

**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 NEJLA YALCIN
(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 <u>72 MOUNT PLEASANT ROAD</u> <u>HASTINGS.</u>			
Post town	<u>HASTINGS.</u>	Post code	<u>TN34 3SW</u>

Telephone number at premises (if any)	
Non-domestic rateable value of premises	£ <u>7000</u>

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) |

Prem 465.
HoP 50456.
W/K 201207612
201207612

- 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 type="checkbox"/>	Miss <input checked="" type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
Surname YALCIN			First names NEJLA		
I am 18 years old or over			<input checked="" type="checkbox"/> Please tick yes		
Current postal address if different from premises address		66 WOODS LANE PARK FARM			
Post Town	ASTFORD		Postcode	TN23 3AG	
Daytime contact telephone number		07856476271.			
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		
I am 18 years old or over			<input type="checkbox"/> 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

When do you want the premises licence to start?

Day	Month	Year
15	10	2012

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)

LOCK UP SHOP ON MAIN ROAD
OF HASTINGS. CURRENTLY OPERATING
AS A CONVENIENCE STORE & WISHES
TO SUPPLY ALCOHOL FOR CONSUMPTION
OFF THE PREMISES.

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

Supply of alcohol Standard days and timings (please read guidance note 6)			Will the supply of alcohol be for consumption (Please tick box) (please read guidance note 7)	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 4)		
Mon	07.00	23.00			
Tue	07.00	23.00			
Wed	07.00	23.00			
Thur	07.00	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 5)		
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

Name	NEJLA YARCIN.
Address	66 WOODS LANE PARK FARM ASTHFOED TN23 3AG
Postcode	TN23 3AG
Personal Licence number (if known)	1003003518.
Issuing licensing authority (if known)	B11AB.

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

Hours premises are open to the public Standard days and timings (please read guidance note 6)			<u>State any seasonal variations</u> (please read guidance note 4)
Day	Start	Finish	<u>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</u> (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	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)

In order to comply with the four licensing objectives, the premises will have ① CCTV, ② Good security and appropriate lighting. All alcohol will be out of reach of the public. Staff training. Fire safety equipment.

b) The prevention of crime and disorder

Premises will have CCTV alarm, good security, security locks. Cash will be removed from the premises and excess stock will be kept out of sight. Any incidents will be logged. Staff training.

c) Public safety

CCTV, Alarm, good security, appropriate lighting, signage, fire safety equipment.

d) The prevention of public nuisance

Premises will be cleaned regularly, rubbish removed. Staff training.

e) The protection of children from harm

CCTV, Refusal card. Good security, signage, "Challenge 21" policy. Staff training.


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	25 th September 2012
Capacity	Solicitor

For joint applications signature of 2nd applicant or 2nd 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)

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)			

HASTINGS BOROUGH COUNCIL

Annex 4 - Plans

ADDRESS	SCALE	1:25	KEY	1	CIGARETTE MACHINE + ELECTRIC CUPBOARD	5	STAFF TOILET
72 MOUNT PLEASANT RD	DATE	16.07.02		2	SHELVING FOR ALCOHOLIC BEVERAGES	6	STORAGE AREA
HASTINGS	DRAWING NO.	001		3	SHELVING FOR NON-ALCOHOLIC PRODUCTS		
TN34 3SS	CLIENTS NAME	MR. Y. YALLIN		4	SERVING AREA		

The floor plan diagram shows a layout with several numbered areas. Area 1 is a small rectangle at the top left. Area 2 is a large rectangle at the top. Area 3 is a large rectangle on the left. Area 4 is a long horizontal strip within area 3. Area 5 is a small rectangle at the bottom right. Area 6 is a large rectangle on the right. The plan includes a staircase and a staff toilet.

Consent of individual to being specified as premises supervisor

I NEJLA YALCIN
[full name of prospective premises supervisor]

of 66 WOOD LANE
KINGSNORTH
ASHFORD
KENT.
TN23 3AG.

[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

[type of application]

by

NEJLA YALCIN.
[name of applicant]

relating to a premises licence

[number of existing licence, if any]

for 72 MOUNT PLEASANT ROAD
HASTINGS
E SUSSEX.

[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

.....
[name of applicant]

concerning the supply of alcohol at

72 MOUNT PLEASANT ROAD,
HASTINGS.
EAST SUSSEX.

.....
[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

1003003518.

.....
[insert personal licence number, if any]

Personal licence issuing authority

BITAB

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

Signed

.....


Name (please print)

.....
NEJLA YALCIN

Date

.....
03/10/2012