



## Individual Applicant

Address line 2

Address line 3

Town/City \*

County

Postcode \*

Date of Birth \*



I am 18 years old or over

Nationality \*

Daytime Contact Telephone Number \*

Email \*

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)

## Operating Schedule

When do you want the premises licence to start? \*

20/05/2026

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. \*

Small ground floor corner shop food and drink take away

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

## Operating Schedule

## Operating Schedule

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, late night refreshment or supply of alcohol (please read guidance note 2) \*

a) Plays

b) Films

c) Indoor Sporting Events

d) Boxing or Wrestling

e) Live Music

f) Recorded Music

g) Performances of Dance

h) Anything of a similar description falling under Music or Dance

i) Provision of Late Night Refreshment

j) Supply of Alcohol

## i) Provision of Late Night Refreshment Standard Times

Standard days and timings, where you intend to use the premises for late night refreshment.(please read guidance note 7) \*  
Please enter times in 24hr format (HH:MM)

Day \*

Every Day

12:00

02:00

**i) Provision of Late Night Refreshment Standard Times**

Standard days and timings, where you intend to use the premises for late night refreshment.(please read guidance note 7) \*  
Please enter times in 24hr format (HH:MM)

Day \*

Every Day

12:00

02:00

**i) Provision of Late Night Refreshment**

Will the provision of late night refreshment take place indoors or outdoors or both? (please read guidance note 3) \*

Indoors

Please provide further details.(please read guidance note 4)

Alcohol will be served over a counter unopened, challenge 25 procedures will be in place, staff will hold a personal licence

State any seasonal variations for the provision of late night refreshment.(please read guidance note 5)

Food and drink will be supplied together all year round

Please state any non-standard timings, where you intend to use the premises for late night refreshment at different times from the Standard days and times listed?(please read guidance note 6)

None

**j) Supply of Alcohol Standard Times**

Standard days and timings, where you intend to use the premises for the supply of alcohol. (please read guidance note 7)\*  
Please enter times in 24hr format (HH:MM)

Day \*

Every Day

12:00

02:00

**j) Supply of Alcohol**

Will the supply of alcohol be for consumption on premises or off premises or both? (please read guidance note 8) \*

Both

Is the premises used exclusively or primarily for supply of alcohol for consumption on the premises? \*

No

## j) Supply of Alcohol

State any seasonal variations for the supply of alcohol.  
(please read guidance note 5)

None

Please state any non-standard timings, where you intend to use the premises for the supply of alcohol at different times from the Standard days and times listed?(please read guidance note 6)

None

## Designated Premises Supervisor

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)

Title \*

First name \*

Surname \*

Street address \*




Town/City \*

County

Postcode \*

Personal Licence Number (if known)

Issuing Licensing Authority (if known)

## Adult Entertainment

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

## Opening Hours Standard Times

## Opening Hours Standard Times

Standard days and timings, where the premises are open to the public. (please read guidance note 7) \* Please enter times in 24hr format (HH:MM)

Day \*

Every Day

12:00

02:00

## Opening Hours

State any seasonal variations. (please read guidance note 5)

Only the hours stated in opening hours, no seasonal variations

Please state any Non-standard timings, where you intend the premises to be open to the public at different times from the Standard days and times listed? (please read guidance note 6)

None

## Licensing Objectives

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)

All staff will be trained to the challenge 25 standard, staff training will be given every 3 month periodically, cctv monitor screen of multiple cameras will be available for staff to see at all times

b) The prevention of crime and disorder \*

Challenge 25 procedure, cctv in 24hour operation, refusal log on premises

c) Public safety \*

Challenge 25 procedure, zero tolerance of any behaviour will not be tolerated and the vendor will be refused any service and ask to leave the premises

d) The prevention of public nuisance \*

Signage asking customers to enter and leave quietly and respectfully and to use the bin provided inside the premises

e) The protection of children from harm \*

Challenge 25 procedure, challenge 25 posters/signage will be on display

## Declarations

Declaration Type \*

Sole Applicant - Individual or Other

## Declarations

I have uploaded a copy of the plan of the premises. I have uploaded a copy of the consent form completed by the individual I wish to be designated premises supervisor, if applicable. I understand I must now advertise my application. I understand that if I do not comply with the above requirements my application will be rejected. Applicable to all individual applicants, including those in 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)

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.

Signature/Declaration of applicant or applicant's solicitor or other duly authorised agent (see Guidance Note 11 & 12). If signing/applying on behalf of the applicant, please state your name and in what capacity you are authorised to sign/apply. When submitting an on-line application form the 'Declaration made' checkbox must be selected.

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).

Full Name \*

Date \*

Capacity \*



Declaration made

Do you wish to provide alternative correspondence details? \*

## Email confirmation

On submission an email confirmation will be sent using the details below

Forename

Surname /Company Name

## Email confirmation

Email \*

Telephone