

**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 WARREN GEORGE RYAN
(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 47 HIGHGATE			
Post town	KENDAL	Postcode	LA9 4HA
Telephone number at premises (if any)		[REDACTED]	
Non-domestic rateable value of premises		£ 10500.00	

Part 2 - Applicant details

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

- | | | |
|---|-------------------------------------|-----------------------------|
| 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/limited liability partnership | <input type="checkbox"/> | please complete section (B) |
| ii) as a partnership (other than limited liability) | <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 in Wales please complete section (B)
- ga) a person who is registered under Chapter 2 of Part 1 of the Health and Social Care Act 2008 (within the meaning of that Part) in an independent hospital in England 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 (by ticking yes to one box below):

- 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 RYAN			First names WARREN GEORGE		
Date of birth over		I am 18 years old or		<input type="checkbox"/> Please tick yes	
Nationality					
Current residential address if different from premises address					
Post town		Postcode			
Daytime contact telephone number					
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)	
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When do you want the premises licence to start?

DD MM YYYY
05 12 2020

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

DD MM YYYY
[][][][][][][][][]

Please give a general description of the premises (please read guidance note 1)

THE PREMISES WILL BE A MINI SUPERMARKET
WE WILL BE SELLING COLD AND SMOKED MEATS,
FROZEN FOODS, CANNED FOODS, DRIED FOODS, BREAD
CAKES AND ALCOHOL IF WE GET THE PREMISES
LICENCE.

If 5,000 or more people are expected to attend the premises at any
one time, please state the number expected to attend.

10-15

What licensable activities do you intend to carry on from the premises?

(please see sections 1 and 14 and Schedules 1 and 2 to the Licensing Act 2003)

Provision of regulated entertainment (please read guidance note 2)

Please tick all that
apply

- 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 late night refreshment (if ticking yes, fill in box I)

Supply of alcohol (if ticking yes, fill in box J)

In all cases complete boxes K, L and M

J

Supply of alcohol Standard days and timings (please read guidance note 7)			Will the supply of alcohol be for consumption – please tick (please read guidance note 8)	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 5) N/A		
Mon	09.00	22.00			
Tue	09.00	22.00			
Wed	09.00	22.00			
Thur	09.00	22.00			
Fri	09.00	22.00			
Sat	09.00	22.00			
Sun	10.00	22.00			
			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 6) NO		

State the name and details of the individual whom you wish to specify on the licence as designated premises supervisor (Please see declaration about the entitlement to work in the checklist at the end of the form):

Name		WARREN GEORGE RYAN
Date of birth		[REDACTED]
Address		[REDACTED]
Postcode	[REDACTED]	
Personal licence number (if known)		PA0900
Issuing licensing authority (if known)		

M Describe the steps you intend to take to promote the four licensing objectives:

a) General – all four licensing objectives (b, c, d and e) (please read guidance note 10)

THE PREMISES WILL BE A MINI SUPERMARKET
SELLING FOOD AND DRINKS

b) The prevention of crime and disorder

CCTV SYSTEM WILL BE INSTALLED AND WE WILL
HAVE CAMERAS RIGHT THROUGH THE PREMISES
IN AND OUTSIDE. A PANIC ALARM BUTTON WILL
ALSO BE INSTALLED, AND THE POLICE WILL
HAVE ACCESS TO CCTV IF NEEDED.

c) Public safety

NON SHD FLOORING WILL BE USED, CCTV TV
TO KEEP CHECK OF PUBLIC IN THE PREMISES.
A SUITABLE FIRE RISK ASSESSMENT WILL BE
COMPLETED TO SATISFACTION OF THE FIRE
SERVICES. ALL FIRE EXITS WILL BE KEPT CLEAR
AT ALL TIMES.

d) The prevention of public nuisance

ALCOHOL WILL NOT BE SOLD TO ANYONE THAT LOOKS
DRUNK OR ACTS DRUNK, AND WILL HAVE A LOG
BOOK FOR OUR RECORD. STAFF WILL ENSURE
THAT NO LITTER IS LEFT IN AND OUTSIDE THE
PREMISES. SIGNAGE WILL BE DISPLAYED WHEN
SPILLAGES OCCUR AND WILL BE CLEANED UP
IMMEDIATELY.

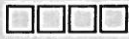
e) The protection of children from harm

J

Supply of alcohol Standard days and timings (please read guidance note 7)			Will the supply of alcohol be for consumption – please tick (please read guidance note 8)	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 5)		
Mon	09.00	22.00			
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Wed	09.00	22.00			
Thur	09.00	22.00			
Fri	09.00	22.00			
Sat	09.00	22.00			
Sun	10.00	22.00			
			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 6)		
			N/A		
			NO		

State the name and details of the individual whom you wish to specify on the licence as designated premises supervisor (Please see declaration about the entitlement to work in the checklist at the end of the form):

Name	WARREN GEORGE RYAN
Date of birth	[REDACTED]
Address	[REDACTED]
Postcode	[REDACTED]
Personal licence number (if known)	PA0900
Issuing licensing authority (if known)	



K

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 9).

