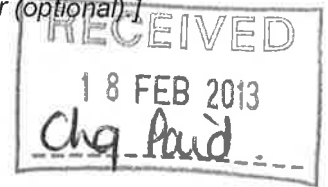


[Insert name and address of relevant licensing authority and its reference number (optional)]



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 Mr. ZAMNAKU. KAMAL SHERIF
(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			
BALTIKA SUPERMARKET 33-34 HIGH STREET			
Post town	BANBURY	Postcode	OX16 5FR

Telephone number at premises (if any)	
Non-domestic rateable value of premises	£ 24,250.

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)

✓ Ai 18-02-03

- 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 SHERIF.			First names ZAMNAKU KAMAL.		
I am 18 years old or over				<input checked="" type="checkbox"/> Please tick yes	
Current postal address if different from premises address		39 PRIMROSE CLOSE ST ANNS.			
Post town	NOTTINGHAM.			Postcode	NG3 4PL.
Daytime contact telephone number			07519433732.		
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					
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
19	03	2013

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)

INTERNATIONAL SUPER MARKET - FOOD / ALCOHOL
AND OTHER GOODS

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					

Pages 6-13 inc removed (A) N/A

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	08 ⁰⁰	00 ⁰⁰				
Tue	08 ⁰⁰	00 ⁰⁰				
Wed	08 ⁰⁰	00 ⁰⁰				
Thur	08 ⁰⁰	00 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	08 ⁰⁰	00 ⁰⁰				
Sat	08 ⁰⁰	00 ⁰⁰				
Sun	08 ⁰⁰	00 ⁰⁰				

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

Name	MR. ZAMNAKU KAMAL SHERIF
------	--------------------------

Address		39 PRIMROSE CLOSE. ST ANN'S NOTTINGHAM.	
Postcode		NG3 4PL.	
Personal licence number (if known)		070850	EXP. 4. 4. 2022
Issuing licensing authority (if known)		SHEFFIELD . CITY OF NOTTINGHAM	

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).

/ NONE

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	08 ⁰⁰	00 ⁰⁰	
Tue	08 ⁰⁰	00 ⁰⁰	
Wed	08 ⁰⁰	00 ⁰⁰	

closed.
↓

			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)
Thur	08 ⁰⁰	00 ⁰⁰	
Fri	08 ⁰⁰	00 ⁰⁰	
Sat	08 ⁰⁰	00 ⁰⁰	
Sun	08 ⁰⁰	00 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)

- ALL ALCOHOL PRODUCTS WILL BE MONITORED AGAINST THEFT
- AGE VERIFICATION SCHEME WILL BE OPERATED - CHALLENGE
- ALCOHOL WILL BE REFUSED TO BE SOLD TO PERSONS WHO ²⁵ APPEAR DRUNK.

b) The prevention of crime and disorder

- NOTICES WILL BE PLACED IN THE SHOP - REMINDING CUSTOMERS OF AGE RESTRICTIONS.
- CCTV WILL BE IN OPERATION - RECORDINGS AVAILABLE TO POLICE UPON REQUEST.

c) Public safety

THE PREMISES WILL CONFORM TO ALL HEALTH, SAFETY & HYGIENE REQUIREMENTS.

d) The prevention of public nuisance

CUSTOMERS WILL BE DISCOURAGED FROM DRINKING THEIR ALCOHOL PURCHASES DIRECTLY OUTSIDE THE SHOP.

e) The protection of children from harm

SEE OVER

AGE VERIFICATION SCHEME - CHALLENGE 2'S WILL BE IN OPERATION.

REFUSAL LOG WILL BE OPERATED - RECORDING DETAILS OF REFUSALS

Checklist:

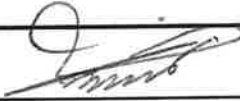
Please tick to indicate agreement

- 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	
Date	12/02/2013
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	
Date	
Capacity	

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

PAUL BYATT



LICENSED-INN-TUITION
56 BROW OF THE HILL
LEZIATE
KING "S LYNN

Post town

NORFOLK PE22 1EN

Telephone number (if any)

