

**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 ANANTHARAJAH THIRUKKUMAR

*(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 YELLA SHOP 34 KINGS ROAD			
Post town	ST LEONARDS ON SEA	Post code	TN37 6DX

Telephone number at premises (if any)	
Non-domestic rateable value of premises	£££7300

Deleted: £

**Part 2 - Applicant Details**

Please state whether you are applying for a premises licence as  
Please tick yes

- |   |                                     |                             |
|---|-------------------------------------|-----------------------------|
| 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) |

WM 201408456  
PRM 496  
HOP 50487.  
Recd. 18/07/14  
End 15/08/14.

- 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:

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
  - o statutory function or
  - o 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)	
<b>Surname</b> THIRUKKUMAR			<b>First names</b> ANANTHARAJAH		
I am 18 years old or over				<input checked="" type="checkbox"/>	Please tick yes
<b>Current postal address if different from premises address</b>		[REDACTED]			
<b>Post Town</b>		[REDACTED]	<b>Postcode</b>		[REDACTED]
<b>Daytime contact telephone number</b>					
<b>E-mail address (optional)</b>					

**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>		
I am 18 years old or over				<input type="checkbox"/>	Please tick yes

<b>Current postal address if different from premises address</b>			
<b>Post Town</b>		<b>Postcode</b>	
<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.

<b>Name</b>
<b>Address</b>
<b>Registered number (where applicable)</b>
<b>Description of applicant (for example, partnership, company, unincorporated association etc.)</b>
<b>Telephone number (if any)</b>
<b>E-mail address (optional)</b>

**Part 3 Operating Schedule**

When do you want the premises licence to start?

Day	Month	Year
1	5	08 2014

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

Day	Month	Year

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

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 of the Licensing Act 2003 and Schedules 1 and 2 to the Licensing Act 2003)

**Provision of regulated entertainment**

**Please tick yes**

- 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:**

- 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**

<b>Supply of alcohol</b> Standard days and timings (please read guidance note 6)			<b>Will the supply of alcohol be for consumption (Please tick box)</b> (please read guidance note 7)	On the premises	<input type="checkbox"/>
				Off the premises	<input checked="" type="checkbox"/>
				Both	<input type="checkbox"/>
<b>Day</b>	<b>Start</b>	<b>Finish</b>	<b>State any seasonal variations for the supply of alcohol</b> (please read guidance note 4)		
Mon	07:00	23:00			
Tue	07:00	23:00			
Wed	07:00	23:00			
Thur	07:00	23:00			
Fri	07:00	23:00			
Sat	07:00	23:00			
Sun	07:00	23:00			

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

<b>Name</b> ANANTHARAJAH THIRUKKUMAR	
<b>Address</b> [REDACTED]	
<b>Postcode</b>	[REDACTED]
<b>Personal Licence number (if known)</b> 10/0854/LAPER	
<b>Issuing licensing authority (if known)</b> ROTHER DISTRICT COUNCIL	

**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 (except for the sale of alcohol)

**O**

<b>Hours premises are open to the public</b> Standard days and timings (please read guidance note 6)			<b>State any seasonal variations</b> (please read guidance note 4)
Day	Start	Finish	
Mon	07:00	23:00	<p><b>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</b> (please read guidance note 5)</p>
Tue	07:00	23:00	
Wed	07:00	23:00	
Thur	07:00	23:00	
Fri	07:00	23:00	
Sat	07:00	23:00	
Sun	07:00	23:00	

**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)**

TRAINING OF ALL STAFF ON THE PREMISES TO ENSURE THAT THEY UNDERSTAND AND ADHERE TO THE LAW RELATING TO THE SALE OF ALCOHOL. REFRESHER TRAINING WILL BE GIVEN ON A REGULAR BASIS AND TRAINING RECORDS WILL BE KEPT AND MADE AVAILABLE TO POLICE OR COUNCIL OFFICIALS ON REQUEST

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

CCTV INSTALLED THAT MEETS THE STANDARDS REQUIRED BY THE POLICE, AND MAINTAINED SO FULLY OPERATIONAL AT ALL TIMES. RECORDINGS TO BE KEPT IN ACCORDANCE WITH POLICE GUIDELINES, FOR A MINIMUM OF 30 DAYS AND TO BE MADE AVAILABLE TO POLICE/COUNCIL OFFICERS IF REQUIRED.  
ALARM SYSTEM IN PLACE  
SHUTTERS AT FRONT WINDOWS

**c) Public safety**

ALL STAFF TRAINED TO DEAL WITH ANY OUTBREAK OF FIRE AT THE PREMISES. FIRE EXTINGUISHERS INSTALLED AND REGULARLY SERVICED IN ACCORDANCE WITH FIRE AUTHORITY GUIDELINES  
TO COMPLY WITH ANY REQUIREMENTS OF THE FIRE AUTHORITY

**d) The prevention of public nuisance**

ANYONE WHO IS DRUNK OR UNDER 18 OR APPEARS TO BE BUYING ALCOHOL FOR SOMEONE WHO IS DRUNK OR UNDER 18 WILL BE REFUSED THE SALE OF ALCOHOL

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

CHALLENGE 25 TO BE OPERATED AT ALL TIMES, AND ANYONE ATTEMPTING TO BUY ALCOHOL WHO APPEARS TO BE UNDER THE AGE OF 25 WILL HAVE TO PROVIDE PHOTO ID IN THE FORM OF AN INDUSTRY APPROVED PROOF OF AGE IDENTITY CARD, PASSPORT OR PHOTO DRIVING LICENCE TO PROVE THAT THEY ARE 18 OR OVER. SIGN TO BE DISPLAYED AT POINT OF SALE - 'NO PROOF OF AGE - NO SALE'. A REFUSALS/INCIDENT BOOK, DETAILING ALL INCIDENTS WHERE ALCOHOL AND OTHER AGE RELATED PRODUCTS ARE REFUSED, AND ANY OTHER RELEVANT INCIDENTS, IS TO BE KEPT AND MADE AVAILABLE TO AUTHORISED OFFICERS ON REQUEST.


Please tick yes

- 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 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 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 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	13/7/14
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	AGENT

Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 13)

LICENSING SERVICES AGENCY  
16 BENGEO STREET

Post town | HERTFORD | Post code | SG14 3ES

Telephone number (if any) | 01992 584959

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





21 JUL 2014

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

I ANANTHARAJAH TNIRUKKUMAR  
[full name of prospective premises supervisor]

of [REDACTED]  
[REDACTED]

[home address of prospective premises supervisor]

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

PREMISES LICENCE [type of application]

by A TNIRUKKUMAR [name of applicant]

relating to a premises licence ..... [number of existing licence, if any]

for YELLA SHOP  
34 KINGS ROAD ST LEONARDS ON SEA  
TN37 6DX

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

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

by SAME APPLICANT [name of applicant]

concerning the supply of alcohol at SAME PREMISES

[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 1010854 / LAPER  
[insert personal licence number, if any]

Personal licence issuing authority ROTHER D.C  
[insert name and address and telephone number of personal licence issuing authority, if any]

A. Thirukumar signed

A TNIRUKKUMAR name (please print)

14.7.14 dated

E190  
CAN 2030


Please tick yes

- 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 premises supervisor, if applicable
- I understand that I must now advertise my application
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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	18/7/14
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	AGENT

Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 13)  
 LICENSING SERVICES AGENCY  
 16 BENGEO STREET

Post town	HERTFORD	Post code	SG14 3ES
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Telephone number (if any)	01992 584959
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If you would prefer us to correspond with you by e-mail your e-mail address (optional)