

**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 SHAPIUR RAHMAN

(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			
1A MARMION STREET TAMWORTH			
Post town	TAMWORTH	Postcode	B79 7JG

Telephone number at premises (if any)	NONE
Non-domestic rateable value of premises	

Part 2 - Applicant details

Please state whether you are applying for a premises licence as appropriate 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)
 - 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 <input checked="" type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
Surname RAHMAN			First names SHAPIUR		
Date of birth 1 years old or over			I am 18	<input checked="" type="checkbox"/>	Please tick yes
Nationality BRITISH					
Current residential address if different from premises address			F		
Post town		F		Postcode	
Daytime contact telephone number					
E-mail address (optional)					

SECOND INDIVIDUAL APPLICANT (if applicable) NOT 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 over			I am 18 years old or	<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)					

(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 NOT APPLICABLE
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? ASAP

DD	MM	YYYY

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)

SINGLE STOREY FORMER SHOP PREMISES (BATHROOM SHOWROOMS) AT SOUTHERN END OF MARMION STREET CLOSE TO JUNCTION WITH VICTORIA ROAD, ON EDGE OF TAMWORTH TOWN CENTRE

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

N/A

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) | <input type="checkbox"/> |
| b) films (if ticking yes, fill in box B) | <input type="checkbox"/> |
| c) indoor sporting events (if ticking yes, fill in box C) | <input type="checkbox"/> |
| d) boxing or wrestling entertainment (if ticking yes, fill in box D) | <input type="checkbox"/> |
| e) live music (if ticking yes, fill in box E) | <input type="checkbox"/> |
| f) recorded music (if ticking yes, fill in box F) | <input type="checkbox"/> |
| g) performances of dance (if ticking yes, fill in box G) | <input type="checkbox"/> |
| h) anything of a similar description to that falling within (e), (f) or (g) (if ticking yes, fill in box H) | <input type="checkbox"/> |

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)			Will the performance of a play 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 performing plays (please read guidance note 5)		
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 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 checked="" type="checkbox"/>			
				Off the premises	<input type="checkbox"/>			
				Both	<input type="checkbox"/>			
Day	Start	Finish	State any seasonal variations for the supply of alcohol (please read guidance note 5) NONE					
Mon	17.30	23.00						
Tue	17.30	23.00						
Wed	17.30	23.00						
Thur	17.30	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) NONE		
Fri	17.30	24.00						
Sat	17.30	24.00						
Sun	17.30	23.00						

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 SHAPIUR RAHMAN	
Date of birth	
Address 1 /	
Postcode	E.
Personal licence number (if known) N/K	
Issuing licensing authority (if known) BIRMINGHAM CITY COUNCIL	

K

<p>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</p>
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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) NONE
Day	Start	Finish	
Mon	17.30	23.00	
Tue	17.30	23.00	
Wed	17.30	23.00	
Thur	17.30	23.00	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) NONE
Fri	17.30	24.00	
Sat	17.30	24.00	
Sun	17.30	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)

PLEASE SEE SEPARATE STATEMENT

b) The prevention of crime and disorder

PLEASE SEE SEPARATE STATEMENT

c) Public safety

PLEASE SEE SEPARATE STATEMENT

d) The prevention of public nuisance

PLEASE SEE SEPARATE STATEMENT

e) The protection of children from harm

PLEASE SEE SEPARATE STATEMENT

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. 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 (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
Date	15 – 6 - 2017
Capacity	AGENT

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	
.....	
Post town	Postcode
Telephone number (if any)	
If you would prefer us to correspond with you by e-mail, your e-mail address (optional)	
.....	

1A Marmion Street, Tamworth

PROMOTING THE LICENSING OBJECTIVES

A General – all objectives

- All licensable activities to take place indoors
- Details of sale of age restricted goods to be clearly displayed

B Prevention of Crime and Disorder

- The CCTV system will operate internally to cover all public areas including the entrance. A competent trained person in the use of and operation of the CCTV will be in attendance at the premise at all times the licensable activities take place and be able to fully operate the CCTV system, to be able to download in a recognised format any information, at the time of the visit, when requested by any member of Staffordshire Police or any other responsible authority.
- The CCTV system clock should be set correctly and maintained, taking account of GMT and BST.
- All CCTV images will be retained for a period of not less than 31 days.
- An incident register of all occurrences and ejections from the Premises will be maintained at the premises and any details of the public order offences will be recorded, this must be made available, upon request, at the time of the visit, from any member of Staffordshire Police or other responsible authority
- There will be a clearly legible sign at the entrance displaying the times that the premises are allowed to be open until on any given days.

C Public Safety

- First aid boxes and equipment will be available at all times
- All fire system equipment, including fire resisting structures, will be in place.

D The prevention of public nuisance

- A notice advising customers to leave the premises quietly and respect the needs of residents must be displayed at the exit of the premises.

