

Appendix 1

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 Miss PATRYCJA DOMINIKA ANDRUKIANIEC

(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 Abrakadabra store 13 Towngate, Wyke			
Post town	Bradford	Postcode	BD12 9PA
Telephone number at premises (if any)		07802411739	
Non-domestic rateable value of premises		£4750	

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 | <input type="checkbox"/> please complete section (B) |
| f) a health service body | <input type="checkbox"/> 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 type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input checked="" type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
Surname ANDRUKIANIEC			First names PATRYCJA DOMINIKA		
Date of birth: [REDACTED]		I am 18 years old or over <input checked="" type="checkbox"/> Please tick yes			
Nationality: [REDACTED]					
Current residential address if different from premises address [REDACTED]					
Post town		BRADFORD		Postcode	[REDACTED]
Daytime contact telephone number [REDACTED]					
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		
Date of birth		I am 18 years old or over <input type="checkbox"/> Please tick yes			
Nationality					
Current postal address if different from premises address					
Post town				Postcode	
Daytime contact telephone number					

E-mail address (optional)	
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(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? **30.10.2019**

DD	MM	YYYY
3	0	10219

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)
Retail continental convenience shop on a main road.

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

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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)

X

In all cases complete boxes K, L and M

A

Plays Standard days and timings (please read guidance note 7)			<u>Will the performance of a play take place indoors or outdoors or both – please tick</u> (please read guidance note 3)		Indoors	<input type="checkbox"/>
					Outdoors	<input type="checkbox"/>
Day	Start	Finish			Both	<input type="checkbox"/>
Mon			<u>Please give further details here</u> (please read guidance note 4)			
Tue						
Wed			<u>State any seasonal variations for performing plays</u> (please read guidance note 5)			
Thur						
Fri			<u>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</u> (please read guidance note 6)			
Sat						
Sun						

B

Films Standard days and timings (please read guidance note 7)			Will the exhibition of films take place indoors or outdoors or both – please tick (please read guidance note 3)	
			Indoors	<input type="checkbox"/>
			Outdoors	<input type="checkbox"/>
			Both	<input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 4)	
Mon				
Tue				
			State any seasonal variations for the exhibition of films (please read guidance note 5)	
Wed				
Thur				
			Non standard timings. Where you intend to use the premises for the exhibition of films at different times to those listed in the column on the left, please list (please read guidance note 6)	
Fri				
Sat				
Sun				

C

Indoor sporting events Standard days and timings (please read guidance note 7)			<u>Please give further details</u> (please read guidance note 4)
Day	Start	Finish	
Mon			
Tue			<u>State any seasonal variations for indoor sporting events</u> (please read guidance note 5)
Wed			
Thur			
Fri			<u>Non standard timings. Where you intend to use the premises for indoor sporting events at different times to those listed in the column on the left, please list</u> (please read guidance note 6)
Sat			
Sun			

D

Boxing or wrestling entertainments Standard days and timings (please read guidance note 7)			Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick (please read guidance note 3)		Indoors	<input type="checkbox"/>
					Outdoors	<input type="checkbox"/>
Day	Start	Finish	Both <input type="checkbox"/>			
Mon			<u>Please give further details here</u> (please read guidance note 4)			
Tue						
Wed			<u>State any seasonal variations for boxing or wrestling entertainment</u> (please read guidance note 5)			
Thur						
Fri			<u>Non standard timings. Where you intend to use the premises for boxing or wrestling entertainment at different times to those listed in the column on the left, please list</u> (please read guidance note 6)			
Sat						
Sun						

E

Live music Standard days and timings (please read guidance note 7)			Will the performance of live music take place indoors or outdoors or both – please tick (please read guidance note 3)	
			Indoors	<input type="checkbox"/>
			Outdoors	<input type="checkbox"/>
			Both	<input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 4)	
Mon				
Tue				
Wed			State any seasonal variations for the performance of live music (please read guidance note 5)	
Thur				
Fri			Non standard timings. Where you intend to use the premises for the performance of live music at different times to those listed in the column on the left, please list (please read guidance note 6)	
Sat				
Sun				

