

07 AUG 2010

Application for a premises licence to be granted  
under the Licensing Act 2003

AQUILA HOUSE

## 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 Mr J. MANORAJIN.Y & SIVASEELAN  
(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 13 London Road St. Leonards on Sea East Sussex			
Post town	St. Leonards on Sea	Post code	TN37 6AJ
Telephone number at premises (if any)			
Non-domestic rateable value of premises		£11,000	

## 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) |

- 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
  - 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 checked="" type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
Surname <b>SIVASEELAN</b>			First names <b>MANORAJINY</b>		
I am 18 years old or over			<input checked="" type="checkbox"/> Please tick yes		
Current postal address if different from premises address		23 Norman Road St. Leonards on Sea			
Post Town	St. Leonards on Sea		Postcode	TN37 6NH	
Daytime contact telephone number		[REDACTED]			
E-mail address (optional)		[REDACTED]			

**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		

<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
<input type="text"/>	<input type="text"/>	<input type="text"/>

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

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

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

This premises situated in the corner of the Norman and London road. It was optician shop. we are going to turn as Convenience store. I would be happy to join to the "reduce the strength" campaign that are running in St. Leonards. and not going to stock/sell lagers/beers and Cider with and ABV above 6.5% and not to sell alcoholic products to known Street drinkers.

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)  | <input type="checkbox"/> |
| b) films (if ticking yes, fill in box B)  | <input type="checkbox"/> |
| c) indoor sporting events (if ticking yes, fill in box C)   | <input type="checkbox"/> |
| d) boxing or wrestling entertainment (if ticking yes, fill in box D)  | <input type="checkbox"/> |
| e) live music (if ticking yes, fill in box E)   | <input type="checkbox"/> |
| f) recorded music (if ticking yes, fill in box F)   | <input type="checkbox"/> |
| g) performances of dance (if ticking yes, fill in box G)  | <input type="checkbox"/> |
| h) anything of a similar description to that falling within (e), (f) or (g) (if ticking yes, fill in box H) | <input type="checkbox"/> |

**Provision of entertainment facilities:**

- |   |                          |
|---|--------------------------|
| i) making music (if ticking yes, fill in box I)   | <input type="checkbox"/> |
| j) dancing (if ticking yes, fill in box J)  | <input type="checkbox"/> |
| k) entertainment of a similar description to that falling within (i) or (j) (if ticking yes, fill in box K) | <input type="checkbox"/> |

**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"/>
Day	Start	Finish	Both <input type="checkbox"/>		
Mon	08:00	23:00	<b>State any seasonal variations for the supply of alcohol</b> (please read guidance note 4)		
Tue	08:00	23:00			
Wed	08:00	23:00			
Thur	08:00	23:00	<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	08:00	23:00			
Sat	08:00	23:00			
Sun	10:00	22:30			

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

Name	Mr J. MANDRAJINY < SIVASEELAN
Address	23 Norman Road St. Leonards on Sea East Sussex
Postcode	TN37 6NH
Personal Licence number (if known)	06/00246 / LAPER.
Issuing licensing authority (if known)	London Borough of Newham.

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)

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	<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)
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	08:00	22:30	

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)

- 1) Strong management and effective training of all Staff by DPS.
- 2) no Selling of alcohol to underage people and Known as Street drinkers and already drunk people.
- 3) no drunk and disorderly behaviour on the premises area.
- 4) Vigilance in preventing the use and Sale of illegal drugs at the retail
- 5) no violence and anti-Social behaviour.
- 6) no any harm to children.

b) The prevention of crime and disorder

- 1) 24 hours CCTV Record to entrances, exit and all parts of the premises
  - 2) clear and legible notice outside the premises indicating the normal hours under the terms of licensable activities are permitted.
  - 3) clear and conspicuous notices warning of potential Crime activity.
  - 4) No Selling of alcohol to drunk or intoxicated customers.
  - 5) Custom will not be Sought by means personal Sollicitation outside in the vicinity of the premises
- Continued on the next page —

c) Public safety

- 1) Internal and external lighting fixed.
  - 2) well trained Staff adherence to environmental health requirements
  - 3) Training and implementation of underage ID checks.
  - 4) A log book or recording System shall be kept upon the premises in which shall be entered particulars of inspections made; Premises licence that require the recording of such information. The log book shall be kept available for inspection when required by Licenses
- d) The prevention of public nuisance — Continued on next page — Act team

- 1) Prominent, clear and legible notices will be displayed at the exit requesting the public to respect the needs of nearby residents and to leave the premises and the area quietly.
  - 2) Deliveries will be carried out at such a time or in such a manner as to prevent nuisance and disturbance to nearby residents.
  - 3) Customers will be asked not to stand around loudly talking in the street outside the premises.
- Continued on the next page —

e) The protection of children from harm

- 1) "challenge 25" Sign which is a retailing strategy that encourages anyone who is over 18 and but looks under 25 to carry acceptable ID (driving licence and passport, Pass hologram) if they wish to buy alcohol.
- 2) well trained Staff about requirement for persons ID, age establishment etc.
- 3) All the details provided in training record book available the retail unit.