E Protection of children from harm

- There will be no 'adult' entertainment

Note

Additional/amended conditions to be inserted as necessary upon the advice of the Council, the Police and other Responsible Authorities

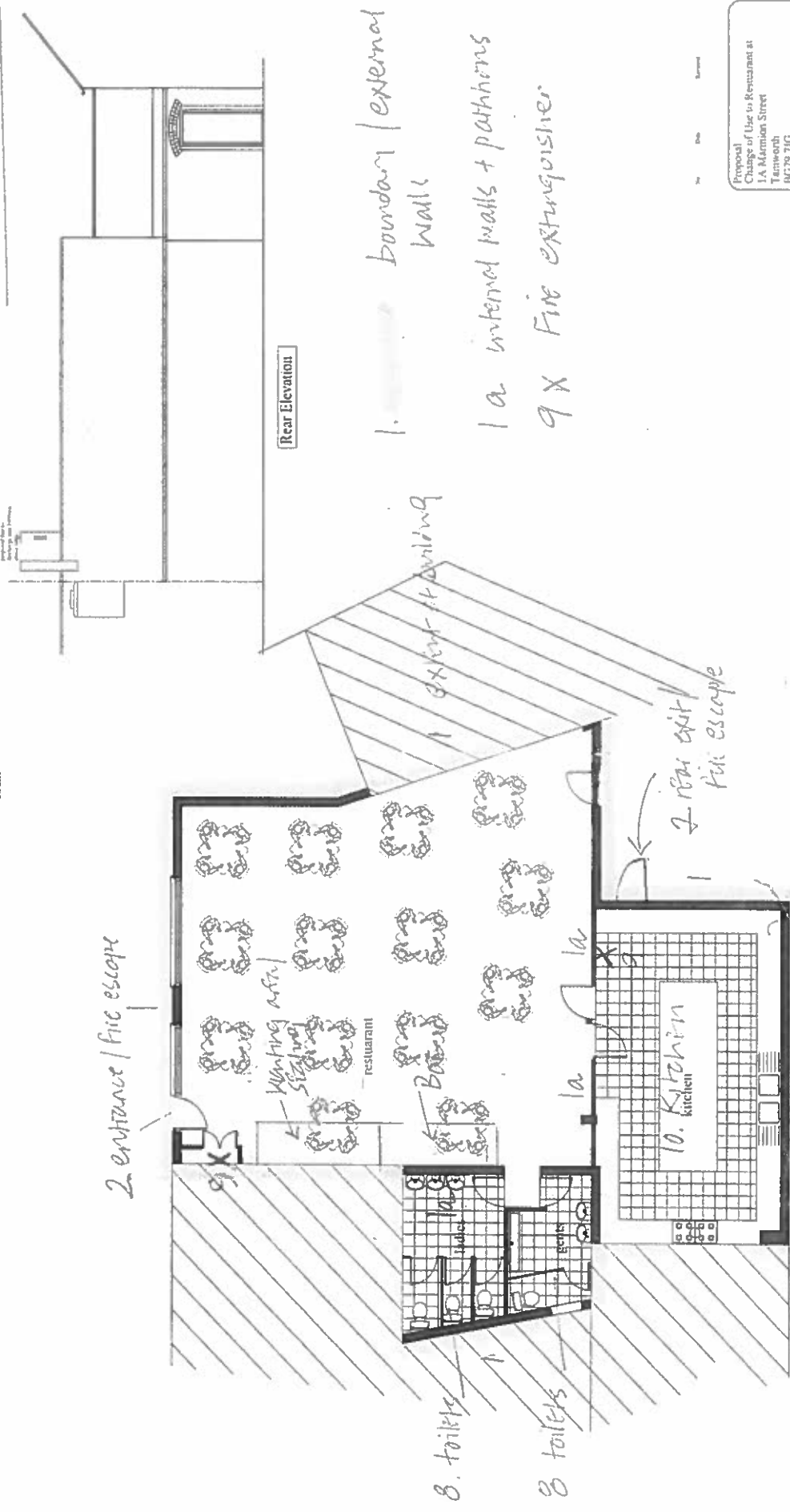
Croft Consulting Ltd

On behalf of applicant

June 2017

Licensing Plan

It is the responsibility of the applicant to ensure that all aspects of the Party Wall Act 1996 are complied with (if applicable) along with all relevant fire and safety regulations. The applicant must ensure that all relevant fire and safety regulations are complied with on site.



- 1. boundary external walls
- 1 a internal walls + partitions
- 9 X Fire extinguisher

Proposal		Change of Use to Restaurant at	
1A Marlborough Street		Tinsworth	
BG78 7JG			
Date	Scale	1/2 No.	1/2 Date
Dec '16	1:50	121605/2	

JMA Building Consultancy
 6 Canor Close
 Mill Oak
 Tinsworth
 Notts NG23 7JF
 T: 01827 23777 M: 07710 038290
 email: Digital@jma.co.uk

Proposed Plans & Elevations

All dimensions must be checked on site before work begins. Planning for Planning & Building Regulations approval.

