

Application for a Premises Licence to be granted under the Licensing Act 2003

FORM B

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.

#We SULINGER PAL SINGER + DHARMINDER SINGER (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									
Pos	Postal address of premises or, if none, ordnance survey map reference or description								
	FIVEWAYS CONVENIENCE STORE,								
	58-60 WESTBOURNE ROAD								
Pos	t town	TOLOUAY			Post code	TO1470			
Tele	ephone r	number at premises (if any)							
Non	-domesi	tic rateable value of premises	£- 1033-23	}. <u>⊢</u>	324.0 9. (5400.			
D									
	Part 2 - Applicant Details								
Please state whether you are applying for a premises licence as Please tick yes									
					•	ete section (A)			
a) an individual or individuals *				تا	please compl	ete section (A)			
b) a person other than an individual *					1	ote protion (D)			
	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)				- '	lete section (B)			
c) a recognised club d) a charity					•	lete section (B)			
d)	d) a charity				please comp	lete section (B)			
1 0 FEB 2011 ₁									

f) a health service body								
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 independent hospital	f an							
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 								
o a function discharged by virtue of Her Majesty's prerogative								
(A) INDIVIDUAL APPLICANTS (fill in as applicable)								
Mr 🗹 Mrs 🗌 Miss 🗌 M	Other Title (for example, Rev)							
Surname SINGH First names SURINDER PAIL								
I am 18 years old or over	☑ Please tick yes							
	·							
Current postal 1-5 FORE	STREET							
address if different	STREET ULCH							
Current postal 1-5 FORE Standards ST. MARYCHES address	STREET ULCH							
address if different from premises address	ulc+1							
address if different from premises address Post Town TOLOSAF	Postcode To 1 4Pu							
address if different from premises address Post Town Tolosay Daytime contact telephone number E-mail address	ULC+1							
address if different from premises address Post Town Tolosar Daytime contact telephone number	Postcode To 1 4Pu							
address if different from premises address Post Town Tolosar Daytime contact telephone number E-mail address	Postcode Tai 4PU 325454							
address if different from premises address Post Town Tolosar Daytime contact telephone number E-mail address (optional)	Postcode Tol 4PU 325454 e) Other Title (for							
address if different from premises address Post Town TOLOJAY Daytime contact telephone number E-mail address (optional) SECOND INDIVIDUAL APPLICANT (if applicable)	Postcode Tal 4Pu 325454 e) Other Title (for							

Current postal 58-60 WESTBOURNE ROAD. address if different from premises address **Postcode Post Town** TOROWAY TO14JU. Daytime contact telephone number 0796 143 2256 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 Day Month Year When do you want the premises licence to start? 01042011

Day Month Year

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

you want it to end?

À	ISSE give a general description of the premises (please read guidance note1) APPLICANTS HAVE PURCHASED EXISTING CONVENIENCE STORE, SHICH HAS CLOSED. PLEMISES TO BE EXTENDED ON GROUND FLOOL TO PROVIDE ADDITIONAL SHOP + STORAGE SPACE. THREE-BEDROOMED ACCOMODATION ON FIRST FLOOR WHICH, UNDER CULLENT PLANS, WILL BE OCCUPIED BY DHARMINDER SINGH					
If 5,000 or more people are expected to attend the premises at any one time, please state the number expected to attend.						
Wha	at 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)						
Pro	vision 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)					
Pro	vision 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)					
Pro	Provision of late night refreshment (if ticking yes, fill in box L)					
e		1√				

In all cases complete boxes N, O and P