

Test Valley Borough Council

**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 KOSHIA JOSE & VENGINIKKATTU CHACKO SMITHAMOL

(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 1 SHAKESPEARE AVENUE			
Post town	ANDOVER	Postcode	SP10 3DR
Telephone number at premises (if any)			
Non-domestic rateable value of premises	£BAND B (fee payable £190)		

Part 2 - Applicant Details

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

- 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 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:

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 JOSE			First names KOSHIA		
I am 18 years old or over				<input type="checkbox"/> Please tick yes	
Current postal address if different from premises address					
Post town	ANDOVER		Postcode		
Daytime contact telephone number					
E-mail address (optional)					

SECOND INDIVIDUAL APPLICANT (if applicable)

Mr <input type="checkbox"/>	Mrs <input checked="" type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
Surname SMITHANDOL MOL			First names VENGINIKKATTU CHACKO		
I am 18 years old or over				<input type="checkbox"/> Please tick yes	
Current postal address if different from premises address					
Post town	ANDOVER			Postcode	SP
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?

DD	MM	YYYY
01	10	2014

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

DD	MM	YYYY

This is a small (500 sq ft) shop unit situated in the middle of a housing estate . Adjacent existing businesses include , Chemist & Chip Shop . This unit has been unused for 2 years . The application is to support the opening of a General Supermarket (scheduled opening 25th August) under the "Premier" brand and allow it to sell Alcohol for consumption off the Premises only . The Shop will be open for long hours catering to all the local resident needs , providing On line shopping & delivery service. .

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 any 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

A

Plays Standard days and timings (please read guidance note 6)			Will the performance of a play take place indoors or outdoors or both – please tick (please read guidance note 2)	Indoors	<input type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon			Please give further details here (please read guidance note 3)	Both	<input type="checkbox"/>
Tue					
Wed			State any seasonal variations for performing plays (please read guidance note 4)		
Thur					
Fri			Non standard timings. Where you intend to use the premises for the performance of plays at different times to those listed in the column on the left, please list (please read guidance note 5)		
Sat					
Sun					

J

Supply of alcohol Standard days and timings (please read guidance note 6)			Will the supply of alcohol be for consumption – please tick (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	08.00	22.00						

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

Name	
Address	
ANDOVER	
Postcode	SI
Personal licence number (if known) PERS/14/1327	
Issuing licensing authority (if known) TEST VALLEY	

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 8).

L

Hours premises are open to the public Standard days and timings (please read guidance note 6)			State any seasonal variations (please read guidance note 4)
Day	Start	Finish	
Mon	07.00		<p>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 5)</p>
		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		
		22.00	

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 9)

This is a small community based traditional grocer (due to open 25th August) , offering full range of normal domestic products , newspapers, tobacco , and Alcohol . The size of the property & layout (plan enclosed) will allow full control of access . The business will fully embrace the local communities needs by offering Delivery of Shopping & On Line sales

b) The prevention of crime and disorder

Full CCTV will be installed , with 7 days recall , covering all potential vulnerable areas , including the main doors & external front & side areas

c) Public safety

The nature of this business will present few safety issues

d) The prevention of public nuisance

Customers will be encourage after 8.00pm , in particular , to not congregate around the external of the store potentially causing a local noise nuisance . The only music being played will be very low key background music within the shop only.

e) The protection of children from harm

We are very aware of the risks concerning the sale of alcohol to children (and other age restricted products) All staff (including delivery drivers) will be fully trained in the sale of alcohol to minors, this training will be recorded & updated 6 monthly (training records enc.) The age recognition policy will be strictly "Challenge 25" we only accept Photo Driving Licenses or Passport as ID (Example Enc.)

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.