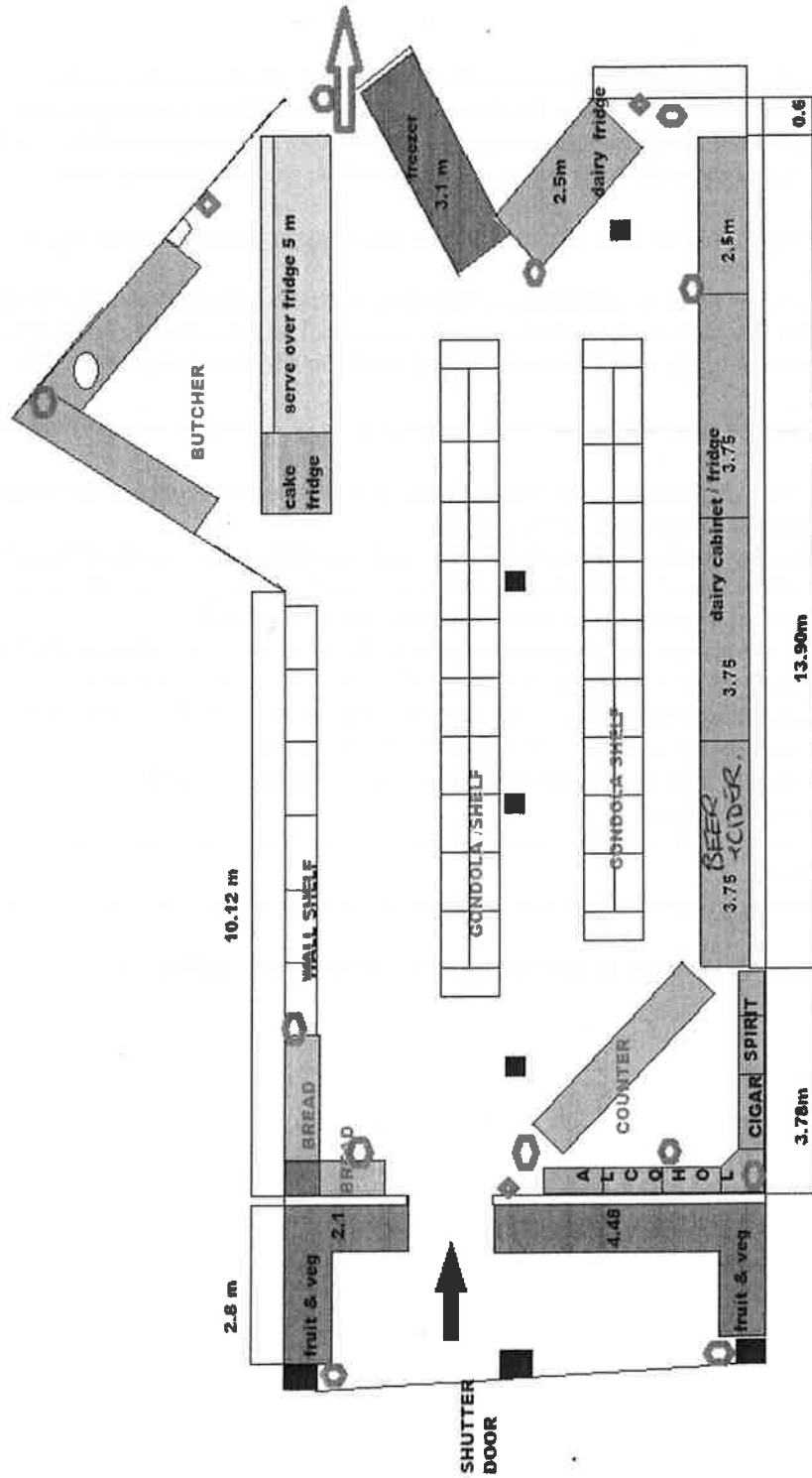
01333 630993

If you would prefer us to correspond with you by e-mail, your e-mail address (optional)

info@licensedinn-tuition.com

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. Where taking place in a building or other structure please tick as appropriate (indoors may include a tent).
3. For example the type of activity to be authorised, if not already stated, and give relevant further details, for example (but not exclusively) whether or not music will be amplified or unamplified.
4. For example (but not exclusively), where the activity will occur on additional days during the summer months.
5. For example (but not exclusively), where you wish the activity to go on longer on a particular day e.g. Christmas Eve.
6. Please give timings in 24 hour clock (e.g. 16:00) and only give details for the days of the week when you intend the premises to be used for the activity.
7. If you wish people to be able to consume alcohol on the premises, please tick 'on the premises'. If you wish people to be able to purchase alcohol to consume away from the premises, please tick 'off the premises'. If you wish people to be able to do both, please tick 'both'.
8. Please give information about anything intended to occur at the premises or ancillary to the use of the premises which may give rise to concern in respect of children, regardless of whether you intend children to have access to the premises, for example (but not exclusively) nudity or semi-nudity, films for restricted age groups or the presence of gaming machines.
9. Please list here steps you will take to promote all four licensing objectives together.
10. The application form must be signed.
11. An applicant's agent (for example solicitor) may sign the form on their behalf provided that they have actual authority to do so.
12. Where there is more than one applicant, each of the applicant or their respective agent must sign the application form.
13. This is the address which we shall use to correspond with you about this application.



BALTIKA SUPERMARKET

33-34 HIGH STREET BANBURY OX16 5ER

OFF LICENCE SHOP

PLACE FOR CCTV CAMERA

PLACE FOR FIRE EXTINGUISHER

FIRE EXIT DOOR





Consent of individual to being specified as premises supervisor

I MR. ZAMNAKU KAMAL SHERIF.
[full name of prospective premises supervisor]

of 39 PRIMROSE CLOSE.
ST ANN'S.
NOTTINGHAM.
NG3 4PL.

[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

PREMISES LICENCE APPLICATION
[type of application]

by ZAMNAKU. KAMAL SHERIF.
[name of applicant]

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

for BALTIKA SUPERMARKET.
33 - 34 HIGH STREET.
BANBURY
OX16 5ER
[name and address of premises to which the application relates]

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

ZAMNAKU, KAMAL SHERIF.

[name of applicant]

concerning the supply of alcohol at

BAITKA SUPERMARKET

33-34 HIGH STREET

BANBURY

OX16 5ER

[name and address of premises to which application relates]

I also confirm that I am applying for, intend to apply for or currently hold a personal licence, details of which I set out below.

Personal licence number

070850

[insert personal licence number, if any]

Personal licence issuing authority

~~SHEFFIELD~~ CITY OF NOTTINGHAM.

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

Signed



Name (please print)

Zamnaku Kamal Sherif

Date

12/02/2013