

Premises licence application NNC

PL658646922 | 2024-10-30 18:25:30

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

Type of application: Premises licence

Premises trading name: Shop Locally LTD

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	NN168EW	92 Field Street	92	Field Street	Kettering	NN16 8EW

Premises telephone number: 07957757182

Non-domestic rateable value of premises: 10000

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

Is your primary function the sale of alcohol?: Yes

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: shop locally ltd

Address of the organisation:

Do you wish to manually enter the address?	Postcode	Address	Address line 1	Address line 2	Address line 3	Postcode
No	NN168EW	92 Field Street	92 Field Street		Kettering	NN16 8EW

Applicant or organisation description: the director of the company applying for the need of the documents from previous owner

Registered number:

Applicant or organisation telephone number: 07957757182

Applicant or organisation email address: shoplocallyltd@outlook.com

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:corner shop

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?:On the premises

Please give any additional relevant information for the activity:selling normal product to local customers

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

Monday - Start and end times:

Start time	End time
06:00	21:00

Tuesday - Start and end times:

Start time	End time
06:00	21:00

Wednesday - Start and end times:

Start time	End time
06:00	21:00

Thursday - Start and end times:

Start time	End time
06:00	21:00

Friday - Start and end times:

Start time	End time
06:00	22:00

Saturday - Start and end times:

Start time	End time
06:00	22:00

Sunday - Start and end times:

Start time	End time
08:00	20:00

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: ravinder

Designated premises supervisor last name: sondhi

Date of birth: 2002-10-15

Address:

Do you wish to manually enter the address?	Postcode	Address	Address line 1	Address line 2	Address line 3	Postcode
No	NN169en	33 Carriage Drive	33 Carriage Drive		Kettering	NN16 9EN

Personal licence number: 24/01548/LAPERDS

Issuing licensing authority:

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: Schedule_15_-_6_3_17_Consent_of_individual_to_being_specified_as_premises_supervisor.doc

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	21:00
06:00	21:00
06:00	21:00

Tuesday - Start and end times:

Start time	End time
06:00	21:00

Wednesday - Start and end times:

Start time	End time
06:00	21:00

Thursday - Start and end times:

Start time	End time
06:00	21:00

Friday - Start and end times:

Start time	End time
06:00	22:00

Saturday - Start and end times:

Start time	End time
06:00	22:00

Sunday - Start and end times:

Start time	End time
08:00	20:00

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:check dates
check the product \
if the id must be checked for alcohol or tobacco we do so

Describe the steps you intend to take to promote the prevention of crime and disorder:
posters for u18

Describe the steps you intend to take to promote public safety:if the floor is wt we intend to put the barrier

Describe the steps you intend to take to promote the prevention of public nuisance:speak with the customers

Describe the steps you intend to take to promote the protection of children from harm: make sure they safe around the store

Please upload the premises plan: Designated_premises_supervisor_variation_form.doc

Correspondence first name: jasvir

Correspondence last name: sondhi

Correspondence postal address:

Do you wish to manually enter the address?	Postcode	Address	Address line 1	Address line 2	Address line 3	Postcode
No	NN169en	33 Carriage Drive	33 Carriage Drive		Kettering	NN16 9EN

Email address: ravindersondhy@icloud.com

Telephone number: 07475441793

Please enter an email address here if you would prefer to receive invoices by email :

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: Ravinder sondhi

Capacity: yes

Second applicant name:

Second applicant capacity:

Date : 2024-10-30

Total amount to pay today: 190.00

PrepaymentTimeStamp: 30/10/2024 18:22:04

Transaction status: successful

PostpaymentTimeStamp: 30/10/2024 18:25:20

transaction_reference: 770093198