— continued on next page —

## 1) The prevention of crime and disorder.

- 6) Staff will be well trained in asking customers to use premises in an orderly and respectful manner and prevent drinking alcohol at the retail unit.

## 2) Public Safety-

- 5) All parts of the premises and all fittings and apparatus there door fastenings and notices, lighting, heating, electrical, air conditioning, Sanitary accommodation and other installations, will be maintained at all times in good order and in a safe condition.

## d) The prevention of public nuisance.

- 4) Customers will not be admitted to premises above opening hours.

- 5) The maximum of bins and rubbish outside the premises will be kept to minimum after 11.00pm.

- 6) Any lighting on or outside the premises will be positioned and screened such a way so as to not cause a disturbance to nearby residents.

- 7) Adequate waste receptacles for use by customers will be provided in the local vicinity.

## e) The protection of children from harm.

- 4) Log book will be kept upon the premises all the time.

- 5) Nothing belonging existing health and safety requirements.




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	30/07/2015
Capacity	

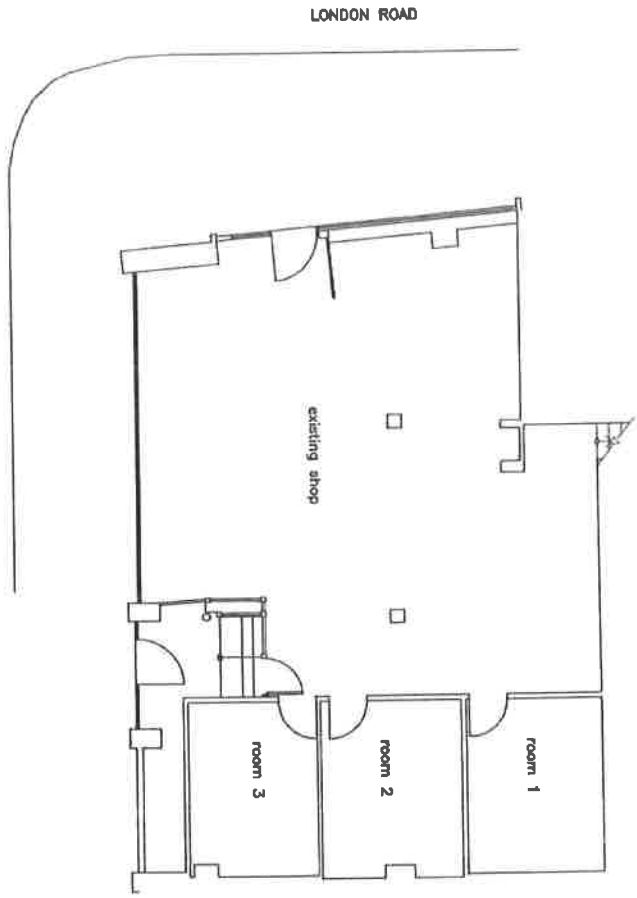
**For joint applications signature of 2<sup>nd</sup> applicant or 2<sup>nd</sup> applicant's solicitor or other authorised agent.** (please read guidance note 12). If signing on behalf of the applicant please state in what capacity.

Signature	
Date	
Capacity	

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

Mrs. SIVASEELAN < MANORAJIN  
23 Norman Road  
St. Leonards on Sea

Post town		Post code	TN37 6NH
Telephone number (If any)			
If you would prefer us to correspond with you by e-mail your e-mail address (optional)			
			