F

Recorded music Standard days and timings (please read guidance note 7)			Will the playing of recorded music take place indoors or outdoors or both – please tick (please read guidance note 3)	
			Indoors	<input type="checkbox"/>
			Outdoors	<input type="checkbox"/>
			Both	<input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 4)	
Mon				
Tue				
			State any seasonal variations for the playing of recorded music (please read guidance note 5)	
Wed				
Thur				
			Non standard timings. Where you intend to use the premises for the playing of recorded music at different times to those listed in the column on the left, please list (please read guidance note 6)	
Fri				
Sat				
Sun				

G

Performances of dance Standard days and timings (please read guidance note 7)			<u>Will the performance of dance take place indoors or outdoors or both – please tick</u> (please read guidance note 3)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
Day	Start	Finish		Both	<input type="checkbox"/>
Mon			<u>Please give further details here</u> (please read guidance note 4)		
Tue					
Wed			<u>State any seasonal variations for the performance of dance</u> (please read guidance note 5)		
Thur					
Fri			<u>Non standard timings. Where you intend to use the premises for the performance of dance at different times to those listed in the column on the left, please list</u> (please read guidance note 6)		
Sat					
Sun					

H

Anything of a similar description to that falling within (e), (f) or (g) Standard days and timings (please read guidance note 7)			Please give a description of the type of entertainment you will be providing		
Day	Start	Finish	Will this entertainment take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors	<input type="checkbox"/>
Mon				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Tue			Please give further details here (please read guidance note 4)		
Wed					
Thur			State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g) (please read guidance note 5)		
Fri					
Sat			Non standard timings. Where you intend to use the premises for the entertainment of a similar description to that falling within (e), (f) or (g) at different times to those listed in the column on the left, please list (please read guidance note 6)		
Sun					

I

Late night refreshment Standard days and timings (please read guidance note 7)			Will the provision of late night refreshment take place indoors or outdoors or both – please tick (please read guidance note 3)		Indoors <input type="checkbox"/>
					Outdoors <input type="checkbox"/>
					Both <input type="checkbox"/>
Day	Start	Finish			
Mon			Please give further details here (please read guidance note 4)		
Tue					
Wed			State any seasonal variations for the provision of late night refreshment (please read guidance note 5)		
Thur					
Fri			Non standard timings. Where you intend to use the premises for the provision of late night refreshment at different times, to those listed in the column on the left, please list (please read guidance note 6)		
Sat					
Sun					

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	08.00	23.00			
Tue	08.00	23.00			
Wed	08.00	23.00			
Thur	08.00	23.00			
Fri	08.00	23.00			
Sat	08.00	23.00			
Sun	08.00	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 6)		

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 Miss PATRYCJA DOMINIKA ANDRUKIANIEC	
Date of birth [REDACTED]	
Address: [REDACTED] Bradford	
Postcode	BD4 8RX
Personal licence number (if known) 211084	
Issuing licensing authority (if known) BRADFORD METROPOLITAN DISTRICT COUNCIL	

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).

None

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	<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 6)
Mon	08.00		
		23.00	
Tue	08.00		
		23.00	
Wed	08.00		
		23.00	
Thur	08.00		
		23.00	
Fri	08.00		
		23.00	
Sat	08.00		
		23.00	
Sun	08.00		
		23.00	

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 10)

- 1: A tamper-proof digital colour CCTV system will be installed and maintained at the premises.
- 2: The system will run and record continuously for 24 hours a day, 7 days per week and recorded footage will be stored for a minimum of 28 days.
- 3: The system will provide a clear head and shoulders view to an evidential quality on the customer entry.
- 4: Recorded footage will be provided to a representative of any responsible authority on request.
- 5: Such footage will be provided in an immediately viewable format and will include any software etc. which is required to view the footage.
- 6: Any discs, portable drives or other storage media onto which footage is transferred will be provided by the premises and sufficient stock of such storage media will be kept on the premises at all times.
- 7: The Designated Premises Supervisor will ensure that the CCTV system is checked at least once every week by a suitably trained member of staff. This check will include the
 - a) the cameras are in operation
 - b) the hard drive is in working order
 - c) the downloading and recordings are working
 - d) and the accuracy of the time & date.
- 8: A written record of these checks will be kept, including a signature of the person carrying out the check. This written record will be kept on the premises at all times and made available to a representative of any responsible authority on request.
- 9: The premises are secured with roller shutters at the front when closed with a security door at the rear.

