

**Application for a premises licence to be granted
under the Licensing Act 2003**

PLEASE READ THE FOLLOWING INSTRUCTIONS FIRST

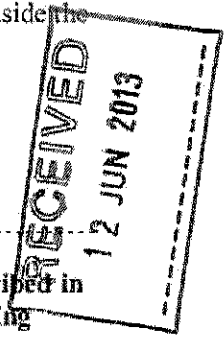
Before completing this form please read the guidance notes at the end of the form. If you are completing this form by hand please write legibly in block capitals. In all cases ensure that your answers are inside the boxes and written in black ink. Use additional sheets if necessary.

You may wish to keep a copy of the completed form for your records.

I **Mrs Sarminder Sooch**

(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 Life Styles Express 17 Flyford Close Lodge Park Redditch			
Post town	Worcester	Postcode	B98 7LU

Telephone number at premises (if any)	
Non-domestic rateable value of premises	£6800.00

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 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 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:**

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 type="checkbox"/>	Mrs <input checked="" type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
Surname Sooch		First names Sarminder			
I am 18 years old or over					<input checked="" type="checkbox"/> Please tick yes
Current postal address if different from premises address		[REDACTED] Hall Green			
Post town				Postcode	[REDACTED]
Daytime contact telephone number					
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?

DD	MM	YYYY
1	5	072013

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)
CONVENIENCE STORE & OFF LICENCE

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

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 any 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

A

Plays Standard days and timings (please read guidance note 6)	Will the performance of a play take place indoors or outdoors or both - please tick (please read guidance note 2)	Indoors <input type="checkbox"/>
		Outdoors <input type="checkbox"/>
		Both <input type="checkbox"/>
Day Start Finish	Please give further details here (please read guidance note 3)	
Mon		
Tue		
Wed	State any seasonal variations for performing plays (please read guidance note 4)	
Thu		
Fri	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)	
Sat		
Sun		

B

Films Standard days and timings (please read guidance note 6)	Will the exhibition of films take place indoors or outdoors or both - please tick (please read guidance note 2)	Indoors <input type="checkbox"/>
		Outdoors <input type="checkbox"/>
		Both <input type="checkbox"/>
Day Start Finish	Please give further details here (please read guidance note 3)	
Mon		
Tue		
Wed	State any seasonal variations for the exhibition of films (please read guidance note 4)	
Thu		
Fri	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)	
Sat		
Sun		

5

N/A

6

C

Indoor sporting events Standard days and timings (please read guidance note 6)	Will the boxing or wrestling entertainment take place indoors or outdoors or both - please tick (please read guidance note 2)	Indoors <input type="checkbox"/>
		Outdoors <input type="checkbox"/>
		Both <input type="checkbox"/>
Day Start Finish	Please give further details here (please read guidance note 3)	
Mon		
Tue		
Wed	State any seasonal variations for indoor sporting events (please read guidance note 4)	
Thu		
Fri	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)	
Sat		
Sun		

D

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

7

8

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 (please read guidance note 2)		Indoors <input type="checkbox"/>	Outdoors <input type="checkbox"/>	Both <input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 3)				
Mon			State any seasonal variations for the performance of live music (please read guidance note 4)				
Tue							
Wed							
Thu							
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 (please read guidance note 2)		Indoors <input type="checkbox"/>	Outdoors <input type="checkbox"/>	Both <input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 3)				
Mon			State any seasonal variations for the playing of recorded music (please read guidance note 4)				
Tue							
Wed							
Thu							
Fri			Non standard timings. Where you intend to use the premises for the playing of recorded music at different times to those listed in the column on the left, please list (please read guidance note 5)				
Sat							
Sun							

N/A

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 (please read guidance note 2)		Indoors <input type="checkbox"/>	Outdoors <input type="checkbox"/>	Both <input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 3)				
Mon			State any seasonal variations for the performance of dance (please read guidance note 4)				
Tue							
Wed							
Thu							
Fri			Non standard timings. Where you intend to use the premises for the performance of dance at different times to those listed in the column on the left, please list (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 (please read guidance note 2)		Indoors <input type="checkbox"/>	Outdoors <input type="checkbox"/>	Both <input type="checkbox"/>
Mon			Please give further details here (please read guidance note 3)				
Tue			State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g) (please read guidance note 4)				
Wed							
Thu							
Fri							
Sat			Non standard timings. Where you intend to use the premises for the entertainment of a 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							
Sun							

