



**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 THE BLAZING SUN LTD

*(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			
23 POULTON STREET.			
Post town	KIRKHAM.	Postcode	PR4 2AA.
Telephone number at premises (if any)	01772 909620.		
Non-domestic rateable value of premises	£ 5600.		

**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)
  - 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 type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
<b>Surname</b>			<b>First names</b>		
<b>Date of birth</b>			I am 18 years old or over <input type="checkbox"/> Please tick yes		
<b>Nationality</b>					
Current residential address if different from premises address					
Post town				Postcode	
<b>Daytime contact telephone number</b>					
<b>E-mail address (optional)</b>					

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)**

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		I am 18 years old or over		<input type="checkbox"/> Please tick yes	
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	BLAZING SUN LTD.
Address	374 SMITHDOWN RD. LIVERPOOL. L15 5AN.

Registered number (where applicable)	128111368.
Description of applicant (for example, partnership, company, unincorporated association etc.)	LIMITED COMPANY.
Telephone number (if any)	07894 549797.
E-mail address (optional)	

**Part 3 Operating Schedule**

When do you want the premises licence to start?

DD	MM	YYYY
10	12	2020

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)
GROCERY SHOP.

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

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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)
- 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**

SECTIONS A-1  
IRRELEVANT TO THIS  
APPLICATION.

**A**

<b>Plays</b> Standard days and timings (please read guidance note 7)			<b>Will the performance of a play take place indoors or outdoors or both – please tick</b> (please read guidance note 3)		Indoors	<input type="checkbox"/>	
					Outdoors	<input type="checkbox"/>	
Day	Start	Finish	Both				<input type="checkbox"/>
Mon			<b>Please give further details here</b> (please read guidance note 4)				
Tue							
Wed			<b>State any seasonal variations for performing plays</b> (please read guidance note 5)				
Thur							
Fri			<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 6)				
Sat							
Sun							

J

<b>Supply of alcohol</b> Standard days and timings (please read guidance note 7)			<b>Will the supply of alcohol be for consumption</b> – please tick (please read guidance note 8)	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 5)		
Mon	08.00	22.00			
Tue	08.00	22.00			
Wed	08.00	22.00			
Thur	0800	2200			
Fri	0800	2200			
Sat	0800	2200			
Sun	0800	2200	<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 6)		

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	INDIRA NEELANDE (MRS)
Date of birth	03. 11. 84.
Address	3 FLEETWOOD ROAD. KIRKHAM. PRESTON.
Postcode	PR3 4BY.
Personal licence number (if known)	ABC.
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).

NONE.

**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	Start	Finish	
Mon	0800	2200	<p><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</b> (please read guidance note 6)</p>
Tue	0800	2200	
Wed	0800	2200	
Thur	0800	2200	
Fri	0800	2200	
Sat	0800	2200	
Sun	0800	2200	



P Describe the steps you intend to take to promote the four licensing objectives:

a) General – all four licensing objectives (b,c,d,e) (please read guidance note 9)

The Licensee, that is the person in whose name the premises licence is issued, shall ensure that all times when the premises are for any licensable activity, there are sufficient competent staff on duty at the premises for the purpose of fulfilling the terms and conditions of the licence and for preventing crime and disorder. The licensee shall ensure that all staff will undertake training in their responsibilities in relation to the sale of alcohol, particularly with regard to drunkenness and underage persons. Records will be kept of training and refresher training.

b) The prevention of crime and disorder

CCTV, Security alarm button.  
Any incidents of criminal nature that may occur on the premises will be reported to the Police.  
Camera viewing till areas must capture frames of screen.  
Have a monitor to review images and recorded pictures.  
Have a signage displayed in the customer area that CCTV is in operation.

c) Public safety

Appropriate fire safety procedures are in place including fire extinguishers (foam, H<sub>2</sub>O and CO<sub>2</sub>), fire blanket, internally illuminated fire exit signs, numerous smoke detectors and emergency lighting (see enclosed plan for details of locations) All appliances are inspected annually.  
All emergency exits shall be kept free from obstruction at all times.

d) The prevention of public nuisance

All customers will be asked to leave quietly at all times.  
Clear and legible notices will be prominently displayed to remind customers to leave quietly and have regard to our neighbours.

e) The protection of children from harm

The licensee and staff will ask persons who appear to be under the age of 25 for photographic ID such as proof of age cards, the Connexions Card and Citizen card, photographic driving licence or passport, and official identity card issued by HM Forces or by an EU country, bearing the photograph and DOB of bearer.  
All staff will be trained for UNDERAGE SALES PREVENTION regularly.  
A register of refused sales shall be kept and maintained on the premises.

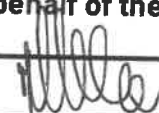
**CHECKLIST**

- |  |                                     |
|--|-------------------------------------|
|  | <b>Please tick yes</b>              |
| • I have made or enclosed payment of the fee   | <input checked="" type="checkbox"/> |
| • I have enclosed the plan of the premises   | <input checked="" type="checkbox"/> |
| • I have sent copies of this application and the plan to responsible authorities and others where applicable   | <input checked="" type="checkbox"/> |
| • I have enclosed the consent form completed by the individual I wish to be premises supervisor, if applicable | <input checked="" type="checkbox"/> |
| • I understand that I must now advertise my application  | <input checked="" type="checkbox"/> |
| • I understand that if I do not comply with the above requirements my application will be rejected             | <input checked="" type="checkbox"/> |

**IT IS AN OFFENCE, LIABLE ON CONVICTION TO A FINE UP TO 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	
Date	14.11.20
Capacity	

**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)

3 FLEETWOOD ROAD, WESHAM

Post town	PRESTON	Post code	PR4 3BY
Telephone number (if any)	07894549797		
If you would prefer us to correspond with you by e-mail your e-mail address (optional)			
NEILANDEINDIRA@GMAIL.COM			