

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 **JEYAKANTHAN KAILAYAPILLAI**

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 18 ARDEN STREET GILLINGHAM Kent ME7 1HG			
Post town	GILLINGHAM	Postcode	ME7 1HG
Telephone number at premises (if any)			
Non-domestic rateable value of premises		£ 4800	

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) X |
| b) a person other than an individual * | |
| i as a limited company/limited liability partnership | please complete section (B) |
| 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)
- 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.		Other Title (for example, Rev)	
Surname KAILAYAPILLAI		First names JEYAKANTHAN	
Date of birth		I am 18 years old or over YES	
Nationality			
Current residential address if different from premises address		9 GRANGE ROAD GILLINGHAM Kent ME7 2PS	
Post town	GILLINGHAM	Postcode	ME7 2PS
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) W4WT7W4DA			

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
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? 01/11/2024

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)

THIS IS A CLOSED LOCAL PUB. APPLICANT WOULD LIKE TO OPEN A SMALL LOCAL CONVEINCE STORE. THE STORE LIKE TO OPEN 24 HOURS. THE STORE IS WELL SECURED AND SMALL TO MANAGE EFFECTIVELY. ALCOHOL DISPLAYED AT THE REAR ALONG SIDE SALES COUNTER. THIS WILL BE CONVEINCE STORE WITH ALL OTHER SERVICES, INCLUDING PARCEL SERVICES. THE STORE WILL BE RENOVATED REFITTED. THE STORE ALSO WILL HAVE A COFFEE MACHINE/ HOT SNACK CABINET.

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)

X

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	
Day	Start	Finish		Outdoors	
				Both	
Mon			<u>Please give further details here</u> (please read guidance note 4)		
Tue			<u>Please give further details here</u> (please read guidance note 4)		
Wed			<u>State any seasonal variations for performing plays</u> (please read guidance note 5)		
Thur			<u>State any seasonal variations for performing plays</u> (please read guidance note 5)		
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	<u>Will the exhibition of films take place indoors or outdoors or both – please tick</u> (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><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)</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	
				Outdoors	
				Both	
Day	Start	Finish			
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			<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>		
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	
				Outdoors	
				Both	
Day	Start	Finish			
Mon			Please give further details here (please read guidance note 4)		
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	
				Outdoors	
				Both	
Day	Start	Finish			
Mon			Please give further details here (please read guidance note 4)		

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					
			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)		

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	<u>Will this entertainment take place indoors or outdoors or both – please tick</u> (please read guidance note 3)	Indoors	
Mon				Outdoors	
				Both	
Tue			<u>Please give further details here</u> (please read guidance note 4)		
Wed					
Thur			<u>State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g)</u> (please read guidance note 5)		
Fri					
Sat			<u>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</u> (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	X
					Outdoors	
					Both	
Day	Start	Finish	Please give further details here (please read guidance note 4)			
Mon	23:00	05:00				
Tue	23:00	05:00	State any seasonal variations for the provision of late night refreshment (please read guidance note 5)			
Wed	23:00	05:00				
Thur	23:00	05:00	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)			
Fri	23:00	05:00				
Sat	23:00	05:00				
Sun	23:00	05:00				

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	State any seasonal variations for the supply of alcohol (please read guidance note 5)			
Mon	00:00	00:00				
Tue	00:00	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 6)			
Wed	00:00	00:00				
Thur	00:00	00:00				
Fri	00:00	00:00				
Sat	00:00	00:00				
Sun	00:00	00:00				

Sun	00:00	00:00

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. JEYAKANTHAN KAILAYAPILLAI		
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)	
	Day	Finish

Mon	00:00	00:00	<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 6)</p>
Tue	00:00	00:00	
Wed	00:00	00:00	
Thur	00:00	00:00	
Fri	00:00	00:00	
Sat	00:00	00:00	
Sun	00:00	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 10)

1. Closed Circuit Television (CCTV) systems that capture head and shoulders images of persons entering the premises and all points of sale shall be installed, operate and record video images at all times that the premises are open to the public.
2. A clear head and shoulders image of the 'challenged' person and ID offered by the 'challenged' person to be recorded by the point of sale CCTV, all staff to be trained in the procedure and the CCTV regularly monitored to ensure compliance.
3. All CCTV recordings made shall be retained for not less than 31 days and be made available to a police or an authorised officer of any responsible authority within one hour upon request. In accordance with current data protection legislation.
4. A member of staff capable of operating the CCTV system and downloading images shall be at the premises at all times that the premises are open to the public.

5. The CCTV system shall display on any recording, the correct date and time of the recording.
6. An incident book shall be kept and maintained at the premises, which shall be made available to a police officer or an authorised officer upon request.
7. The incident book shall be used to record the date and time of any incident, the name of the staff member and a brief description of the customer concerned.
8. All incidences of the following shall be recorded in the incident book within 24 hours and retained for a minimum of 12 months:
 - Refusal of sale of alcohol to any person who is under 18 years of age, or who appears to be under 25 years of age and fails to produce a proof of age identity
 - Refusal of sale of alcohol to any person who is, or appears to be drunk
 - Incidents of violence by any person against another
 - any other criminal incidents
9. Management shall regularly check the incident book to ensure all staff are using it.
10. A prominent notice shall be displayed at the exit from the premises requesting that patrons leave quietly and respect the local area and

b) The prevention of crime and disorder

AS DETAILED ABOVE FOR ALL 4 LICENSING OBJECTIVES

c) Public safety

AS DETAILED ABOVE FOR ALL 4 LICENSING OBJECTIVES

d) The prevention of public nuisance

AS DETAILED ABOVE FOR ALL 4 LICENSING OBJECTIVES

e) The protection of children from harm

AS DETAILED ABOVE FOR ALL 4 LICENSING OBJECTIVES

Checklist:

Please tick to indicate agreement

X 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.

X 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 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.**

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, or have conducted an online right to work check using the Home Office online right to work checking service which confirmed their right to work (please see note 15)
Signature	NIRA SURESH

Date	2024-09-12
Capacity	AGENT

nd nd

For joint applications, signature of 2 applicant or 2 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)

89
 Bickersteth Road
 London
 London
 SW17 9SH

Post town		Postcode	
Telephone number (if any)			

If you would prefer us to correspond with you by e-mail, your e-mail address (optional) contact@arkalicensing.co.uk

THE MONARCH STORE
18 ARDEN ST
GELLINGHAM
ME7 2HA

SCALE 1:100.

A: MAIN ENTRANCE

B: RETAIL FLOOR.


C: SALES COUNTER.

D: DISPLAY SHELVES / FRIDGES

E: STORE ROOM.

F: FIRE EXIT

G: TOILETS

: FIRE EXTINGUISHERS

: LICENSABLE AREA

: ALCOHOL DISPLAY AREA