I

Late night refreshment 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 (please read guidance note 2)		Indoors	<input type="checkbox"/>
					Outdoors	<input type="checkbox"/>
					Both	<input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 3)			
Mon						
Tue						
Wed			State any seasonal variations for the provision of late night refreshment (please read guidance note 4)			
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						

J

Supply of alcohol Standard days and timings (please read guidance note 6)			Will the supply of alcohol be for consumption – <u>please tick</u> (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	08.00	21.00			
Tue	08.00	21.00			
Wed	08.00	21.00			
Thur	08.00	21.00			
Fri	08.00	21.00			
Sat	08.00	21.00			
Sun	08.00	21.00			
			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 designated premises supervisor:

Name	Mrs Sarminder Sooch
Address	[REDACTED] Hall Green
Postcode	[REDACTED]
Personal licence number (if known)	1765
Issuing licensing authority (if known)	BIRMINGHAM CITY COUNCIL

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 8).

N / A

L

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	08.00		
		21.00	
Tue	08.00		
		21.00	
Wed	08.00		
		21.00	
Thur	08.00		
		21.00	
Fri	08.00		
		21.00	
Sat	08.00		
		21.00	
Sun	08.00		
		21.00	

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)

M

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 9)

- The premises will be managed and controlled by a responsible person at all time.
- The Designated Premises Supervisor will be on the premises or contactable during the operating hours.
- Premises will be managed by minimum of three member of staff at all time.

b) The prevention of crime and disorder

- Police will be reported for any incidents of a criminal nature.
- A comprehensive Internal & External CCTV will be installed and the recordings (including night vision cameras) will be kept for minimum of 90 days. Also these recordings will be available for any responsible authorities.
- A security alarm system will be installed & maintained.

c) Public safety

- Fire safety equipments are installed and will be maintained on the premises.
- The Emergency Exit will be kept free from obstructions at all time.
- Staff will be fully trained in alcohol sales and fire safety/evacuation procedures.

d) The prevention of public nuisance

- Adequate bins will be available for customers to dispose of their litter.
- Signs will be displayed requesting customers to have regard for local residents when leaving the premises.
- Staff will not serve alcohol to known (if any) street drinkers.

e) The protection of children from harm

- The Challenge 21 Policy will be strictly followed and the relevant signs will be on display.
- A register of refusal of sales will be kept and maintained on the premises.
- Sprits will be located behind the counter area.
- Staff will be mindful of situations where adults may be purchasing alcohol for children by monitoring the area surrounding the premises and being vigilant at school/college closing times.
- All staff will be trained in their responsibilities under the Licensing Act 2003 and other relevant legislation relating to age restricted products.

Checklist:


Please tick to indicate agreement

- 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 designated 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 SUMMARY CONVICTION TO A FINE NOT EXCEEDING 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	Authorised Agent
Capacity	06/06/2013

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 Naga Rajesh
 Preradic Ltd


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

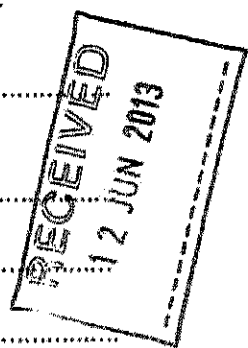
Consent of individual to being specified as premises supervisor

I SARMINDER SOOCH
[full name of prospective premises supervisor]

of [REDACTED] FT

HALL GREEN

[REDACTED]
[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

NEW PREMISES LICENCE [type of application]

by SARMINDER SOOCH [name of applicant]

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

for LIFE STYLES EXPRESS

17 FLYFORD CLOSE

LODGE PARK, REDDITCH, B98 7LU
[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 SARMINDER SOOCH [name of applicant]

concerning the supply of alcohol at LIFE STYLES EXPRESS

17 FLYFORD CLOSE

LODGE PARK, B98 7LU
[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.