IT IS AN OFFENCE, LIABLE ON SUMMARY CONVICTION TO A FINE NOT EXCEEDING 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	KOSHIA JOSE
Date	7 th August 2014
Capacity	Owner

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	ENGINIKKATTU CHACKO SMITHAMOL
Date	7 th August 2014
Capacity	Owner

ANDOVER STORES
SALE OF ALCOHOL

AGE RECOGNITION POLICY

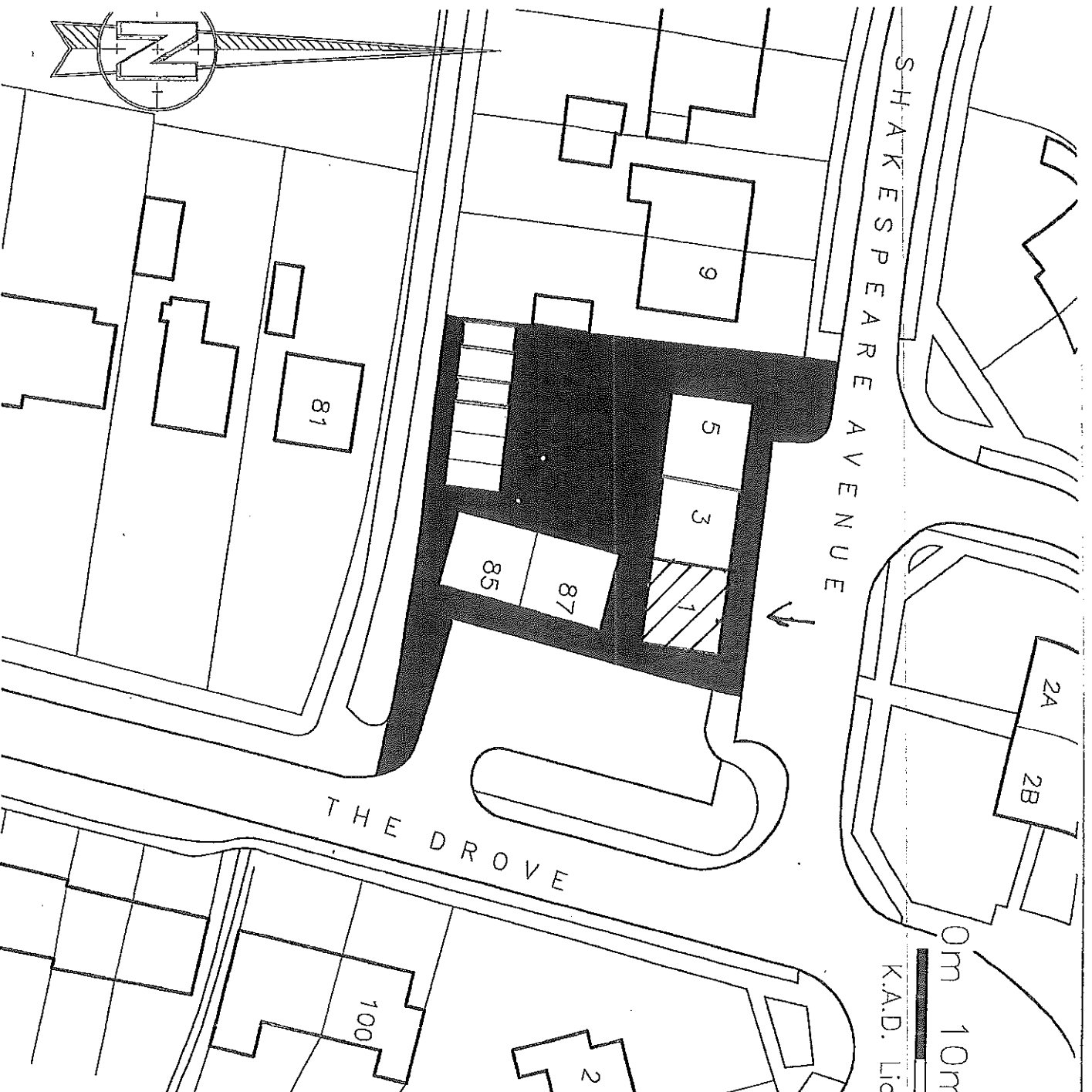
IF YOU ARE LUCKY ENOUGH TO
LOOK UNDER 25
WE ARE GOING TO ASK YOU FOR
I.D. TO PROVE YOU ARE 18
THE ONLY MEANS OF I.D. WE
ACCEPT IS ;

