

# Premises licence application NNC

PL642548039 | 2024-08-30 11:35:10

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

Type of application: Premises licence

Premises trading name: Euro Food Centre

Does the premises have a postcode?: Yes

Premises address:

Do you wish to manually enter the address?	Postcode	Address	House name or number	Street name	Town	Postcode
No	nn8 1ha	Copper Violet Ltd, 1 Midland Road	Copper Violet Ltd	1 Midland Road	Wellingborough	NN8 1HA

Premises telephone number: [REDACTED]

Non-domestic rateable value of premises: 20999

Property band: Band B (£4,301.00 to £33,000.00)

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 organisation: Euro Wllingborough Ltd

Address of the organisation:

Do you wish to manually enter the address?	Address line 1	Address line 2	Address line 3	Postcode
Yes	1 Midland Road	Wellingborough	Wellingborough	NN8 1HA

Applicant or organisation description: Limited private company

Registered number: 15878382

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:**Main road premises trading as a Convenience Store with a range of products catering for family shopping.

There will be 2 full time and 3 part time staff. All members of staff are trained and are aware of their personal responsibilities with regards to sales of alcohol. Challenge 25 Notices are to be displayed with "valid proof of age required" message and a refusal of service book will be in operation.

Security is provided by 12 high resolution cctv cameras, visible monitor and recording system.

**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:**

**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	00:00

**Tuesday - Start and end times:**

Start time	End time
08:00	00:00

**Wednesday - Start and end times:**

Start time	End time
08:00	00:00

**Thursday - Start and end times:**

Start time	End time
08:00	00:00

**Friday - Start and end times:**

Start time	End time
08:00	02:00

**Saturday - Start and end times:**

Start time	End time
08:00	02:00

**Sunday - Start and end times:**

Start time	End time
08:00	00:00

**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):**

**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) :**

**Designated premises supervisor first name:** Diyar

**Designated premises supervisor last name:** Fariq

**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]	Welling		DA16 1DE

**Personal licence number:** 23/03362/lapr

**Issuing licensing authority:** Bexley

**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? :** Upload signed consent form

**Please upload Designated Premises Supervisor consent form:** DPS consent-of-individual-to-being-specified-as-premises-supervisor.odt

**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
08:00	00:00

**Tuesday - Start and end times:**

Start time	End time
08:00	00:00

**Wednesday - Start and end times:**

Start time	End time
08:00	00:00

**Thursday - Start and end times:**

Start time	End time
08:00	00:00

**Friday - Start and end times:**

Start time	End time
08:00	02:00

**Saturday - Start and end times:**

Start time	End time
08:00	02:00

**Sunday - Start and end times:**

Start time	End time
08:00	00:00

**State any seasonal variations for opening times (where additional days to the standard days are required for a short period for example during summer months): .**

**Please state any non-standard timing where you intend to open the premises 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) : .**

**Describe the steps you intend to take to promote all four licensing objectives:**Nothing beyond existing Health and Safety/Fire Safety requirements and the existing rules, regulations and responsibilities of a Licensee. The premises will promote the licensing objectives in accordance with Section 182 guidance.

All members of staff will be formally trained in their roles and responsibilities

**Describe the steps you intend to take to promote the prevention of crime and disorder:**A 12 camera multiplex CCTV system will be in operation with visible monitor and due warning signs

displayed to the public of its use within the premises. One interior camera is positioned to focus on the entrance and exit doorways to help with the prevention and detection of crime and help with the protection of customers' and staff safety. Recording data will be timed, dated and have a minimum 31 days records. The Police and Local Authority Officers may have access to the system at any reasonable time and downloadable recordings on request. A refusal register is to be kept to record any incidents.

**Describe the steps you intend to take to promote public safety:** Fire safety equipment includes alarms, 4 fire extinguishers which are regularly maintained.

All electrical equipment is safety checked (PAT tested). Fire exit signs are displayed and the staff instructed in the use of fire extinguishers and emergency evacuation procedures. A suitable Fire Risk Assessment will be completed. Staff will be instructed not to sell to customers who they consider to be under the influence of alcohol or drugs. Staff will be trained to monitor the behaviour of the public within the premises and immediately outside to ensure public safety.

**Describe the steps you intend to take to promote the prevention of public nuisance:** A waste bin is provided. The front pavement is swept daily or more frequently if littered. Notices displayed requesting customers to leave the premises as quietly as possible

**Describe the steps you intend to take to promote the protection of children from harm:** A maximum of 3 unaccompanied children are allowed in the shop at any one time.

Challenge 25 and "Pass" approved Notices displayed requesting valid proof of age for any age restricted products. "No I.D - No Sale". All staff are trained to serve alcohol and age sensitive products under the guidance of the DPS. A till prompt will be implemented to check details.

**Please upload the premises plan:** Plan.jpg

**Correspondence first name:** Tony

**Correspondence last name:** Close

**Correspondence postal address:**

Do you wish to manually enter the address?	Address line 1	Address line 2	Address line 3	Postcode
Yes	[REDACTED]	East Leake	Leics	LE12 6LL

**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:** Anthony Close - AC Consultancy

**Capacity:** Proprietor

**Second applicant name:**

**Second applicant capacity:**

**Date :** 2024-08-30

**Total amount to pay today:** 190.00

**PrepaymentTimeStamp:** 30/08/2024 13:27:50

**Transaction status:** successful

**PostpaymentTimeStamp:** 30/08/2024 13:28:56

**transaction\_reference:** 770080505