

# Premises licence application NNC

PL610713514 | 2024-05-01 10:41:47

Do you agree with the data protection agreement?: I agree

Type of application: Premises licence

Premises trading name: RUTLAND CONVENIENCE STORE

Does the premises have a postcode?: Yes

Premises address:

Do you wish to manually enter the address?	House name or number	Street name	Town	Postcode
Yes	2	RUTLAND STREET	KETTERING	NN16 8NX

Is the premises address within North Northamptonshire?: Yes

Premises telephone number: [REDACTED]

Non-domestic rateable value of premises: 3800

Property band: Band A (0-£4,300.00)

Is your primary function the sale of alcohol?: No

Please state who you are applying for a premises licence as: A person other than an individual

Please specify: As a limited company/limited liability partnership/statutory corporation

Please specify why you are completing this form: I am carrying on or proposing to carry on a business which involves the use of the premises for licensable activities

Name of the company or partnership: TASICO LIMITED

Address of the company or partnership:

Do you wish to manually enter the address?	Address line 1	Address line 2	Address line 3	Postcode
Yes	27	DICKENS ROAD		ME14 2QW

Applicant or Organisation description: PRIVATE LIMITED COMPANY BY SHARES

Registered number: 15632527

Applicant or Organisation telephone number: [REDACTED]

Applicant or Organisation email address: [REDACTED]

**Do you want the premises licence to start as soon as possible?:**Yes

**Do you want the licence to be valid only for a limited period?:**No

**Give a general description of the premises:**CONVENIENCE STORE

**Please select range of the number people expected to attend the premises at any one time?:**  
Less than 5000

**What licensable activities do you intend to carry on from the premises:**Supply of Alcohol

**Are there 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?:** No

**Will the supply of alcohol be of consumption on premises, off the premises or both?:**Off the premises

**Please give any additional relevant information for the activity:**SALE BY RETAIL FOR CONSUMPTION OFF THE PREMISES

**What days will your activity take place?:**Monday, Tuesday, Wednesday, Thursday, Friday, Saturday, Sunday

**Monday - Start and end times:**

Start time	End time
08:00	23:00

**Tuesday - Start and end times:**

Start time	End time
08:00	23:00

**Wednesday - Start and end times:**

Start time	End time
08:00	23:00

**Thursday - Start and end times:**

Start time	End time
08:00	23:00

**Friday - Start and end times:**

Start time	End time
08:00	00:00

**Saturday - Start and end times:**

Start time	End time
08:00	00:00

**Sunday - Start and end times:**

Start time	End time
08:00	23:00

**State any seasonal variations for supply of alcohol (where additional days to the standard days are required for a short period for example during summer months):** NONE

**Please state any non-standard timing where you intend to use the premises for supply of alcohol at different times to those listed (where you wish the activity to go on longer than the standard hours for a particular day or days e.g. Christmas Eve) :** CHRISTMAS EVE 06:00 TO 00:00  
NEW YEARS EVE 06:00 TO 00:00

**Designated premises supervisor first name:** MARKANDU

**Designated premises supervisor last name:** VIGNESWARAN

**Date of birth:** [REDACTED]

**Address:**

Do you wish to manually enter the address?	Address line 1	Address line 2	Address line 3	Postcode
Yes	[REDACTED] DICKENS ROAD	MAIDSTONE		ME14 2QW

**Personal licence number:** 201000442

**Issuing licensing authority:** THANET DISTRICT COUNCIL

**Please select if you want to upload a Designated premises supervisor (DPS) form that has already been provided to you by the proposed DPS or if you wish to provide the case reference number they have provided for our consent form that they have completed online? :** Provide case reference number for the form completed online

**Case reference number for the form completed online:**PSC609313006

**Please confirm that you understand the consent form must be submitted by the prospective Designated Premises Supervisor in order for the application to be deemed complete.:** I confirm

**What days will your premises be open to the public?:**Monday, Tuesday, Wednesday, Thursday, Friday, Saturday, Sunday

**Monday - Start and end times:**

Start time	End time
06:00	00:00

**Tuesday - Start and end times:**

Start time	End time
06:00	00:00

**Wednesday - Start and end times:**

Start time	End time
06:00	00:00

**Thursday - Start and end times:**

Start time	End time
06:00	00:00

**Friday - Start and end times:**

Start time	End time
06:00	00:00

**Saturday - Start and end times:**

Start time	End time
06:00	00:00

**Sunday - Start and end times:**

Start time	End time
06:00	00:00

**Describe the steps you intend to take to promote all four licensing objectives:**We will train and supervise staff

We will adopt to best practices

We will effectively and responsibly manage the premises.

We will conduct risk assessments.

Provision of effective CCTV

Install external lighting.

Conduct fire risk assessments.

Install emergency lighting.

Install smoke / fire detectors.

Install firefighting equipment.

Staff will be trained for the protection of children from harm.

Staff will have appropriate training in determining the age of customer.

Acceptance of "proof of age cards / photo driving licences"

We will display Age restriction notices in place.

We will maintain sales refusal registers

We will maintain age verification registers.

**Describe the steps you intend to take to promote the prevention of crime and disorder:**

We will train and supervise staff

We will adopt to best practices

We will effectively and responsibly manage the premises.

Provision of effective CCTV

Monitor and control opening hours.

Adopt to best practices

Position of External Lighting.

Collection and disposal of litter.

**Describe the steps you intend to take to promote public safety:** We will conduct risk assessments.

Provide training and supervision to staff

Adopt to best practices

Provision of effective CCTV

Install external lighting.

**Describe the steps you intend to take to promote the prevention of public nuisance:**

Provision of effective CCTV

Monitor and control opening hours.

Adopt to best practices

Position of External Lighting.

Collection and disposal of litter.

**Describe the steps you intend to take to promote the protection of children from harm:** Staff will be trained for the protection of children from harm.

Staff will have appropriate training in determining the age of customer.

Adoption of best practice guidance.

Acceptance of "proof of age cards / photo driving licenses"

Age restriction notices in place.

**Please upload the premises plan:** RUTLAND SHOP FLOOR PLAN.pdf

**Correspondence first name:** MARKANDU

**Correspondence last name:** VIGNESWARAN

**Correspondence postal address:**

Do you wish to manually enter the address?	Address line 1	Address line 2	Address line 3	Postcode
Yes	■ DICKENS ROAD	MAIDSTONE		ME14 2QW

**Email address:** [REDACTED]

**Telephone number:** [REDACTED]

**I confirm I have checked my application prior to submission and confirm the timings and activities that I have requested are those intended : I confirm**

**I understand that this application and supporting documents will be sent to the responsible authorities and a redacted version will be published on the council's website : I understand**

**I understand that I must advertise my application and I understand that if I do not comply with all requirements my application will be rejected: I understand**

**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: I understand**

**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: I understand**

**I/We apply for a premises licence under section 17 of the Licensing Act 2003 for the premises described in this application and I/we are making this application to you as the relevant licensing authority in accordance with section 12 of the Licensing Act 2003 : I declare**

**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, or have conducted an online right to work check using the Home Office online right to work checking service which confirmed their right to work: I declare**

**Name:** MARKANDU VIGNESWARAN

**Capacity:** DIRECTOR

**Second applicant name:**

**Second applicant capacity:**

**Date :** 2024-05-01

**Total amount to pay today:** 100.00

**PrepaymentTimeStamp:** 01/05/2024 11:41:08

**Transaction status:** successful

**PostpaymentTimeStamp:** 01/05/2024 11:41:41

**transaction\_reference:** 770043773