PHOTO DRIVING LICENSE (PROV &
FULL)
OR VALID PASSPORT

ALCOHOL MUST NOT BE CONSUMED
ON ANY PART OF THIS PREMISES

STAFF TRAINING RECORDS ANDOVER STORES

PREVENTION OF CRIME & DISORDER	PREVENT PUBLIC NUISANCE		PUBLIC SAFETY		PROTECT CHILDREN	
STAFF NAME →→→	TRAINEE SIGNATURE	TRAINER SIGNATURE	TRAINEE SIGNATURE	TRAINER SIGNATURE	TRAINEE SIGNATURE	TRAINER SIGNATURE
DATE OF TRAINING →→→						
I HAVE BEEN FULLY TRAINED IN THE AGE RECOGNITION POLICY						
I HAVE BEEN FULLY TRAINED IN THE POLICIES CONCERNING THE SALE OF ALCOHOL						
I HAVE BEEN FULLY TRAINED IN THE CUSTOMERS WHO CANNOT BE SOLD ALCOHOL						
I HAVE BEEN FULLY TRAINED IN THE SALE OF OTHER AGED RESTRICTED PRODUCTS						
I HAVE BEEN FULLY TRAINED IN WEIGHTS & MEASURES REQUIREMENTS						
I UNDERSTAND WHAT THE LICENSING OBJECTIVES REQUIRE OF ME						
I HAVE BEEN FULLY TRAINED IN THE DELIVERY REQUIREMENTS						