L

Hours premises are open to the public Standard days and timings (please read guidance note 7)			State any seasonal variations (please read guidance note 5)	
Day	Start	Finish	N/A	
Mon	09:00	22:00		
Tue	09:00	22:00		
Wed	09:00	22:00		
Thur	09:00	22:00		
Fri	09:00	22:00		
Sat	09:00	22:00		
Sun	10:00	22:00		
				N/A

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 (please read guidance note 6)

CHILDREN WILL BE ALLOWED IN THE PREMISES, BUT NO ALCOHOL WILL BE SOLD TO ANY UNDER AGE PERSON. WE WILL HAVE CHALLENGE 21 IN PLACE ON THE PREMISES

Checklist:

Please tick to indicate agreement


- 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 designated 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.
- [Applicable to all individual applicants, including those in a partnership which is not a limited liability partnership, but not companies or limited liability partnerships] I have included documents demonstrating my entitlement to work in the United Kingdom (please read note 15).

IT IS AN OFFENCE, UNDER SECTION 158 OF THE LICENSING ACT 2003, TO MAKE A FALSE STATEMENT IN OR IN CONNECTION WITH THIS APPLICATION. THOSE WHO MAKE A FALSE STATEMENT MAY BE LIABLE ON SUMMARY CONVICTION TO A FINE OF ANY AMOUNT.

IT IS AN OFFENCE UNDER SECTION 24B OF THE IMMIGRATION ACT 1971 FOR A PERSON TO WORK WHEN THEY KNOW, OR HAVE REASONABLE CAUSE TO BELIEVE, THAT THEY ARE DISQUALIFIED FROM DOING SO BY REASON OF THEIR IMMIGRATION STATUS. THOSE WHO EMPLOY AN ADULT WITHOUT LEAVE OR WHO IS SUBJECT TO CONDITIONS AS TO EMPLOYMENT WILL BE LIABLE TO A CIVIL PENALTY UNDER SECTION 15 OF THE IMMIGRATION, ASYLUM AND NATIONALITY ACT 2006 AND PURSUANT TO SECTION 21 OF THE SAME ACT, WILL BE COMMITTING AN OFFENCE WHERE THEY DO SO IN THE KNOWLEDGE, OR WITH REASONABLE CAUSE TO BELIEVE, THAT THE EMPLOYEE IS DISQUALIFIED.





Part 4 – Signatures (please read guidance note 11)

Signature of applicant or applicant’s solicitor or other duly authorised agent (see guidance note 12). **If signing on behalf of the applicant, please state in what capacity.**

Declaration	<ul style="list-style-type: none"> • [Applicable to individual applicants only, including those in a partnership which is not a limited liability partnership] I understand I am not entitled to be issued with a licence if I do not have the entitlement to live and work in the UK (or if I am subject to a condition preventing me from doing work relating to the carrying on of a licensable activity) and that my licence will become invalid if I cease to be entitled to live and work in the UK (please read guidance note 15). • The DPS named in this application form is entitled to work in the UK (and is not subject to conditions preventing him or her from doing work relating to a licensable activity) and I have seen a copy of his or her proof of entitlement to work, if appropriate (please see note 15)
Signature	
Date	02/11/2020
Capacity	

For joint applications, signature of 2nd applicant or 2nd applicant's solicitor or other authorised agent (please read guidance note 13). If signing on behalf of the applicant, please state in what capacity.

