

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 TEM-AS KENT LIMITED

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 63-65 HIGH STREET GILLINGHAM Kent ME7 1BJ			
Post town	GILLINGHAM	Postcode	ME7 1BJ
Telephone number at premises (if any)			
Non-domestic rateable value of premises		£ 51000	

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/limited liability partnership	please complete section (B) X
ii as a partnership (other than limited liability)	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)
 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
- 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; **X** 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)

		Other Title (for example, Rev)	
Surname		First names	
Date of birth		I am 18 years old or over	
Nationality			
Current residential address if different from premises address			
Post town		Postcode	
Daytime contact telephone number			
E-mail address (optional)			
Where applicable (if demonstrating a right to work via the Home Office online right to work checking service), the 9-digit 'share code' provided to the applicant by that service (please see note 15 for information)			

SECOND INDIVIDUAL APPLICANT (if applicable)

		Other Title (for example, Rev)		
Surname		First names		
Date of birth		I am 18 years old or over		
Nationality				
Where applicable (if demonstrating a right to work via the Home Office online right to work checking service), the 9-digit 'share code' provided to the applicant by that service: (please see note 15 for information)				
Current residential address if different from premises address				
Post town			Postcode	
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 TEM-AS KENT LIMITED
Address 63-65 HIGH STREET GILLINGHAM Kent ME7 1BJ
Registered number (where applicable) 13459963

Description of applicant (for example, partnership, company, unincorporated association etc.)
Limited company

Telephone number (if any)

E-mail address (optional)

Part 3 Operating Schedule

When do you want the premises licence to start?

01/01/2022

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

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

Off-licence, Grocery store

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 and Schedules 1 and 2 to the Licensing Act 2003)

Please
tick all

Provision of regulated entertainment (please read guidance note 2)

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)

anything of a similar description to that falling within (e), (f) or (g) h
 (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)			Will the performance of a play take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors	
				Outdoors	
				Both	
Day	Start	Finish	Please give further details here (please read guidance note 4)		
Mon					
Tue					
Wed					
Thur					
			State any seasonal variations for performing plays (please read guidance note 5)		
Fri					
Sat					
Sun					
			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 6)		
Fri					
Sat					
Sun					

B

Films Standard days and timings			Will the exhibition of films take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors	

(please read guidance note 7)			Outdoors	
Day	Start	Finish	Both	
Mon			Please give further details here (please read guidance note 4)	
Tue				
Wed			State any seasonal variations for the exhibition of films (please read guidance note 5)	
Thur				
Fri			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)	
Sat				
Sun				

C

Indoor sporting events Standard days and timings (please read guidance note 7)			Please give further details (please read guidance note 4)	
Day	Start	Finish		
Mon				
Tue			State any seasonal variations for indoor sporting events (please read guidance note 5)	
Wed				

Thur			<p>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 (please read guidance note 6)</p>
Fri			
Sat			
Sun			

D

<p>Boxing or wrestling entertainments Standard days and timings (please read guidance note 7)</p>			<p><u>Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick</u> (please read guidance note 3)</p>	Indoors	
Day	Start	Finish		Outdoors	
				Both	
Mon			<p><u>Please give further details here</u> (please read guidance note 4)</p>		
Tue					
Wed			<p><u>State any seasonal variations for boxing or wrestling entertainment</u> (please read guidance note 5)</p>		
Thur					
Fri					
Sat			<p><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)</p>		

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	
				Outdoors	
Both					
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			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)		
Fri					
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	
				Outdoors	
Both					
Day	Start	Finish	Please give further details here (please read guidance note 4)		
Mon					

Tue			
Wed			State any seasonal variations for the playing of recorded music (please read guidance note 5)
Thur			
Fri			
Sat			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)
Sun			

G

Performances of dance Standard days and timings (please read guidance note 7)			Will the performance of dance take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors	
				Outdoors	
Day	Start	Finish		Both	
Mon			Please give further details here (please read guidance note 4)		
Tue					
Wed					
Thur			State any seasonal variations for the performance of dance (please read guidance note 5)		
Fri					

Sat			<p>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 (please read guidance note 6)</p>
Sun			

H

<p>Anything of a similar description to that falling within (e), (f) or (g) Standard days and timings (please read guidance note 7)</p>			<p>Please give a description of the type of entertainment you will be providing</p>		
Day	Start	Finish	<p>Will this entertainment take place indoors or outdoors or both – please tick (please read guidance note 3)</p>	Indoors	
Mon				Outdoors	
				Both	
Tue			<p>Please give further details here (please read guidance note 4)</p>		
Wed					
Thur					
Fri			<p>State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g) (please read guidance note 5)</p>		
Sat			<p>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)</p>		
Sun					