Purchasing records to be kept

- 10: All purchases of alcohol and tobacco products will be made from reputable wholesalers and all purchases will be recorded. These records will be made available on request to the police or authorised officer

b) The prevention of crime and disorder

- 11: Spirits of high ABV will be sold behind the counter.
- 12: When the DPS is not on duty a contact telephone number will be available at all times.

Incident Book

- 13: An incident book will be kept on the premises and be made available for inspection by responsible authorities. The incident book will be used to record the following:

- (i) Any incident of violence or disorder on or immediately outside the premises
- (ii) Any other crime or criminal activity on the premises
- (iii) Any refusal to serve alcohol to persons who are drunk
- (iv) Any refusal to serve alcohol to under 18's or anyone who appears to be under 18
- (v) Any call for police assistance to the premises
- (vi) Any ejection from the premises
- (vii) Any first aid/other care given to a customer

Refusals Book

13: A refusals book will be kept at the premises and will be used to record all refusals to sell alcohol for any reason. Where other age restricted products are sold at the premise, any refusals to sell such items to underage persons or persons who appear underage will be recorded. The details to be recorded will be as follows:

- (i) Time, day & date of refusal
- (ii) Item refused
- (iii) Name & address of customer (if given)
- (iv) Description of customer
- (v) Details of i.d. offered (if shown)

The refusals book will be made available for inspection by responsible authorities on request.

c) Public safety

No risk has been assessed under the Licensing Act 2003

d) The prevention of public nuisance

14: The Management will monitor the exterior of the premises with the CCTV and use their best endeavours to disperse any persons who appear to be congregating outside the premises.

e) The protection of children from harm

15: A "Challenge 25" policy shall be operated at the premises at all times.

16: The only forms of ID that shall be accepted (at the discretion of the Management) as proof of age are a valid passport, a valid photographic driving licence, a PASS approved proof of age card, HM Services Warrant Card or other reliable photo I.D. that is approved using the Home Office guidelines

17: Signage for "Challenge 25" scheme shall be displayed at the premises.

18: A documented training programme shall be introduced for all staff in a position to sell and serve alcohol. The programme shall be made available for inspection at the request of Trading Standards, Licensing Authority Officers and Police. A written record shall be kept of the content of training.

Checklist:

Please tick to indicate agreement

- I have made or enclosed payment of the fee. X
- I have enclosed the plan of the premises. X
- 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. X
- I understand that I must now advertise my application. X
- I understand that if I do not comply with the above requirements my application will be rejected. X
- [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). X

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	<i>A. Clarke</i>
Date	01 st October 2019
Capacity	Agent on behalf of the applicant

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)

**Anthony Clarke
Secure Licenses
540 Antrim Road**

Post town	Belfast	Postcode	BT15 5GJ
Telephone number (if any)	07388 441 720		
If you would prefer us to correspond with you by e-mail, your e-mail address (optional) securelicenses@gmail.com			

The floor plan shows a shop layout with the following sections and labels:

- Roller Shutter**: Located at the top left entrance.
- Security Door with Roller shutter**: Located at the top right entrance.
- 4.80**: A vertical dimension line on the left side.
- Tobacco**: A section on the left wall.
- Spirits**: A section on the left wall.
- BEER**: A section on the left wall.
- SOFTS**: A section on the left wall.
- Counter**: A service counter on the left wall.
- WINE**: A section on the left wall.
- Dry Goods**: A section on the left wall.
- Store Room**: A large central storage area.
- w/c**: A toilet area on the right side.
- EXTERNAL YARD**: An outdoor area on the right side.



<p>Drawing Purpose</p> <p>PREMISES LICENCE APPLICATION</p>	<p>Name of Premises</p> <p>Abrakadabra Store</p>	<p>Premises Address</p> <p>13 Towngate Wyke Bradford BD12 9PA</p>	<p>SCALE</p> <p>1-100</p>
<p>Drawing Details</p> <p>The purpose of this drawing is for the submission of a Premises Licence Application. All Measurements have been drawn in millimetres. This drawing is not be used for the intention of any building, shop fitting or construction purposes.</p>			