

Annex 1

[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.



MRS. SREEDEVI RAVICHANDRAN

I/We ..... 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 - SANDRINGHAM NEWS

Postal address of premises or, if none, ordnance survey map reference or description 5 SANDRINGHAM PLACE WORDSLEY	
Post town	STOURBRIDGE
Post code	DY8 5HP

Telephone number at premises (if any)	01384292800
Non-domestic rateable value of premises	£2450

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  First names

Please tick  yes

I am 18 years old or over

Current postal address if different from premises address

43 SANDRINGHAM ROAD  
WORDSLEY  
STOURBRIDGE



Post Town  Postcode

Daytime contact telephone number

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	0	04 2008

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.

Please give a general description of the premises (please read guidance note 1)

Sandringham News is located in residential area in a parade of shops. The shop entrance leads to a service counter on left with display under and tobacco goods with medicine cabinet behind. This is followed by wall bay shelving. Gondalo shelves in place in the middle for groceries and open top chest freezers and upright cabinet on the right side. This is followed by magazine shelves, card racks and lottery playstation. Cash point machine is at the corner on the right side.

The retail area leads through a alarmed door to a store room, which has shelving, electric meter, Fire extinguishers and security alarm pannel. Hand washing sinks are available with water heater over it. The store leads through a door into a wc, which leads through a door which is a rear exit with roller shutter security door. Service Road is present behind the shop.

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)			<u>Will the performance of a play take place indoors or outdoors or both – please tick [Y] (please read guidance note 2)</u>	Indoors		
Day	Start	Finish		Outdoors		
Mon			<u>Please give further details here (please read guidance note 3)</u>	Both		
Tue						
Wed				<u>State any seasonal variations for performing plays (please read guidance note 4)</u>		
Thur						
Fri			<u>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)</u>			
Sat						
Sun						

# B

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

**C**

<b>Indoor sporting events</b> 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)			<u>Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick [Y]</u> (please read guidance note 2)	Indoors	
Day	Start	Finish		Outdoors	
Mon				Both	
Tue					
Wed			<u>State any seasonal variations for boxing or wrestling entertainment</u> (please read guidance note 4)		
Thur					
Fri			<u>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</u> (please read guidance note 5)		
Sat					
Sun					

**E**

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

## H

Anything of a similar description to that falling within (e), (f) or (g) Standard days and timings (please read guidance note 6)			Please give a description of the type of entertainment you will be providing		
Day	Start	Finish	Will this entertainment take place indoors or outdoors or both – please tick [Y] (please read guidance note 2)	Indoor	
				Outdoor	
				Both	
Mon			<u>Please give further details here</u> (please read guidance note 3)		
Tue					
Wed					
Thur			<u>State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g)</u> (please read guidance note 4)		
Fri					

Sat			<p><b>Non standard timings. 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)</b></p>
Sun			

<p><b>Provision of facilities for making music</b> Standard days and timings (please read guidance note 6)</p>			<p><b>Please give a description of the facilities for making music you will be providing</b></p>		
			<p><b>Will the facilities for making music be indoors or outdoors or both – please tick [Y] (please read guidance note 2)</b></p>	Indoors	
				Outdoors	
Day	Start	Finish	Both		
Mon			<p><b>Please give further details here (please read guidance note 3)</b></p>		
Tue					
Wed			<p><b>State any seasonal variations for the provision of facilities for making music (please read guidance note 4)</b></p>		
Thur					
Fri			<p><b>Non standard timings. 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)</b></p>		
Sat					
Sun					

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

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
Mon				Outdoor
				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		
Day	Start	Finish		Outdoors		
Mon			<b>Please give further details here</b> (please read guidance note 3)	Both		
Tue						
Wed				<b>State any seasonal variations for the provision of late night refreshment</b> (please read guidance note 4)		
Thur						
Fri				<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</b> (please read guidance note 5)		
Sat						
Sun						

**M**

<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	
Day	Start	Finish		Off the premises	<input checked="" type="checkbox"/>
Mon	09:00	22:00	<b>State any seasonal variations for the supply of alcohol</b> (please read guidance note 4)	Both	
Tue	09:00	22:00			
Wed	09:00	22:00			
Thur	09:00	22:00	<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)		
Fri	09:00	22:00			
Sat	09:00	22:00			

Sun	09:00	22:00	

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

Name..... MRS. SREEDevi RAVICHANDRAN

Address..... 43 SANDRINGHAM ROAD  
WORDSLEY, STOURBRIDGE

Postcode..... S DY8 5HL

Personal Licence number(if known) .....

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)			State any seasonal variation (please read guidance note 4)
Day	Start	Finish	
Mon	09:00	22:00	<p><b>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)</b></p>
Tue	07:00	22:00	
Wed	07:00	22:00	
Thur	07:00	22:00	
Fri	07:00	22:00	
Sat	07:00	22:00	
Sun	07:00	22:00	

## 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)

N/A

b) The prevention of crime and disorder

- NOT TO SELL ALCOHOL TO A PERSON WHO IS DRUNK.
- WILL BE INSTALLING CCTV CAMERA
- SIGNAGE FOR THE NORMAL HOURS FOR SELLING OF ALCOHOL WILL BE DISPLAYED INSIDE THE SHOP.

c) Public safety

- FIRE EXTINGUISHER WILL BE KEPT INSIDE THE PREMISES.
- FIRE EXITS WILL BE KEPT UNOBSTRUCTED.

d) The prevention of public nuisance

- AVAILABILITY OF RUBBISH BIN OUTSIDE THE PREMISES

e) The protection of children from harm

- NOT TO SELL ALCOHOL FOR CHILDREN UNDER 18 YEARS.
- IDENTIFICATION FOR PROOF OF AGE WILL BE REQUESTED BEFORE SALES ARE MADE
- REFUSAL REGISTER WILL BE MAINTAINED.

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 R. Sreedevi

Date 10-03-08

Capacity OWNER.

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)	
MRS. SREDEVI RAVICHANDRAN 5 SANDRINGHAM PLACE WORDSLEY STOURBRIDGE, DY8 5HP	
Post town	STOURBRIDGE
Post code	DY8 5HP
Telephone number (if any)	07957386163 / 01384292800.
If you would prefer us to correspond with you by e-mail your e-mail address (optional)	

Consent of individual to being specified as premises supervisor

I ..... MRS. SREEDEVI RAVICHANDRAN .....  
[full name of prospective premises supervisor]

of ..... 43 SANDRINGHAM ROAD .....  
..... WORDSLEY, STOURBRIDGE .....  
..... DY8 5HL .....  
[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 LICENCE ..... [type of application]

by ..... SREEDEVI RAVICHANDRAN ..... [name of applicant]

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

for ..... SANDRINGHAM NEWS .....  
..... 5 SANDRINGHAM ROAD, WORDSLEY .....  
..... STOURBRIDGE, DY8 5HP .....  
[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 ..... SREEDEVI RAVICHANDRAN ..... [name of applicant]

concerning the supply of alcohol at ..... SANDRINGHAM NEWS .....  
..... 5 SANDRINGHAM PLACE, WORDSLEY .....  
..... STOURBRIDGE, DY8 5HP .....  
[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 .....  
[insert personal licence number, if any]

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

..... R. Sreedevi ..... signed

..... SREEDEVI RAVICHANDRAN ..... name (please print)

..... 10-03-08 ..... dated