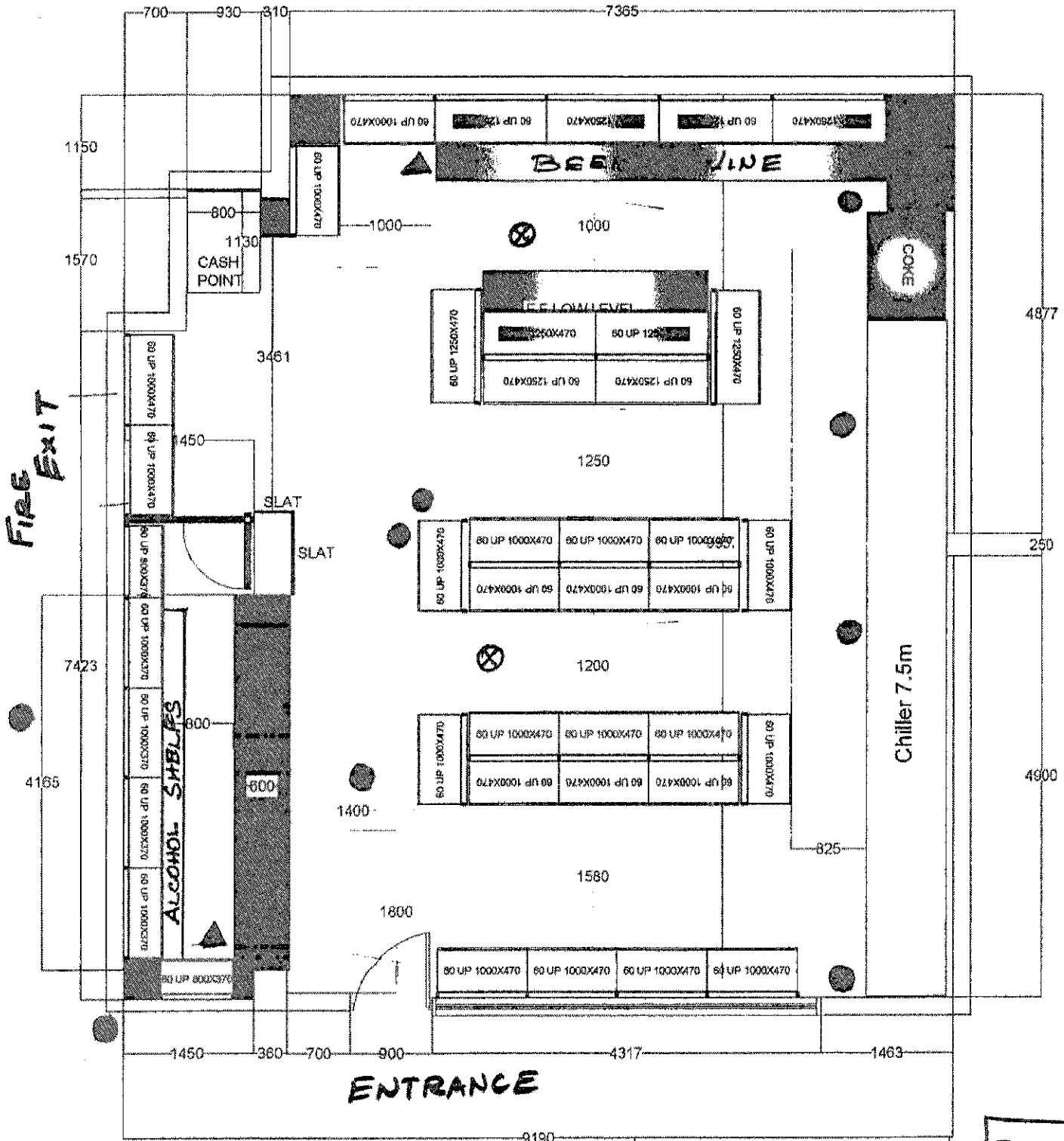
Personal licence number 1765
[insert personal licence number, if any]

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

ASOOCH signed

SARMINDER SOOCH name (please print)

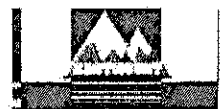
02/06/2013 dated



LIFE STYLES EXPRESS
 17 FLYFORD CLOSE
 LODGE PARK
 REDDITCH, B98 7LU

DAL
 REV1b
 SCALE 1:50 @ A3
 Area 915m Approx

Eastmount Building & Shopfitting Services Ltd
 856, Chester Rd,
 Erdington,
 Birmingham,
 West Midlands
 B23 6TE



RECEIVED
 12 JUN 2013

- CCTV
- ▲ FIRE EXTINGUISHERS
- ⊗ SMOKE ALARM

