

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

**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 PARNINDER NAGRA apply for a premises licence under section 17 of  
(Insert name(s) of applicant)  
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>33-34 HIGH STREET</u> <u>DUOLEY</u> <u>WEST MIDLANDS</u>	
Post town <u>DUOLEY</u>	Post code <u>DY1 1PL</u>

Telephone number at premises (if any)

01384 253 444

Non-domestic rateable value of premises

£ 8,960.

**Part 2 - Applicant details**

Please state whether you are applying for a premises licence as

Please tick ☒ yes

- 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 ☐ 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 ☐ Mrs ☐ Miss ☒ Ms ☐ Other title (for example, Rev) ☐

Surname

NAGRA

First names

PARMINDER KAUR

Please tick ✓ yes

I am 18 years old or over



Current postal address if different from premises address

2 REDWOOD DRIVE  
TIVIDALE  
OZBURY  
WEST MIDLANDS

Post Town

OZBURY

Postcode

B69 2HY

Daytime contact telephone number

07925250302

E-mail address (optional)

**SECOND INDIVIDUAL APPLICANT (if applicable)**

Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other title (for example, Rev) ☐

Surname

First names

Please tick  
✓ yes

☐

I am 18 years old or over

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?

Day	Month	Year
1	5	1 0 2 0 0 9

If you wish the licence to be valid only for a limited period, when do you want it to end?

Day	Month	Year

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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Please give a general description of the premises (please read guidance note1)

\* PLANS ARE ATTACHED.

unit based in shopping Mall  
off licence selling alcohol

What licensable activities do you intend to carry on from the premises?  
(Please see sections 1 and 14 of the Licensing Act 2003 and Schedule 1 and 2 to the Licensing Act 2003)

Please tick ✓ yes

**Provision of regulated entertainment**

- 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 entertainment facilities for:**

- i) making music (if ticking yes, fill in box I) ☐
- j) dancing (if ticking yes, fill in box J) ☐
- k) entertainment of a similar description to that falling within (i) or (j)  
(if ticking yes, fill in box K) ☐

**Provision of late night refreshment** (if ticking yes, fill in box L) ☐

**Supply of alcohol** (if ticking yes, fill in box M) ☒

In all cases complete boxes N, O and P

## 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 [Y] (please read guidance note 2)</b>	Indoors	
				Outdoors	
				Both	
Day	Start	Finish	<b>Please give further details here (please read guidance note 3)</b>		
Mon					
Tue					
Wed			<b>State any seasonal variations for performing plays (please read guidance note 4)</b>		
Thur					
Fri					
Sat			<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 (please read guidance note 5)</b>		
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 [Y] (please read guidance note 2)</b>	Indoors	
				Outdoors	
				Both	
Day	Start	Finish	<b>Please give further details here (please read guidance note 3)</b>		
Mon					
Tue					
Wed			<b>State any seasonal variations for the exhibition of films (please read guidance note 4)</b>		
Thur					
Fri					
Sat			<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 (please read guidance note 5)</b>		
Sun					

**C**

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

**D**

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

# E

Live music Standard days and timings (please read guidance note 6)			Will the performance of live music take place indoors or outdoors or both – please tick [X] (please read guidance note 2)	Indoors	
Day	Start	Finish		Outdoors	
Mon			Please give further details here (please read guidance note 3)		
Tue					
Wed			State any seasonal variations for the performance of live music (please read guidance note 4)		
Thur					
Fri			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 (please read guidance note 5)		
Sat					
Sun					

# F

Recorded music Standard days and timings (please read guidance note 6)			Will the playing of recorded music take place indoors or outdoors or both – please tick [X] (please read guidance note 2)	Indoors	
Day	Start	Finish		Outdoors	
Mon			Please give further details here (please read guidance note 3)		
Tue					
Wed			State any seasonal variations for playing recorded music (please read guidance note 4)		
Thur					
Fri			Non standard timings. Where you intend to use the premises for the playing of recorded music entertainment at different times to those listed in the column on the left, please list (please read guidance note 5)		
Sat					
Sun					



## G

<b>Performances of dance</b> Standard days and timings (please read guidance note 6)			<u>Will the performance of dance take place indoors or outdoors or both – please tick [Y] (please read guidance note 2)</u>		Indoors	
					Outdoors	
					Both	
Day	Start	Finish	<u>Please give further details here (please read guidance note 3)</u>			
Mon						
Tue			<u>State any seasonal variations for the performance of dance (please read guidance note 4)</u>			
Wed			<u>Non standard timings. Where you intend to use the premises for the performance of dance entertainment at different times to those listed in the column on the left, please list (please read guidance note 5)</u>			
Thur						
Fri						
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)			<u>Please give a description of the type of entertainment you will be providing</u>		
Day	Start	Finish	<u>Will this entertainment take place indoors or outdoors or both – please tick [Y] (please read guidance note 2)</u>		Indoor
					Outdoor
					Both
Mon			<u>Please give further details here (please read guidance note 3)</u>		
Tue			<u>State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g) (please read guidance note 4)</u>		
Wed					
Thur					
Fri					

Sat			<b>Non standard timings.</b> Where you intend to use the premises for the entertainment of similar description to that falling within (e), (f) or (g) at different times to those listed in the column on the left, please list (please read guidance note 5)
Sun			

