

Re-submitted 18-8-15 ✓

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

Depot Assets & Environment	
Date Received	7 6 AUG 2015
Cheque Received	none
Job No	149959
Officer	MF

**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 SADET CELIK  
(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 <u>ENGINE LANE STORES</u> <u>26 ENGINE LANE</u>		Depot Assets & Environment	
		Date Received	20 AUG 2015
		Cheque Received	£190.00
		Job No	150386
		Officer	MF
Post town	<u>TAMWORTH</u>	Postcode	<u>B77 2DH</u>
Telephone number at premises (if any)	<u>01827 282559</u>		
Non-domestic rateable value of premises	<u>£ 6,300</u>		

**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)
- c) a recognised club  please complete section (B)

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- 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 CELIK			First names SADET		
I am 18 years old or over				<input checked="" type="checkbox"/> Please tick yes	
Current postal address if different from premises address		<del>XXXXXXXXXX</del>			
Post town	<del>XXXXXXXXXX</del>		Postcode	<del>XXXXXXXXXX</del>	
Daytime contact telephone number		<del>XXXXXXXXXX</del>			
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		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?

DD	MM	YYYY
02	09	2015
	15	

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)

~~LOCAL SHOP THAT SELLS FOOD/SWEETS/TABACCO/TOP-UPS / Health Lottery / PAYZONE.~~

Single storey, brick-built general store located on the western side of Brent Lane, within a predominantly residential area.

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**

Plays Standard days and timings (please read guidance note 6)			<b><u>Will the performance of a play take place indoors or outdoors or both – please tick</u></b> (please read guidance note 2)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
Day	Start	Finish	Both	<input type="checkbox"/>	
Mon			<b><u>Please give further details here</u></b> (please read guidance note 3)		
Tue			<b><u>State any seasonal variations for performing plays</u></b> (please read guidance note 4)		
Wed			<b><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></b> (please read guidance note 5)		
Thur					
Fri					
Sat					
Sun					



**B**

<b>Films</b> Standard days and timings (please read guidance note 6)			<b><u>Will the exhibition of films take place indoors or outdoors or both – please tick</u></b> (please read guidance note 2)	Indoors	<input type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon				Both	<input type="checkbox"/>
Tue					
			<b><u>Please give further details here</u></b> (please read guidance note 3)		
			<b><u>State any seasonal variations for the exhibition of films</u></b> (please read guidance note 4)		
			<b><u>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</u></b> (please read guidance note 5)		



Indoor sporting events Standard days and timings (please read guidance note 6)			<u>Please give further details</u> (please read guidance note 3)
Day	Start	Finish	
Mon			
Tue			<u>State any seasonal variations for indoor sporting events</u> (please read guidance note 4)
Wed			
Thur			<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 5)
Fri			
Sat			
Sun			



~~D~~

<b>Boxing or wrestling entertainments</b> Standard days and timings (please read guidance note 6)			<b><u>Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick</u></b> (please read guidance note 2)	Indoors	<input type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon			<b><u>Please give further details here</u></b> (please read guidance note 3)	Both	<input type="checkbox"/>
Tue					
Wed			<b><u>State any seasonal variations for boxing or wrestling entertainment</u></b> (please read guidance note 4)		
Thur					
Fri			<b><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></b> (please read guidance note 5)		
Sat					
Sun					





~~E~~

<b>Live music</b> Standard days and timings (please read guidance note 6)			<b>Will the performance of live music take place indoors or outdoors or both – please tick</b> (please read guidance note 2)	Indoors	<input type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon				Both	<input type="checkbox"/>
Tue					
			<b>Please give further details here</b> (please read guidance note 3)		
			<b>State any seasonal variations for the performance of live music</b> (please read guidance note 4)		
			<b>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</b> (please read guidance note 5)		



