

Licensing Sub-Committee

Appendix 1 - Copy of the Application



Havering

LONDON BOROUGH

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 MR TARSAME SINGH
(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 77-79 WENNINGTON ROAD | | | |
| Post town | RAINHAM | Post code | RM13 9TH |
| Telephone number at premises (if any) | 01708 554230 | | |
| Non-domestic rateable value of premises | £6900.00 | | |

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 <input checked="" type="checkbox"/> | Mrs <input type="checkbox"/> | Miss <input type="checkbox"/> | Ms <input type="checkbox"/> | Other Title (for example, Rev) | |
| Surname SINGH | | | First names TARSAME | | |
| I am 18 years old or over | | | | <input checked="" type="checkbox"/> Please tick yes | |
| Current postal address if different from premises address | | 51 COWDRAY WAY | | | |
| Post Town | RAINHAM | | | Postcode | RM12 4AX |
| Daytime contact telephone number | | VIA MY AGENT | | | |
| E-mail address (optional) | | | | | |

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 | | |
| I am 18 years old or over | | | | <input type="checkbox"/> Please tick yes | |
| 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 |
|-----|-------|---------|
| 0 | 4 | 07 2012 |

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

| Day | Month | Year |
|-----|-------|------|
| | | |

| |
|--|
| Please give a general description of the premises (please read guidance note1) ESTABLISHED POST OFFICE AND FAMILY CONVENIENCE STORE |
|--|

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

| |
|-----|
| N/A |
|-----|

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 yes

- | | |
|--|--------------------------|
| 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 entertainment facilities:

- | | |
|--|--------------------------|
| i) making music (if ticking yes, fill in box I) | <input type="checkbox"/> |
| j) dancing (if ticking yes, fill in box J) | <input type="checkbox"/> |
| k) entertainment of a similar description to that falling within (i) or (j) (if ticking yes, fill in box K) | <input type="checkbox"/> |

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

M

| | | | | | |
|---|--------------|---------------|---|------------------|-------------------------------------|
| Supply of alcohol Standard days and timings (please read guidance note 6) | | | Will the supply of alcohol be for consumption (Please tick box) (please read guidance note 7) | On the premises | <input type="checkbox"/> |
| | | | | Off the premises | <input checked="" type="checkbox"/> |
| | | | | Both | <input type="checkbox"/> |
| Day | Start | Finish | State any seasonal variations for the supply of alcohol (please read guidance note 4) | | |
| Mon | 06.00 | 22.00 | | | |
| Tue | 06.00 | 22.00 | | | |
| Wed | 06.00 | 22.00 | | | |
| Thur | 06.00 | 22.00 | | | |
| Fri | 06.00 | 22.00 | | | |
| Sat | 06.00 | 22.00 | | | |
| Sun | 06.00 | 22.00 | | | |
| | | | 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) | | |

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

| | |
|---|---------|
| Name ANIL DEVKARAN | |
| Address 7 The Ridgeway Harold Wood Romford | |
| Postcode | RM3 0DS |
| Personal Licence number (if known) 008801 | |
| Issuing licensing authority (if known) LONDON BOROUGH OF HAVERING | |

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)

WE MAY CHOOSE TO STOCK ADULT MAGAZINES. THIS SHALL BE CONTROLLED IN ACCORDANCE WITH THE LAW

O

| Hours premises are open to the public Standard days and timings (please read guidance note 6) | | | State any seasonal variations (please read guidance note 4) |
|---|-------|--------|---|
| Day | Start | Finish | |
| Mon | 06.00 | 22.00 | |
| | | | |
| Tue | 06.00 | 22.00 | |
| | | | |
| Wed | 06.00 | 22.00 | |
| | | | |
| Thur | 06.00 | 22.00 | 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) |
| | | | |
| Fri | 06.00 | 22.00 | |
| | | | |
| Sat | 06.00 | 22.00 | |
| | | | |
| Sun | 06.00 | 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)

