

Licensing  
 Public Protection  
 Assets and Environment  
 Tamworth Borough Council  
 Marmion House  
 Lichfield Street  
 Tamworth  
 Staffordshire  
 B79 7BZ

Telephone - 01827 709 445  
 Fax - 01827 709 434

Email - publicprotection@tamworth.gov.uk

**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 MURAT KARAKAS + MEHMET GUNES

*(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 RIO CAFÉ CORPORATION STREET ALDERGATE CAR PARK OLD BUS STATION			
Post town	TAMWORTH	Postcode	B79 7DN

Telephone number at premises (if any)	<del>01827 709 445</del>
Non-domestic rateable value of premises	<del>£190</del>

Dept/Agency	Envir	ent
Date Recd	16 SEP 2016	
Cr. Ref.	C9/190	
Job No.	JOB160620	
Officer	MP	

## 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)
- 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	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
Surname KARAKAS			First names MURAT		
I am 18 years old or over			X Please tick yes		
Current postal address if different from premises address		<del>4743 WYNDHAM STREET</del>			
Post town	<del>TANNMOUTH</del>		Postcode	<del>BA15 2JL</del>	
Daytime contact telephone number		<del>01454 625511</del>			
E-mail address (optional)	<del>muratkaraki@hotmail.com</del>				

SECOND INDIVIDUAL APPLICANT (if applicable)

Mr <input checked="" type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
Surname GUNES			First names MEHMET		
I am 18 years old or over			x Please tick yes		
Current postal address if different from premises address		<del>RETTING</del> MAYFIELD HOUSE GREENWOOD TANNMOUTH			
Post town	<del>TANNMOUTH</del>		Postcode	<del>BA15 2JL</del>	
Daytime contact telephone number		<del>01454 624949</del>			
E-mail address (optional)	MEHMET_ANKER14@HOTMAIL.COM				

**(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? **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)

**1 STORY PREMISES, BRICK WALL , ITS NOT ATTACHED TO ANY OTHER BUSINESS OR PROPERTY, ITS IN NON RESIDENTIAL AREA, ITS IN THE ALDERGATE CAR PARK WE ARE RUNNING THIS BUSINESS SINCE 2004.**

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)  | <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)

**In all cases complete boxes K, L and M**

**A**

<b>Plays</b> Standard days and timings (please read guidance note 6)			<b>Will the performance of a play 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 performing plays</b> (please read guidance note 4)		
Wed					
Thur			<b>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</b> (please read guidance note 5)		
Fri					
Sat					
Sun					

**B**

<b>Films</b> Standard days and timings (please read guidance note 6)			<b>Will the exhibition of films 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 exhibition of films</b> (please read guidance note 4)		
Wed					
Thur			<b>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</b> (please read guidance note 5)		
Fri					
Sat					
Sun					

C

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>Will the boxing or wrestling entertainment 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"/>
<b>Day</b>	<b>Start</b>	<b>Finish</b>			
Mon			<b>Please give further details here (please read guidance note 3)</b>		
Tue					
Wed			<b>State any seasonal variations for boxing or wrestling entertainment (please read guidance note 4)</b>		
Thur					
Fri			<b>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 (please read guidance note 5)</b>		
Sat					
Sun					

**E**

<b>Live music</b> <b>Standard days and</b> <b>timings (please read</b> <b>guidance note 6)</b>			<b>Will the performance of live music take place</b> <b>indoors or outdoors or both – please tick</b> <b>(please read guidance note 2)</b>	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 (please read guidance note 3)</b>		
Mon					
			<b>State any seasonal variations for the performance of live music</b> <b>(please read guidance note 4)</b>		
Tue					
			<b>Non standard timings. Where you intend to use the premises for</b> <b>the performance of live music at different times to those listed in</b> <b>the column on the left, please list (please read guidance note 5)</b>		
Wed					
Thur					
Fri					
Sat					
Sun					

**F**

<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					

**G**

Performances of dance Standard days and timings (please read guidance note 6)			Will the performance of dance 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			<b>Please give further details here</b> (please read guidance note 3)	Both	<input type="checkbox"/>
Tue					
Wed			<b>State any seasonal variations for the performance of dance</b> (please read guidance note 4)		
Thur					
Fri			<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)		
Sat					
Sun					

