the first twenty minutes after the above hours, the taking of the alcohol from the premises, unless the alcohol is supplied or taken in an open vessel;
- b) The ordering of alcohol to be consumed off the premises, or the despatch by the vendor of the alcohol so ordered;
- c) The sale of alcohol to a trader or club for the purposes of the trade or club;
- d) The sale or supply of alcohol to any canteen or mess, being a canteen in which the sale or supply of alcohol is carried out under the authority of the Secretary of State or an authorised mess of members of Her Majesty's naval, military or air force;

2 Alcohol shall not be sold in an open container or be consumed in the licensed premises.

3 No supply of alcohol may be made under the premises licence -

- a) At a time when there is no designated premises supervisor in respect of the premises licence,
or
- b) At a time when the designated premises supervisor does not hold a personal licence or his personal licence is suspended.

4 Every supply of alcohol under the premises licence must be made or authorised by a person who holds a personal licence.

ANNEX 2 - CONDITIONS CONSISTENT WITH THE OPERATING SCHEDULE

None.



Licensing Act 2003

Premises Licence

PL(A)0019

ANNEXES continued...

ANNEX 3 - CONDITIONS ATTACHED AFTER A HEARING BY THE LICENSING AUTHORITY

None.



Licensing Act 2003

Premises Licence Summary

PL(A)0019

Premises Details

POSTAL ADDRESS OF PREMISES, OR IF NONE, ORDNANCE SURVEY MAP REFERENCE OR DESCRIPTION

One Stop Shop

118 Park Road, Chorley, Lancashire, PR7 1QY.

Telephone 01257 275079

WHERE THE LICENCE IS TIME LIMITED THE DATES

Not applicable

LICENSABLE ACTIVITIES AUTHORISED BY THE LICENCE

- the sale by retail of alcohol

THE TIMES THE LICENCE AUTHORISES THE CARRYING OUT OF LICENSABLE ACTIVITIES

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WHERE THE LICENCE AUTHORISES SUPPLIES OF ALCOHOL WHETHER THESE ARE ON AND / OR OFF SUPPLIES

- M. The sale by retail of alcohol for consumption OFF the premises only

NAME, (REGISTERED) ADDRESS OF HOLDER OF PREMISES LICENCE

Sukhpreet Singh

118 Park Road, Chorley, Lancashire, PR7 1QY.

REGISTERED NUMBER OF HOLDER, FOR EXAMPLE COMPANY NUMBER, CHARITY NUMBER (WHERE APPLICABLE)

NAME OF DESIGNATED PREMISES SUPERVISOR WHERE THE PREMISES LICENCE AUTHORISES THE SUPPLY OF ALCOHOL

Sukhpreet SINGH



Licensing Act 2003

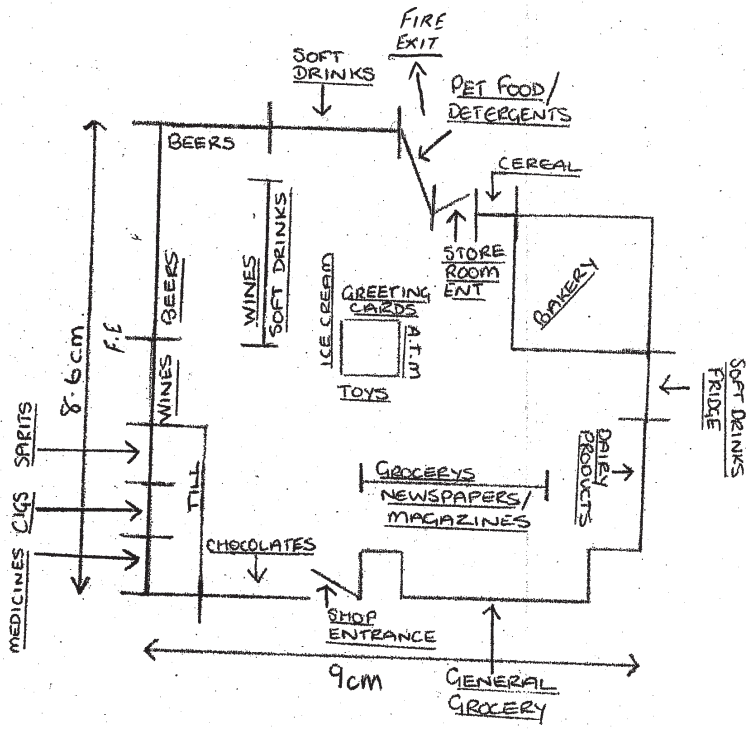
Premises Licence Summary

PL(A)0019

STATE WHETHER ACCESS TO THE PREMISES BY CHILDREN IS RESTRICTED OR PROHIBITED

None.





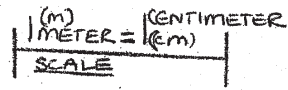
FLOOR LAYOUT AND PLAN

FOR LONDIS STORE

118 PARK ROAD, CHORLEY

SCALE = 1 cm =

1 METER.



* F.E = FIRE EXTINGUISHER