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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	
					Outdoors	
					Both	
Day	Start	Finish	Please give further details here (please read guidance note 4) 			
Mon						
Tue						
Wed						
Thur						
Fri						
Sat						
Sun						
			State any seasonal variations for the provision of late night refreshment (please read guidance note 5)			
			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)			

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	
					Off the premises	X
					Both	
Day	Start	Finish				

Mon	05:30	22:00	State any seasonal variations for the supply of alcohol (please read guidance note 5)	
Tue	05:30	22:00		
			N/A	
Wed	05:30	22:00		
Thur	05:30	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)	
Fri	05:30	22:00		
				N/A
Sat	05:30	22:00		
Sun	05:30	22:00		

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 Mr. Alaittin Temur	
Date of birth	
Address	
Postcode	
Personal licence number (if known)	
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) N/A	
Day	Start	Finish		
Mon	05:30	22:00		
Tue	05:30	22:00		
Wed	05:30	22:00		
Thur	05:30	22:00		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) N/A
Fri	05:30	22:00		
Sat	05:30	22:00		
Sun	05:30	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 10)

Please see below

b) The prevention of crime and disorder

- 1) The dps, a personal licence holder or trained member of staff nominated in writing by the dps shall be on duty at all times the premises are open to the public.
- 2) a) A cctv system covering the interior & exterior of the premises will be installed to current metropolitan police / Home office standards and shall be kept operational at all times the premises are open to the public.
 - b) It shall be capable of taking a head & shoulders shot of persons entering the premises, of recording images to an evidential standard in any light and be capable of storing images for a minimum of 31 days.
 - c) All staff who may work front of house shall be trained to operate the cctv system and download images.
 - d) At least one member of staff trained to operate the cctv system & download images shall be on duty at all times the premises are open to the public. Footage shall be shown to the police and screenshots provided to them on request. Copies of downloaded images shall be provided to the police on a usb stick, cd or other acceptable means as soon as possible and in any case within 24 hours of the request
- 3) challenge 25 shall be operated as the proof of age policy.
- 4) An incident book shall be kept at the premises, and made available to the police or authorised council officers, which will record the following:
 - A) All crimes reported,
 - B) Lost property,
 - C) All ejections of customers,
 - D) Any complaints received,
 - E) Any incidents of disorder,
 - F) Any seizure of drugs or offensive weapons,
 - G) Any faults in the cctv,
 - H) Any refusal in the sale of alcohol.
 - I) Any visit by a relevant authority or emergency service
- 5) Notices will be prominently displayed by the entry/ exit door and point of sale (as appropriate) advising customers:
 - A) That cctv & challenge 25 are in operation;
 - B) Advising customers of the provisions of the licensing act regarding underage & proxy sales;
 - C) Of the permitted hours for licensable activities & the opening times of the premises;
 - D) Not to drink in the street;

c) Public safety

A fire risk assessment and emergency plan will be prepared and regularly reviewed. All staff will receive appropriate fire safety training and refresher training.

d) The prevention of public nuisance

- 1) The front of the premises shall be kept tidy at all times and be swept at close.
- 2) Relevant notices will be prominently displayed by the entry/ exit door and point of sale (as appropriate)
- 3) No deliveries will be received or rubbish removed from the premises between 22.00 & 07.00.
- 4) Any music played will only be played at background level.
- 5) An incident book shall be kept at the premises and made available to the police or authorised council officers –see box b condition 5 for full details of the information to be recorded.
- 6) A phone number for the premises shall be made available if required upon request to the police, any other responsible authority or any local resident to express any concerns caused by the operation of the premises. Any complaints and the outcome will be recorded in the incident book.

e) The protection of children from harm

- 1) Challenge 25 shall be operated as the proof of age policy and only a valid passport, photo driving licence, hm forces photographic id card or proof of age card with the pass logo or hologram on it may be accepted as proof of age.
- 2) All refusals of the sale of alcohol shall be recorded in the refusals section of the incident book. The incident book shall be kept and produced to police & authorised council officers on request –see section b condition 5 for full details.
- 3) relevant notices will be prominently displayed by the entry/ exit door and point of sale as appropriate– see section B condition 6 for full details.
- 4) All staff who work front of house will be trained for their role on induction and be given refresher training every six months. Written training records will be kept for each staff member and be produced to police & authorised council officers on request. Training will include identifying persons Under 25, making a challenge, acceptable proof of age & checking it, making & recording a refusal, avoiding conflict & responsible alcohol retailing.

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 or my share code issued by the Home Office online right to work checking service (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.**