# 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>Will this entertainment take place indoors or outdoors or both – please tick</b> (please read guidance note 2)	Indoors	<input type="checkbox"/>
Mon				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Tue			<b>Please give further details here</b> (please read guidance note 3)		
Wed					
Thur			<b>State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g)</b> (please read guidance note 4)		
Fri					
Sat			<b>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</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 checked="" type="checkbox"/>
				Outdoors	<input checked="" type="checkbox"/>
				Both	<input type="checkbox"/>
<b>Day</b>	<b>Start</b>	<b>Finish</b>	<b>Please give further details here (please read guidance note 3)</b>  To extend our opening hours, To serve our customers take away only no seat in in premise at all.		
Mon	2300	12AM			
Tue	2300	12AM	<b>State any seasonal variations for the provision of late night refreshment (please read guidance note 4)</b> NONE		
Wed	2300	12AM			
Thur	2300	12AM	<b>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 5)</b> NONE		
Fri	2300	01AM			
Sat	2300	01AM			
Sun	2300	01AM			

J

<b>Supply of alcohol</b> Standard days and timings (please read guidance note 6)			<b>Will the supply of alcohol be for consumption</b> – please tick (please read guidance note 7)	On the premises <input type="checkbox"/>
				Off the premises <input type="checkbox"/>
				Both <input type="checkbox"/>
<b>Day</b>	<b>Start</b>	<b>Finish</b>	<b>State any seasonal variations for the supply of alcohol</b> (please read guidance note 4)	
Mon				
Tue				
Wed				
Thur				
Fri				
Sat				
Sun				
			<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)	

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

Name	
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 8).

None

**L**

<b>Hours premises are open to the public</b> <b>Standard days and timings (please read guidance note 6)</b>			<b>State any seasonal variations (please read guidance note 4)</b>  None
<b>Day</b>	<b>Start</b>	<b>Finish</b>	<b>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)</b>  None
Mon	12pm	12AM	
Tue	12pm	12AM	
Wed	12pm	12AM	
Thur	12pm	12AM	
Fri	12pm	01AM	
Sat	12pm	01AM	
Sun	12pm	01AM	



**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)**

CCTV installed inside of the premises and also will install outside of premises on entering.

See attachment

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

When Premises Licence holders is not on duty, a contact number will be available at all times, Compliance log book will be used on premises, Costumers refusal book and incidents book, all log books fit for purpose and will be retained on the premises for 12 months

Also See Attachments

**c) Public safety**

All Fire Safety Equipment available, Fire extinguisher, Fire blankets.  
No risk has been assessed under the Licencing Act 2003.

Also see attachment

**d) The prevention of public nuisance**

Costumer will be monitored in and around the outside of the premises if necessary be encouraged to leave the area quickly and quietly.

Also see attachment

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

No risk has been assessed

Also see attachment

**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.
- 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

**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	<i>MURDOCH</i>
Date	04 / 09 / 2016
Capacity	<del>2 to 4 person only for awaiting for orders to take out.</del> Applicant

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	<i>Murdoch</i>
Date	04 / 09 / 2016
Capacity	Joint applicant

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

~~Raymond Murdoch, 100 The Green, 30 Evans  
Scott Murdoch, 100 The Green~~

Post town	<del>Edinburgh</del>	Postcode	<del>EH1 3JY</del>
Telephone number (if any)	<del>077 777 7777</del>		
If you would prefer us to correspond with you by e-mail, your e-mail address (optional)			
<del>scott.murdoch@scottmurdoch.com</del>			

## 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.

**RIO CAFÉ TAMWORTH STAFFORDSHIRE B79 7DN**

- The CCTV system will operate internally to cover all public area including the entrance
- 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.

- The CCTV system clock should be set correctly and maintained (taking account of GMT and BST)
- 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.
- 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.
- There will be no entrance or re-entrance permitted to the Premise during the last 15 minutes of any period when Late night refreshment is being provided.
- No orders for delivery will be taken during the last 15 minutes Of trading when the late night refreshment is in operation.
- There will be clearly legible sign at the entrance displaying the times that the premises are allowed to be open until on any given days. The sign will include the fact that no new customers will be allowed to enter the premise during the last 15 minutes of any period when the late night refreshment is being provided, any advertising utilised to promote the premise will be contain these details.

All records relating to the above shall be retained at the premises for the period of no less than 12 months and made available to the Police , Trading Standard Officers and the Licencing Authority on request.

**Public Nuisance & Public Safety**

- No person will be allowed entry when late night refreshment is being provided if carrying any vessel containing any alcohol.

I agree to the above conditions forming part of the premises licence.

Position **OWNER**  
**MURPHY**

Signed **Murphy**

Date 04/09/2016

**Note :**

- Because of the lack of Public Toilet closers to near our premises that why we have decided to take our tables and chairs out, so we have staffs toilets only in our premises, plans of inside of the premises new layouts on attachments.
- we are changing our menus.