0m 10m 20m 30m 40m 50m

K.A.D. Licensed O.S. No. 100047482

K NIGHT
KARCHITECTURAL
AD DESIGN

181 Kathleen Road
 Sholing
 Southampton
 SO19 8GX
 t: 023 80 420 938
 e: ian.knight@hmcpsa.net

Client
LEWIS & TUCKER

Title
 1-1A/3 - 3A
SHAKESPEARE AVENUE
ANDOVER SP10 3DR

Project
HM LAND REGISTRY
C/O LEWIS & TUCKER

Scale
 1:500@A4 Date
DEC 10

Project no.	Site/Plot	Block/Floor	Drawn	Rev
KAD	01	A	HMLR	

See A101

Estimate Number

73057

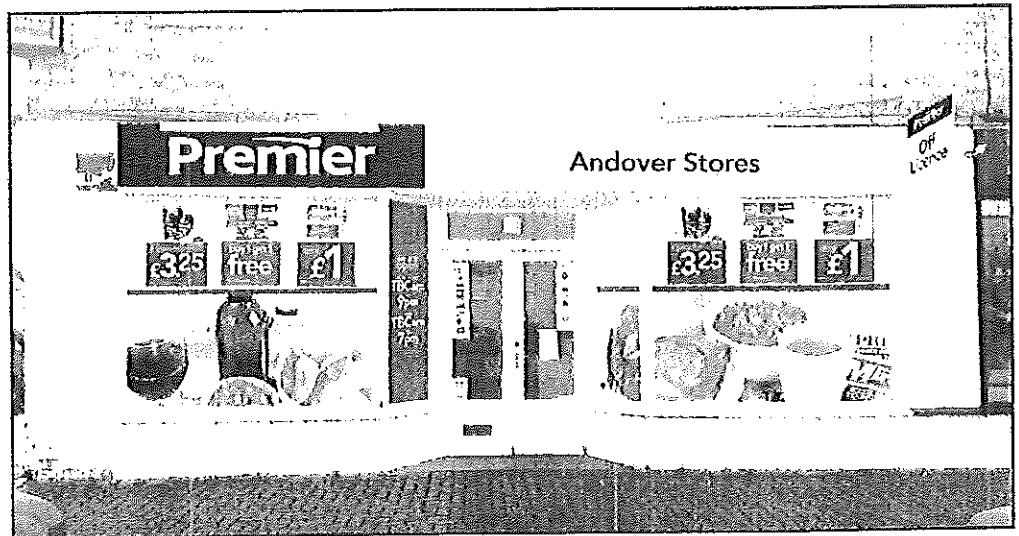
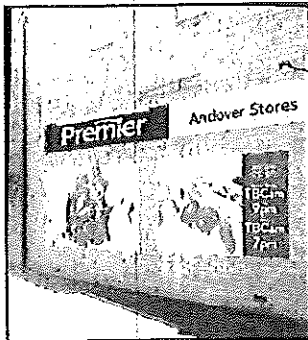
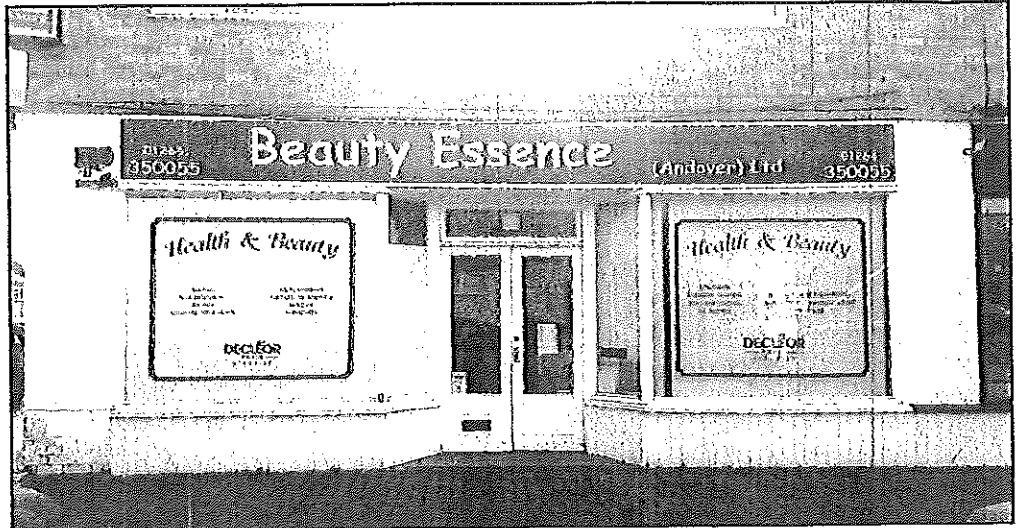
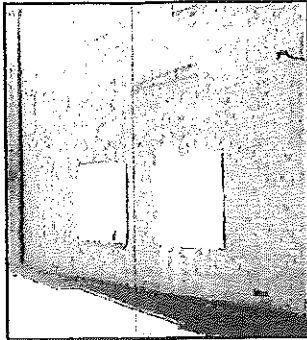
SUBJECT TO SURVEY

Version Number

1

8

IMPORTANT: Please quote store name and estimate number



Centricsigns
co.uk

PLEASE NOTE: This visual is to give a general impression of the finished shop only. Scale is approximate and final adjustments are sometimes made.

Title:	Premier Andover Stores	Drawn	09/04/14
This store's window graphics will be:	TBC	Internal	External
Notes:		Internal & External	Drawn by PG/TM
			Contact SB

Sign.

Date.

ANDOVER STORES
 1 SHAKESPEARE AVENUE
 ANDOVER
 SP10 3AR.



LINK SHOPFITTING

UNIT 63 BARKING INDUSTRIAL PARK, ALFREDS WAY, BARKING, ESSEX IG11 0TJ
 TEL: 020 839 2110
 FAX: 020 839 0737 / MOBILE: 07818 231 355

CLIENT: Mr Koshia

Drawn:

Checked:

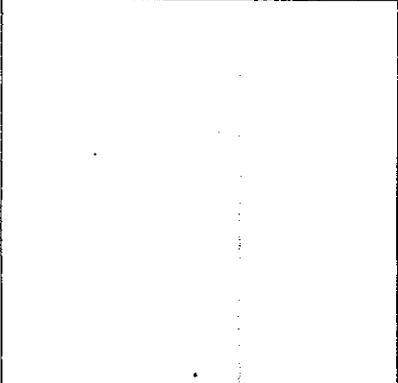
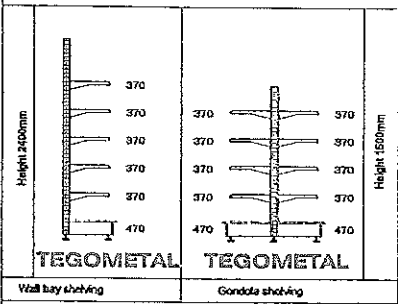
Date:

Date: 04/04/14

Reference: 03 April 14

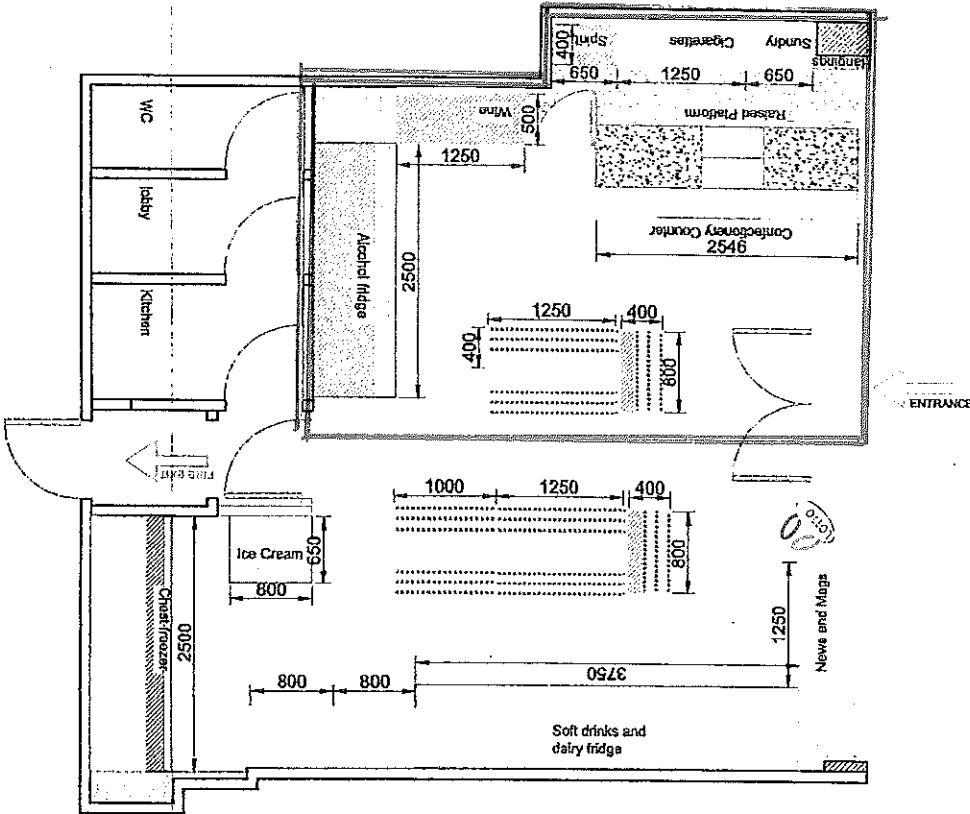
SCALE: 1:50 @A3

Revision: 01



ALL DIMENSIONS MUST BE VERIFIED ON SITE PRIOR TO ANY WORKS TAKING PLACE. THIS DRAWINGS REMAINS THE PROPERTY OF LINK SHOPFITTING AND MAY NOT BE REPRODUCED IN ANY WAY WITHOUT PRIOR CONSENT

DRAWING BY:
 SAJMIR ZEQAJ



AREA TO DISPLAY ALCOHOL
 HIGHLIGHTED IN RED

LEGENDS	PROMOTION SHELF	REMOVED SECTIONS	GROCERIES SHELF	SOFT DRINKS AND DAIRY FRIDGE
FREEZER	ALCOHOL	EXISTING	CORNER BOXING	FRUITS AND VEG