

**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 HIWA HUSSEIN HAMA

(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			
SEVEN'S MINI MARKET 57 QUEENS ROAD			
Post town	HASTINGS	Post code	TN34 1RE

Telephone number at premises (if any)	01424 200 277
Non-domestic rateable value of premises	£ 4550

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:

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 checked="" type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
Surname			First names		
HAMA			HIWA HUSSEIN		
I am 18 years old or over				<input checked="" type="checkbox"/> Please tick yes	
Current postal address if different from premises address		3RD FLOOR FLAT 1 CLAREMONT			
Post Town	HASTINGS			Postcode	TN34 1HA
Daytime contact telephone number			07411 397 644		
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?

ASAP

Day	Month	Year
		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)

A GENERAL STORE SELLING GROCERIES & DRINK SITUATED IN A ROAD WITH A NUMBER OF OTHER RETAIL PREMISES IN THE CENTRE OF HASTINGS NEW TOWN

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

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	9AM	11PM			
Tue	9AM	11PM			
Wed	9AM	11PM			
Thur	9AM	11PM			
Fri	9AM	11PM			
Sat	9AM	11PM			
Sun	9AM	11PM			
			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)		

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

Name	MR KAMAL KARDO OSMAN
Address	1ST FLOOR FLAT 57 QUEENS ROAD HASTINGS
Postcode	TN34 1RE
Personal Licence number (if known)	
Issuing licensing authority (if known)	

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)

b) The prevention of crime and disorder

TO:

ENSURE THE CCTV CAMERAS ARE OPERATIONAL AND MAINTAINED WITH IMAGES BEING RETAINED AND STORED FOR A REASONABLE TIME WITH ACCESS FOR POLICE AND LICENSING AUTHORITY AT REASONABLE TIMES
ENSURE THE ALCOHOL ON DISPLAY IS MONITORED BY STAFF

c) Public safety

TO ENSURE FIRE EXTINGUISHERS ARE CHECKED REGULARLY AND SERVICED ANNUALLY

d) The prevention of public nuisance

TO ENSURE PACKAGING WASTE IS STORED AND COLLECTED WHEN REQUIRED

e) The protection of children from harm

TO:

ENSURE SIGNS ARE DISPLAYED REGARDING THE PROOF OF AGE BY PHOTOGRAPHIC ID, DRIVING LICENCE, PASSPORT, FOR PERSONS SUSPECTED OF BEING UNDER 21 YEARS OF AGE.
TO ENSURE STAFF ARE TRAINED REGARDING UNDERAGE SALES.
TO ENSURE REFUSALS ARE RECORDED BY STAFF IN A REGISTER

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	H. Hanna
Date	8th October 2011
Capacity	Applicant

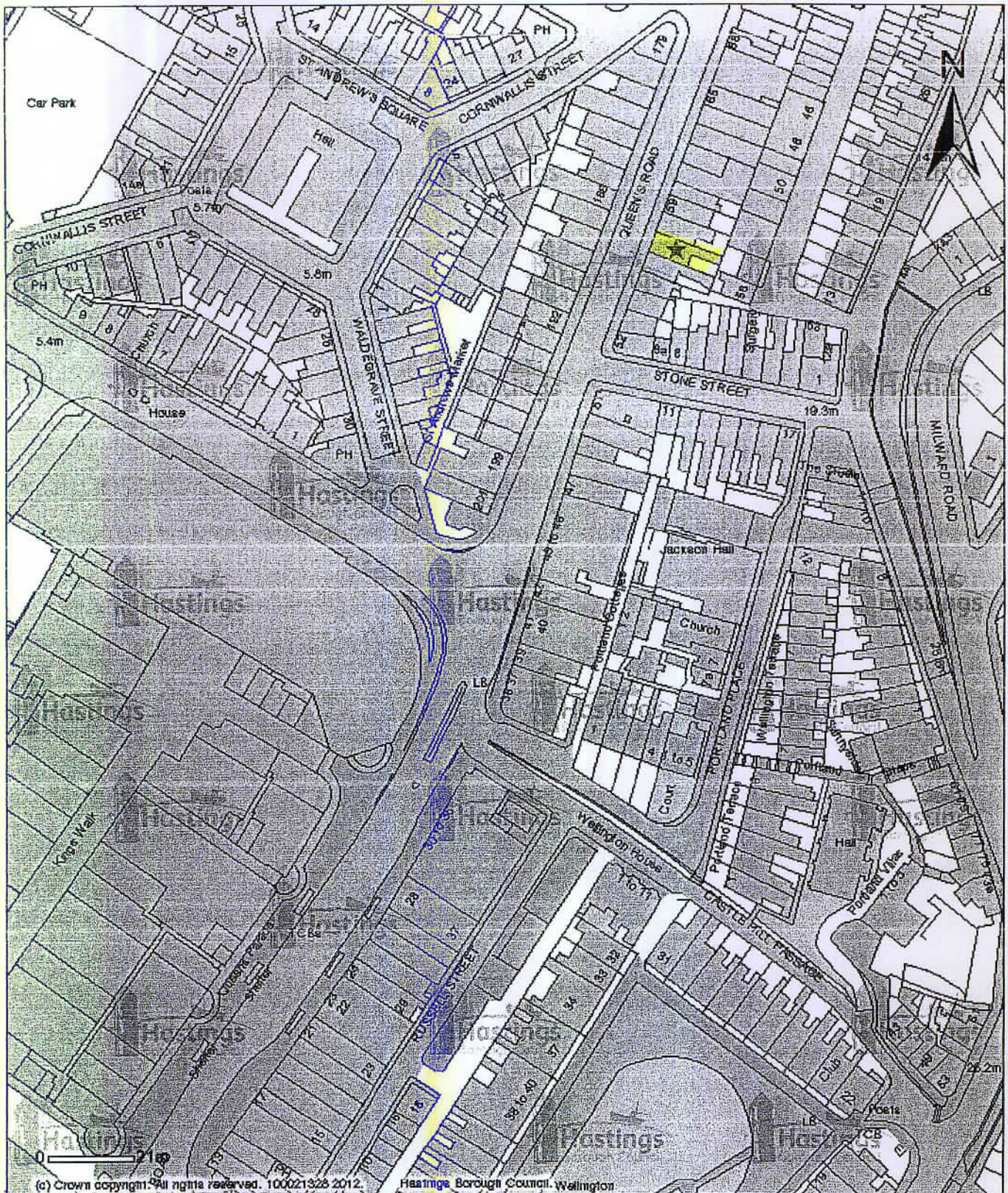
For joint applications signature of 2nd applicant or 2nd applicant's solicitor or other authorised agent. (please read guidance note 12). **If signing on behalf of the applicant please state in what capacity.**