1. Alcohol shall not be sold in an open container or be consumed in the licensed premises
2. The Licensee shall operate a "Challenge 25" scheme on the premises whereby those persons attempting to buy alcohol who appear to be under 25 years of age will be required to prove they are 18 years of age or older. Acceptable proof of age shall consist of a passport, UK photographic driving licence or proof of age cards with the "PASS" logo.
3. Clear and legible signs shall be displayed advising patrons who appear to be under 25 years of age that they shall be required to prove they are at least 18 years of age
4. A refusals book shall be kept on the premises and used to record all refusals of sales of alcohol. The refusals book shall be made available to Police or Licensing Authority officers upon request
5. The Licensee shall ensure that all staff are adequately trained on the operation of the "Challenge 25" scheme and other relevant matters pertaining to licensing
6. Written staff training records for all staff engaged in the sale of alcohol shall be maintained by the licensee and retained on the premises.
7. A written incident record shall be maintained at the premises to record all incidents in respect to crime and disorder. The incident record shall be available to Police upon request
8. The Licensee shall install and maintain an efficient closed circuit television (CCTV) surveillance system
9. CCTV footage shall be made available within 48 hours of being requested by a Police or Licensing Officer.
10. The Licensee shall ensure that images recorded by the CCTV are retained for a minimum of 30 days.
11. A suitably worded sign of sufficient size and clarity shall be displayed at the entrance to the premises, and in the alcohol display area, advising patrons that CCTV is operating within the premises.
12. Commercial rubbish bins shall not be used or emptied between 20.00 hours and 09.00 hours the following day

b) The prevention of crime and disorder

Please see section P (a) above

c) Public safety

Please see section P (a) above

d) The prevention of public nuisance

Please see section P (a) above

e) The protection of children from harm

Please see section P (a) above


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 |  |
| Date | 16 th June 2012. |
| Capacity | Licensing Consultant, on behalf of the applicant |

For joint applications signature of 2nd applicant or 2nd 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)

Mr P West,
21st Century Licensing Ltd
Century House
125 Bishopsteignton

| | | | |
|--|-----------------|-----------|---------|
| Post town | Southend-on-Sea | Post code | SS3 8BQ |
| Telephone number (if any) | 07502 121 887 | | |
| If you would prefer us to correspond with you by e-mail your e-mail address (optional) | | | |



-  Dry Powder Extinguisher
-  Co2 Extinguisher
-  Smoke Alarm
-  CCTV Camera
-  Licensed Area

Emergency lighting is provided by means of a hand held lantern



Glazed Shop Front Protected by Roller Shutters

77-79
Wennington Road

Drawing Number PW003 Rev. A
Date: 23rd March 2012
Scale 1:100
Drawn cpa

21st Century Licensing
Century House
125, Bishopsteignton
Shoeburyness
Essex SS3 8BQ

Family Supermarket for
Mr Tarsame Singh
77-79, Wennington Road
Rainham
Essex RM13 9TH

Consent of individual to being specified as premises supervisor

Anil DEVKARAN

[full name of prospective premises supervisor]

of

7, The Ridgeway,
Harold Wood,
Romford,
RM8 0DS

[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

Tarsame SINGH

[name of applicant]

relating to a premises licence

[number of existing licence, if any]

for

Rainham P.O.Stores.
77-79, Wennington Road,
Rainham,
Essex.
RM13 9TH

[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

Anil DEVKARAN

[name of applicant]

concerning the supply of alcohol at

Rainham P.O.Stores.

77-79, Wennington Road,

Rainham,

Essex.

RM13 9TH

[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

008801

[insert personal licence number, if any]

Personal licence issuing authority

London Borough of Havering. Romford, RM1 3SL 01708 432777

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

Signed



Name (please print)