REV.	DESCRIPTION	DATE	INITIAL
A	PAGE: SIZE: SCALE	AUG 2015	PTM

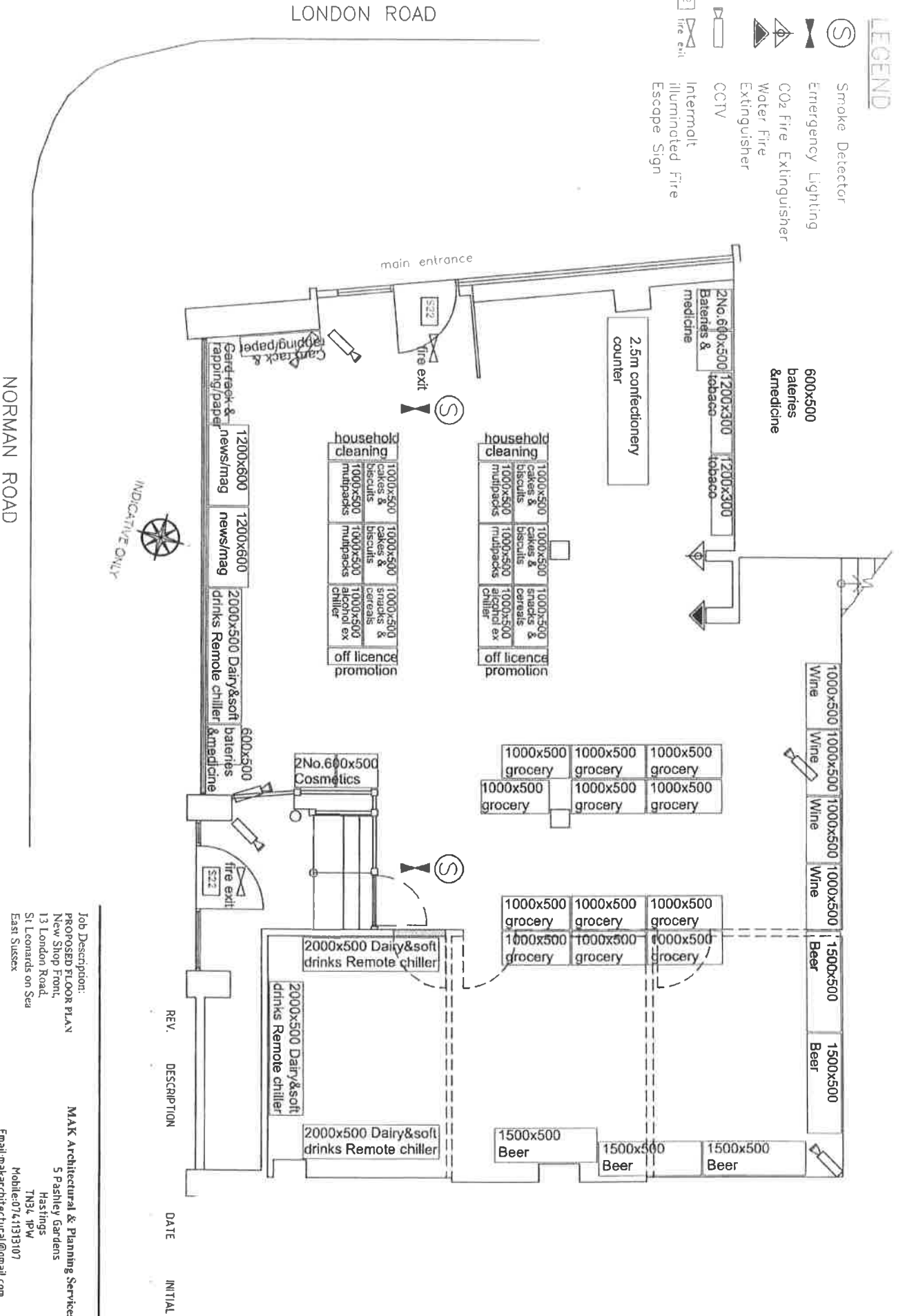
Job Description:  
 EXISTING FLOOR PLAN  
 New Shop Front,  
 13 London Road,  
 St Leonards on Sea  
 East Sussex

MAK Architectural & Planning Services  
 5 Pashley Gardens  
 Hastings  
 TN36 1PW  
 Mobile: 07475313107  
 Email: makarchitectural@gmail.com

Designed & Drawn by:	Checked by:	Drawing no.	Revision	Date	Scale
PTM	PTM	MAK-14.030/02	...	JULY 2014	1:100 @ A3

# LEGEND

-  Smoke Detector
-  Emergency Lighting
-  CO2 Fire Extinguisher
-  Water Fire Extinguisher
-  CCTV
-  Intermittent Illuminated Fire Escape Sign
-  Fire exit



Job Description:  
 PROPOSED FLOOR PLAN  
 New Shop Front,  
 13 London Road,  
 St Leonards on Sea  
 East Sussex

MAK Architectural & Planning Services  
 5 Pashley Gardens  
 Hastings  
 TN34 1PW  
 Mobile: 01411313107  
 Email: makarchitectural@gmail.com

Designed & drawn by:	Checked by:	Drawing no.	Revision	Date	Scale
PTM	MAK	14_030/03	B	JULY 2014	1:50@ A3

# 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"/>
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Postcode	TN37 6NH
Personal Licence number (if known)	06/0000000000000000
Issuing licensing authority (if known)	