<b>Recorded music</b> Standard days and timings (please read guidance note 6)			<b>Will the playing of recorded music take place indoors or outdoors or both – please tick</b> (please read guidance note 2)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
<b>Day</b>	<b>Start</b>	<b>Finish</b>	<b>Please give further details here</b> (please read guidance note 3)		
Mon					
Tue			<b>State any seasonal variations for the playing of recorded music</b> (please read guidance note 4)		
Wed					
Thur			<b>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</b> (please read guidance note 5)		
Fri					
Sat					
Sun					





<b>Performances of dance</b> Standard days and timings (please read guidance note 6)			<b>Will the performance of dance take place indoors or outdoors or both – please tick</b> (please read guidance note 2)	Indoors	<input type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon				Both	<input type="checkbox"/>
Tue					
			<b>Please give further details here</b> (please read guidance note 3)		
			<b>State any seasonal variations for the performance of dance</b> (please read guidance note 4)		
			<b>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</b> (please read guidance note 5)		



H

<b>Anything of a similar description to that falling within (e), (f) or (g)</b> Standard days and timings (please read guidance note 6)			Please give a description of the type of entertainment you will be providing		
<b>Day</b>	<b>Start</b>	<b>Finish</b>	<b><u>Will this entertainment take place indoors or outdoors or both – please tick</u></b> (please read guidance note 2)	Indoors	<input type="checkbox"/>
Mon				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Tue			<b><u>Please give further details here</u></b> (please read guidance note 3)		
Wed					
Thur			<b><u>State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g)</u></b> (please read guidance note 4)		
Fri					
Sat			<b><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></b> (please read guidance note 5)		
Sun					





<b>Late night refreshment Standard days and timings (please read guidance note 6)</b>			<b>Will the provision of late night refreshment take place indoors or outdoors or both – please tick (please read guidance note 2)</b>	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<b><u>Please give further details here</u></b> (please read guidance note 3)		
Mon					
Tue					
Wed			<b><u>State any seasonal variations for the provision of late night refreshment</u></b> (please read guidance note 4)		
Thur					
Fri			<b><u>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</u></b> (please read guidance note 5)		
Sat					
Sun					



J

<b>Supply of alcohol</b> Standard days and timings (please read guidance note 6)			<b>Will the supply of alcohol be for consumption – please tick</b> (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	<b>State any seasonal variations for the supply of alcohol</b> (please read guidance note 4)  None  <b>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</b> (please read guidance note 5)  None		
Mon	08:00	22:00			
Tue	08:00	22:00			
Wed	08:00	22:00			
Thur	08:00	22:00			
Fri	08:00	22:00			
Sat	08:00	22:00			
Sun	08:00	20:00			

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

Name	KERRY LOUISE DANIEL
Address	<del>XXXXXXXXXX</del> <del>XXXXXXXXXX</del>
Postcode	<del>XX XX XX</del>
Personal licence number (if known)	<del>XXXXXXXXXX</del>
Issuing licensing authority (if known)	<del>XXXXXXXXXX</del>

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	None
Mon	08.00	22.00	
Tue	08.00	22.00	
Wed	08.00	22.00	
Thur	08.00	22.00	
Fri	08.00	22.00	
Sat	08.00	22.00	
Sun	08.00	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 5)**

None



**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)**

*See attached*

**b) The prevention of crime and disorder**

*See attached*

**c) Public safety**

*See attached*

**d) The prevention of public nuisance**

*See attached*

**e) The protection of children from harm**

*See attached*





**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	<del>XXXXXXXXXX</del> <i>[Signature]</i>
Date	<del>XXXX-XX-XX</del>
Capacity	<del>XXXXXXXXXX</del> <i>Agent for applicant</i>

**For joint applications, signature of 2<sup>nd</sup> applicant or 2<sup>nd</sup> 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)			
<del>XXXXXXXXXX XXXXX XXXXX XXXXX XXXXX XXXXX XXXXX</del>			

Post town	<del>XXXXXXXXXX</del>	Postcode	<del>XXXXXXXXXX</del>
Telephone number (if any)	<del>XXXXXXXXXX XXXXX XXXXX</del>		
If you would prefer us to correspond with you by e-mail, your e-mail address (optional)			
<del>XXXXXXXXXX@XXXXXXXXXX.XXX.XXX.XXX.XXX</del>			