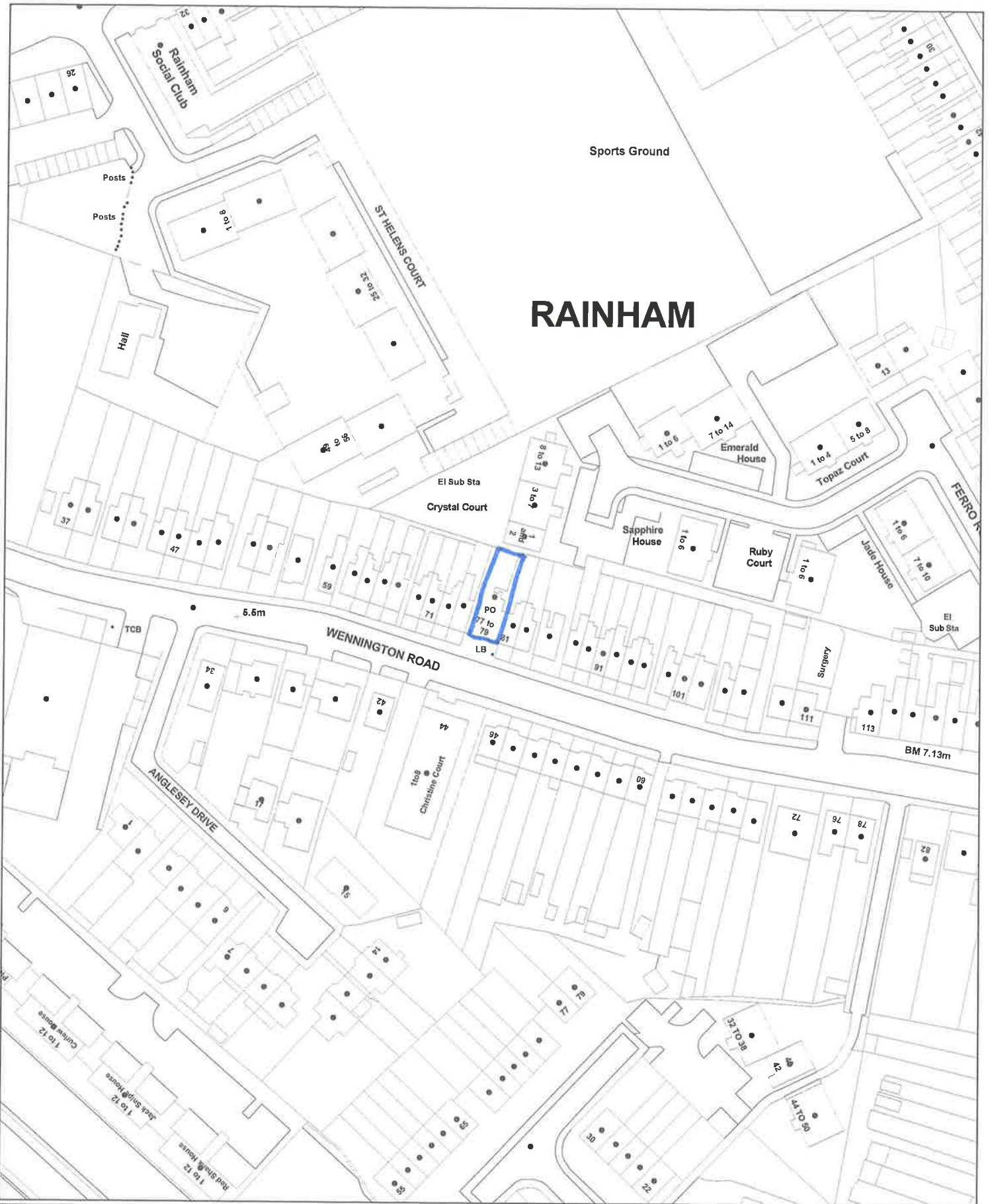
ANIL DEVKARAN.

Date

7/6/12

Licensing Sub-Committee

Appendix 2 - Map of local area

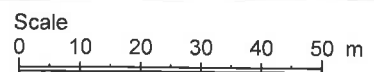


Rainham Post Office

Map Reference: TQ5282SW



Scale @ A4 1:1250
Date: 21/06/2012



London Borough of Havering
Town Hall, Main Road
Romford, RM1 3BD
Tel: 01708 434343

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100024327

F.A.O.

P.C.118KD David Fern.
Police Licensing Officer.

17th July 2012.

Proposed conditions re Rainham Post office application,

20% of the floor space of the trading area to be allocated for the sale and display of alcohol.

All spirits to be stored and displayed for sale behind the shop counter.

A properly specified and fully operational CCTV system shall be installed or the existing system maintained to a satisfactory standard. The system will incorporate a camera covering each of the entrance doors and be capable of providing an image which is regarded as 'identification standard' of all persons entering and/or leaving the premises. All other areas of risk identified in the Operational Requirement shall have coverage appropriate to the risk.

The installation or upgrading of any CCTV system shall comply with current best practice.

To obtain a clear head and shoulders image of every person entering the premises on the CCTV system, persons entering the premises should be asked to remove headwear, unless worn as part of religious observance.

The CCTV system shall incorporate a recording facility and all recordings shall be securely stored for a minimum of one calendar month. A system shall be in place to maintain the quality of the recorded image and a complete audit trail maintained. The system will comply with other essential legislation, and all signs as required will be clearly displayed. The system will be maintained and fully operational throughout the hours that the premises are open for any licensable activity.

The C.C.T.V. system to be installed before the sale of alcohol.