Signature	
Date	
Capacity	

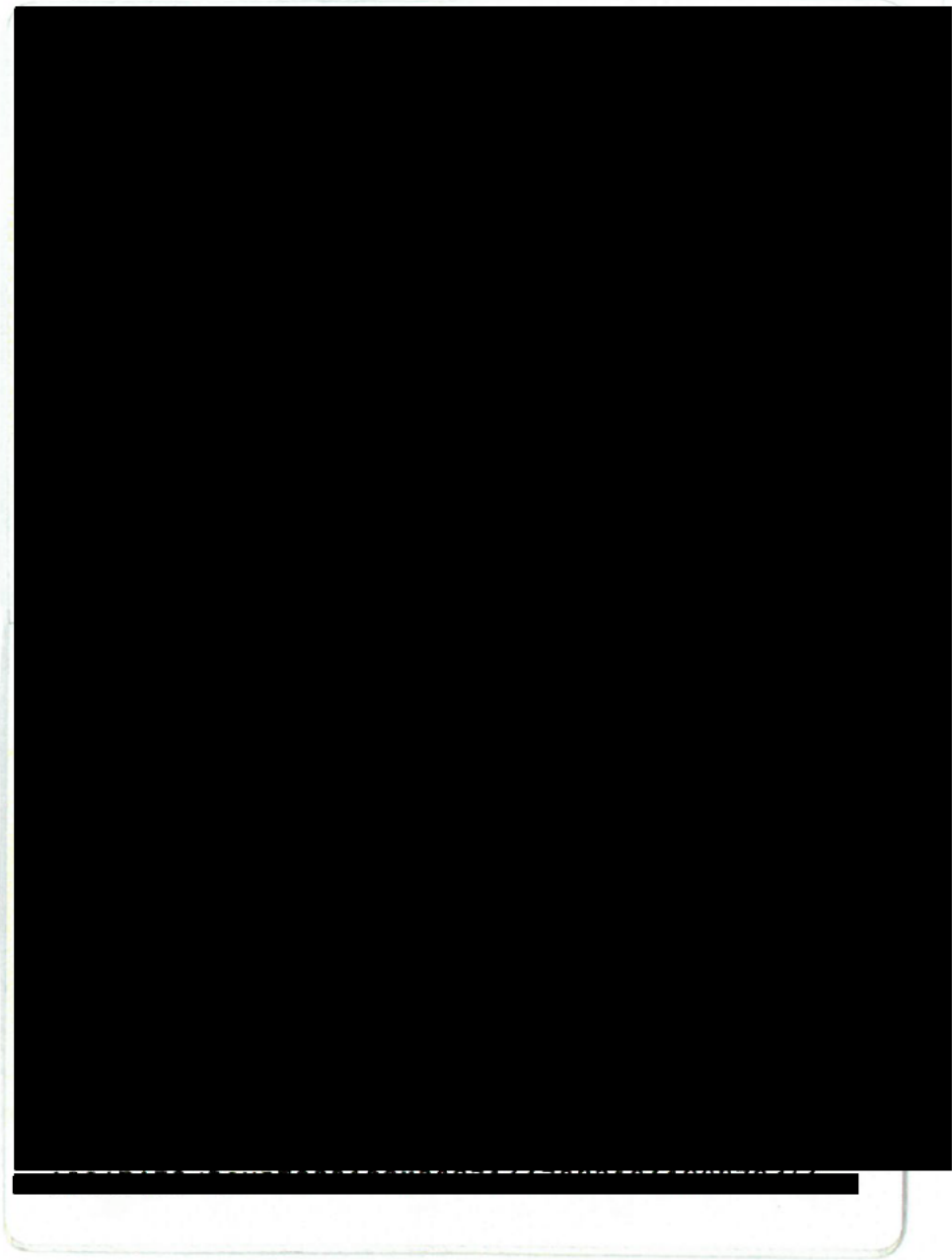
Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 14)			
WARDEN GEORGE RYAN			
			
Post town		Postcode	
Telephone number (if any)			
If you would prefer us to correspond with you by e-mail, your e-mail address (optional)			

Notes for Guidance

1. Describe the premises, for example the type of premises, its general situation and layout and any other information which could be relevant to the licensing objectives. Where your application includes off-supplies of alcohol and you intend to provide a place for consumption of these off-supplies, you must include a description of where the place will be and its proximity to the premises.
2. In terms of specific regulated entertainments please note that:







Consent of individual to being specified as premises supervisor

I WARREN GEORGE RYAN
[full name of prospective premises supervisor]

of



.....
[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

H7 HIGHGATE KENDAL LA9 4HA
[type of application]

by PREMISES LICENCE

WARREN GEORGE RYAN
[name of applicant]

relating to a premises licence 1
[number of existing licence, if any]

for ZABKA MINI MARKET
PENRITH
CUMBRIA
CA11 7PG

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

H7 HIGHGATE
KENDAL
LA9 4HA

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

WARREN GEORGE RIAN
[name of applicant]

concerning the supply of alcohol at

ZABKA KENDAL
47 HIGHGATE
KENDAL
LA9 4HA

[name and address of premises to which application relates]

I also confirm that I am entitled to work in the United Kingdom and am applying for, intend to apply for or currently hold a personal licence, details of which I set out below.

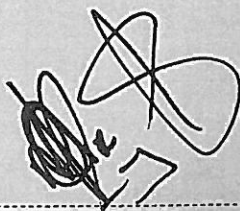
Personal licence number

PA 0900
[insert personal licence number, if any]

Personal licence issuing authority

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

Signed



Name (please print)

WARREN GEORGE RIAN

Date

05/11/20

45-47 Highgate Ground Flr
Not to Scale