Signature	
Date	
Capacity	

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

FUNNELL & PERRING
 192 - 193 QUEENS ROAD
 HASTINGS
 EAST SUSSEX
 TN34 1RG

Post town		Post code	
Telephone number (if any)	01424 426 287		
If you would prefer us to correspond with you by e-mail your e-mail address (optional)			



Title:

Appendix B.

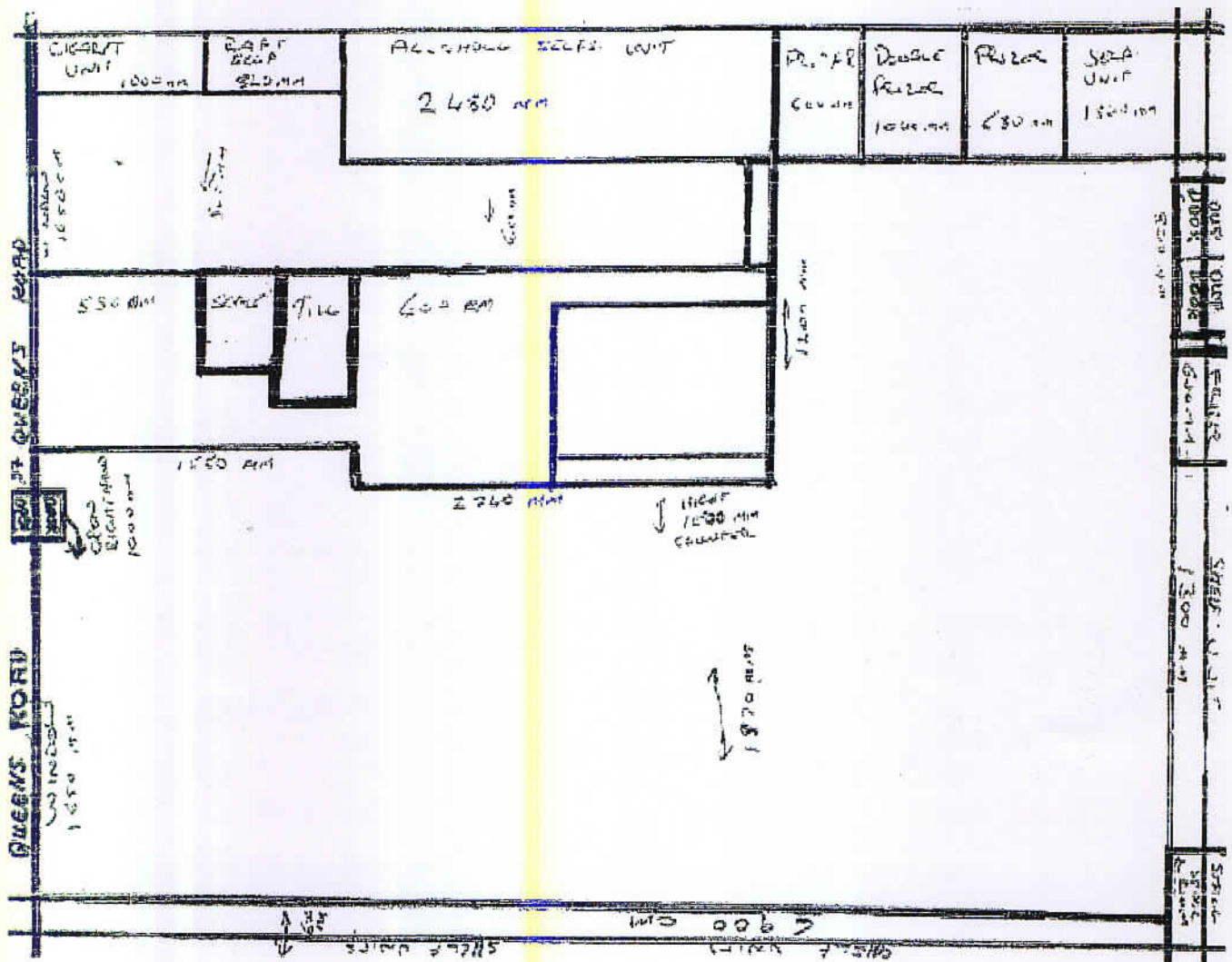
Scale:

1:1250

Date:

29 / 2 / 2012

This map is reproduced from Ordnance Survey material with the permission of Ordnance Survey on behalf of the Controller of Her Majesty's Stationary Office © Crown Copyright. Unauthorised reproduction infringes Crown copyright and may lead to prosecution or civil proceedings. Licence Number: 100021328 2012.



SEVENS MINI MARKET