**Notes for Guidance**



**Consent of individual to being specified as premises supervisor**

I KERRY LOUISE DANIEL  
[full name of prospective premises supervisor]

of ~~SADET CELIK~~  
~~TAMWORTH~~  
~~STAFFS~~

\_\_\_\_\_ [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 License  
[type of application]

by  
SADET CELIK  
[name of applicant]

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

for  
ENGINE LANE STORES  
26 ENGINE LANE  
TAMWORTH  
STAFFS  
B77 20H

\_\_\_\_\_ [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

SADAT CELIK

*[name of applicant]*

concerning the supply of alcohol at

ENGINE LANE STORES  
26 ENGINE LANE  
GLASCOTE  
TAMWORTH  
B77 2PS

*[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

~~XXXXXXXXXX~~

*[insert personal licence number, if any]*

Personal licence issuing authority

~~XXXXXXXXXX~~

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

Signed

~~XXXXXXXXXX~~

Name (please print)

~~XXXXXXXXXX~~

Date

3.8.15.



**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)**

**Prevent of Crime and Disorder**

1. The CCTV system will operate internally to cover all internal areas that licensable activities take place.
2. A competent trained person in the use of and operation of the CCTV will be in attendance at the premises at all times that licensable activities take place and be able to fully operate the CCTV system to be able to download in a recognised format any information requested by the Police.
3. A facility will be available for the Police to remove from the CCTV system a copy of any material relevant to any ongoing Police investigation.
4. All CCTV images will be retained for a period of not less than 31 days.
5. The CCTV system clock should be set correctly and maintained (taking account of GMT and BST)
6. An incident register of all occurrences and ejections from the premises will be maintained at the premises and all details of public order offences will be recorded. The register will be produced and made available for inspection upon request by a responsible authority.
7. All persons involved in the sale of alcohol who are not the holders of a Personal Licence to sell alcohol will receive initial and regular 6 monthly refresher training by the Designated Premises Supervisor or another suitably trained representative of the Premises Licence holder with regards to the law in relation to the sale of alcohol
8. Such training will be recorded and up to date training records of all such persons will be maintained at the premises and produced and made available for inspection upon request by a responsible authority.

**Public Nuisance**

None

**Public Safety**

None

**Protection of Children from Harm**

9. Challenge 25 policy will be adopted in order to reduce the potential for underage sales of age restricted products including alcohol. If a customer appears to be under 25 years of age and cannot prove that they are eligible to purchase the age restricted item with a valid UK or Ireland Photocard Driving Licence, a valid Passport or PASS accredited





proof of age scheme card, they will be refused service.

10. Challenge 25 posters will be displayed at the premises to reinforce this policy. Posters will be placed at each till, each area alcohol is stocked and at the point of entry into the store. The posters will be displayed prominently and in sight of customers and staff.

11. A Refusals Register is to be used to record all incidents when a sale is refused. The register is to be kept on the premises at all times unless it is requested by authorised officers of responsible authorities. The Refusal/Challenge Register is to be checked and signed off by the Designated Premises Supervisor every two weeks.

12. All staff working at the premises involved in the sale of alcohol will receive on-going Challenge 25 training and will be refreshed at least every 6 months. This will be recorded in a staff training register. The Training records must be made available to authorised officers of responsible authorities on request. Records shall be retained at the premises.

**b) The prevention of crime and disorder**

Save as mentioned in (a) above, it is not believed any additional steps are required as a result of this application.

**c) Public safety**

Save as mentioned in (a) above, it is not believed any additional steps are required as a result of this application.

**d) The prevention of public nuisance**

Save as mentioned in (a) above, it is not believed any additional steps are required as a result of this application.



pp. 3.

**e) The protection of children from harm**


Save as mentioned in (a) above, it is not believed any additional steps are required as a result of this application.