<b>Provision of facilities for making music</b> Standard days and timings (please read guidance note 6)			<b>Please give a description of the facilities for making music you will be providing</b>							
			<b>Will the facilities for making music be indoors or outdoors or both – please tick [Y] (please read guidance note 2)</b>	<table border="1"> <tr> <td>Indoors</td> <td></td> </tr> <tr> <td>Outdoors</td> <td></td> </tr> <tr> <td>Both</td> <td></td> </tr> </table>	Indoors		Outdoors		Both	
Indoors										
Outdoors										
Both										
Day	Start	Finish								
Mon			<b>Please give further details here (please read guidance note 3)</b>							
Tue										
Wed			<b>State any seasonal variations for the provision of facilities for making music (please read guidance note 4)</b>							
Thur										
Fri			<b>Non standard timings.</b> Where you intend to use the premises for provision of facilities for making music entertainment at different times to those listed in the column on the left, please list (please read guidance note 5)							
Sat										
Sun										

<b>Provision of facilities for dancing</b> Standard days and timings (please read guidance note 6)			<b>Will the facilities for dancing be indoors or outdoors or both – please tick [Y] (see guidance note 2)</b>							
			<table border="1"> <tr> <td>Indoors</td> <td></td> </tr> <tr> <td>Outdoors</td> <td></td> </tr> <tr> <td>Both</td> <td></td> </tr> </table>	Indoors		Outdoors		Both		
Indoors										
Outdoors										
Both										
Day	Start	Finish								
			<b>Please give a description of the facilities for dancing you will be providing</b>							

Mon			Please give further details here (please read guidance note 3)
Tue			
Wed			State any seasonal variations for providing dancing facilities (please read guidance note 4)
Thur			
Fri			Non standard timings. Where you intend to use the premises for the provision of facilities for dancing entertainment at different times to those listed in the column on the left, please list (please read guidance note 5)
Sat			
Sun			

# K

Provision of facilities for entertainment of a similar description to that falling within I or J Standard days and timings (please read guidance note 6)			Please give a description of the type of entertainment facility you will be providing	
Day	Start	Finish	Will the entertainment facility be indoors or outdoors or both – please tick [Y] (please read guidance note 2)	Indoor
				Outdoor
Mon				Both
Tue			Please give further details here (please read guidance note 3)	
Wed				
Thur			State any seasonal variations for the provision of facilities for entertainment of a similar description to that falling within j or k (please read guidance note 4)	
Fri				
Sat			Non standard timings. Where you intend to use the premises for the provision of facilities for entertainment of a similar description to that falling within I or J at different times to those listed in the column on the left, please list (please read guidance note 5)	
Sun				

**L**

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

**M**

**X**

<b>Supply of alcohol</b> Standard days and timings (please read guidance note 6)			Will the sale of alcohol be for consumption (Please tick box Y) (please read guidance note 7)		On the premises	<input checked="" type="checkbox"/>				
					Off the premises	Y				
					Both					
Day	Start	Finish	State any seasonal variations for the supply of alcohol (please read guidance note 4)							
Mon	8	23								
Tue	8	23								
Wed	8	23								
			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 5)							
Thur	8	23								
Fri	8	23								
Sat	8	23								

Sun	8	23	

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

Name MISS PARMINDER KAUR NAGRA  
 Address 2 REDWOOD DRIVE, TIVIDALE,  
OCORRY, WEST MIDLANDS  
 Postcode B69 2HY  
 Personal Licence number(if known) not yet applied  
 Issuing licensing authority (if known)

**N**

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)

N - A

**O**

Hours premises are open to the public  
 Standard timings (please read guidance note 6)

Day	Start	Finish
Mon	8	23
Tue	8	23
Wed	8	23
Thur	8	23
Fri	8	23
Sat	8	23
Sun	8	23

State any seasonal variation (please read guidance note 4)

Non standard timings. Where you intend to use 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)

## 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)

b) The prevention of crime and disorder

X

1. Being vigilant at all times
2. CCTV for the safety of the Public
3. Monitor single sales of Alcohol
4. Liaise closely with Police in Dudley
5. Security guard on site (Daytime) on call at night

c) Public safety

X

Normal Health & Safety / Fire Safety procedures  
CCTV system

d) The prevention of public nuisance

X

Drink Aware campaign Posters to be displayed.  
Signage outside asking for consideration  
Security on call and available. (alongside being vigilant)  
CCTV

e) The protection of children from harm

X

I.D. system for underage sale of Alcohol  
Drink Aware campaign  
CCTV to exterior of shop

Please tick ✓ yes

- 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 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 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

..... *P. M. G. M. G. M.* .....

Date..... *30/09/09* .....

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

#### 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, if you wish people to be able to purchase alcohol to consume away from the premises please tick off. 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, 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, both applicants or their respective agents must sign the application form.
13. This is the address which we shall use to correspond with you about this application.



Consent of individual to being specified as premises supervisor

I PARMINDER KAUR NAGRA  
[full name of prospective premises supervisor]

of 2 REDWOOD DRIVE, TIVIDALE, OLBURY,  
WEST MIDLANDS, B69 2HY.

[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 PARMINDER KAUR NAGRA [name of applicant]

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

for 33-34 HIGH STREET, DUDLEY,  
WEST MIDLANDS, DY1 1PL.

[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 PARMINDER KAUR NAGRA [name of applicant]

concerning the supply of alcohol at PLAZA MALLS, 33-34 HIGH  
STREET, DUDLEY, WEST MIDLANDS, DY1 1PL.

[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 to be applied for  
[insert personal licence number, if any]

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

P. Nagra ..... signed

PARMINDER KAUR NAGRA ..... name (please print)

30/09/09. ..... dated