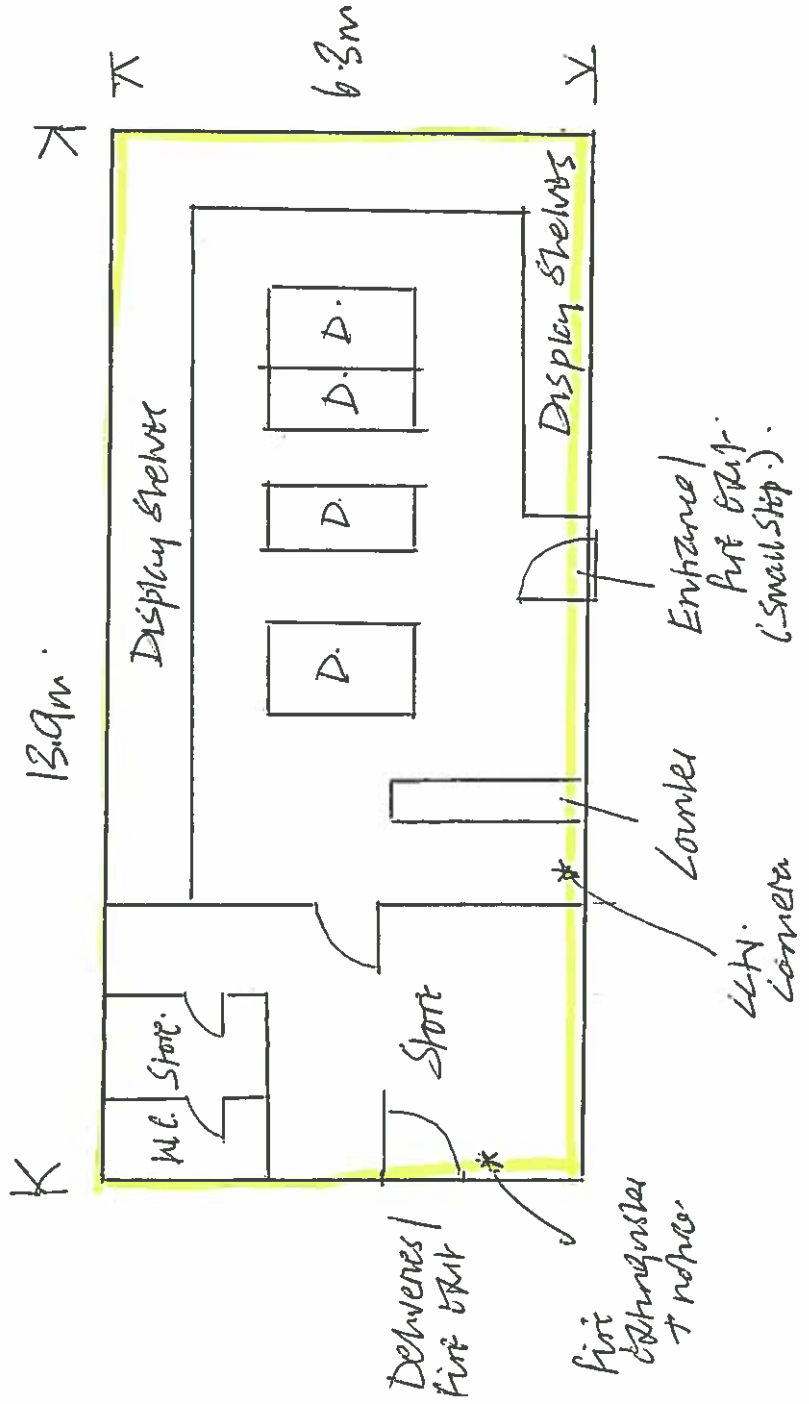
Chadwick



Floor plan Engine Lane Sports,  
26 Engine Lane, Tamworth.

Scale 1:100.

 Area of licensable activity.



Roy Evans  
GAM Consulting Ltd.

August 2015

