

- 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 (by ticking yes to one box below):

I am carrying on or proposing to carry on a business which involves the use of the premises for licensable activities; **X** 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.		Other Title (for example, Rev)	
Surname SAVESCU		First names ALEXANDRU	
Date of birth 14/10/1986		I am 18 years old or over YES	
Nationality ROMANIAN			
Current residential address if different from premises address			
Post town		Postcode	
Daytime contact telephone number			
E-mail address (optional)			
Where applicable (if demonstrating a right to work via the Home Office online right to work checking service), the 9-digit 'share code' provided to the applicant by that service (please see note 15 for information)			

SECOND INDIVIDUAL APPLICANT (if applicable)

		Other Title (for example, Rev)	
Surname		First names	
Date of birth		I am 18 years old or over	

Nationality			
Where applicable (if demonstrating a right to work via the Home Office online right to work checking service), the 9-digit 'share code' provided to the applicant by that service: (please see note 15 for information)			
Current residential 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?

10/06/2020

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

Please give a general description of the premises (please read guidance note 1)
GROCERY SHOP

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 and Schedules 1 and 2 to the Licensing Act 2003)

Provision of regulated entertainment (please read guidance note 2)

Please tick all 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)

X

In all cases complete boxes K, L and M

A

Plays Standard days and timings (please read guidance note 7)	<u>Will the performance of a play take place indoors or outdoors or both – please tick</u> (please read guidance note 3)	Indoors	
		Outdoors	

Day	Start	Finish		Both
Mon			Please give further details here (please read guidance note 4)	
Tue				
Wed			State any seasonal variations for performing plays (please read guidance note 5)	
Thur				
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 6)	
Sat				
Sun				

B

Films Standard days and timings (please read guidance note 7)			Will the exhibition of films take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors
Day	Start	Finish		Outdoors
				Both
Mon			Please give further details here (please read guidance note 4)	
Tue				
Wed			State any seasonal variations for the exhibition of films (please read guidance note 5)	
Thur				
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 6)	
Sat				
Sun				

C

Indoor sporting events Standard days and timings (please read guidance note 7)			<u>Please give further details</u> (please read guidance note 4)
Day	Start	Finish	
Mon			<u>State any seasonal variations for indoor sporting events</u> (please read guidance note 5)
Tue			
Wed			
Thur			<u>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</u> (please read guidance note 6)
Fri			
Sat			
Sun			

D

Boxing or wrestling entertainments Standard days and timings (please read guidance note 7)			<u>Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick</u> (please read guidance note 3)	Indoors	
Day	Start	Finish		Outdoors	
Mon			<u>Please give further details here</u> (please read guidance note 4)	Both	
Tue					
Wed					
Thur			<u>State any seasonal variations for boxing or wrestling entertainment</u> (please read guidance note 5)		
Fri					
Sat					
Sun					
			<u>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</u> (please read guidance note 6)		

E

Live music Standard days and timings (please read guidance note 7)			Will the performance of live music take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors		
Day	Start	Finish		Outdoors		
Mon	-----	-----		Please give further details here (please read guidance note 4)	Both	
Tue	-----	-----				
Wed	-----	-----	State any seasonal variations for the performance of live music (please read guidance note 5)			
Thur	-----	-----				
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 6)			
Sat	-----	-----				
Sun	-----	-----				

F

Recorded music Standard days and timings (please read guidance note 7)			Will the playing of recorded music take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors		
Day	Start	Finish		Outdoors		
Mon	-----	-----		Please give further details here (please read guidance note 4)	Both	
Tue	-----	-----				
Wed	-----	-----	State any seasonal variations for the playing of recorded music (please read guidance note 5)			
Thur	-----	-----				
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 6)			
Sat	-----	-----				
Sun	-----	-----				

G

Performances of dance Standard days and timings (please read guidance note 7)			Will the performance of dance take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors	
				Outdoors	
				Both	
Day	Start	Finish			
Mon			Please give further details here (please read guidance note 4)		
Tue					
Wed			State any seasonal variations for the performance of dance (please read guidance note 5)		
Thur					
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 6)		
Sat					
Sun					

H

Anything of a similar description to that falling within (e), (f) or (g) Standard days and timings (please read guidance note 7)			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 3)	Indoors	
Mon				Outdoors	
			Please give further details here (please read guidance note 4)		
Tue					
Wed					
Thur			State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g) (please read guidance note 5)		
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 6)
Sun			

I

Late night refreshment Standard days and timings (please read guidance note 7)			Will the provision of late night refreshment take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors	
				Outdoors	
				Both	
Day	Start	Finish	Please give further details here (please read guidance note 4)		
Mon					
Tue					
Wed			State any seasonal variations for the provision of late night refreshment (please read guidance note 5)		
Thur					
Fri			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 6)		
Sat					
Sun					

J

Supply of alcohol Standard days and timings (please read guidance note 7)			Will the supply of alcohol be for consumption – please tick (please read guidance note 8)	On the premises	
				Off the premises	X
Day	Start	Finish	State any seasonal variations for the supply of alcohol (please read guidance note 5)		
Mon	10:00	20:00			
Tue	10:00	20:00			
Wed	10:00	20:00	NO VARIATIONS		

Thur	10:00	20:00	<p><u>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</u> (please read guidance note 6)</p> <p>THE SHOP WILL ALWAYS BE CLOSED ON THE 25TH AND 26TH OF DECEMBER AND ALSO ON THE 1ST AND 2ND OF JANUARY</p>
Fri	10:00	20:00	
Sat	10:00	20:00	
Sun	10:00	16:00	

State the name and details of the individual whom you wish to specify on the licence as designated premises supervisor (Please see declaration about the entitlement to work in the checklist at the end of the form):

Name Mrs. MANUELA FERDES	
Date of birth 17/08/1987	
Address	
Postcode	
Personal licence number (if known) 501/1494/3	20/02344/LAPE01
Issuing licensing authority (if known)	Gravesham Borough Council

K

<p>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 9).</p>

L

Hours premises are open to the public Standard days and timings (please read guidance note 7)			State any seasonal variations (please read guidance note 5) NO VARIATIONS
Day	Start	Finish	
Mon	10:00	20:00	
	-----	-----	
Tue	10:00	20:00	
	-----	-----	
Wed	10:00	20:00	
	-----	-----	
Thur	10:00	20:00	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 6)
	-----	-----	
Fri	10:00	20:00	THE SHOP WILL ALWAYS BE CLOSED ON THE 25TH AND 26TH OF DECEMBER AND ALSO ON THE 1ST AND 2ND OF JANUARY
	-----	-----	
Sat	10:00	20:00	
	-----	-----	
Sun	10:00	16:00	
	-----	-----	

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 10)

BY THE INTENTIONS OF SELLING ALCOHOL IN MY PREMISE I INTEND TO APPLY ANY MEASURES THAT I CAN IN ORDER TO PREVENT CRIME AND DISORDER, TO KEEP OUR CUSTOMER SAFE, THE CHILDREN AND THE PUBLIC. I HAVE INSTALLED CLEAR CCTV CAMERAS IN THE SHOP AND ALL OUR STAFF WILL BE FULLY TRAINED.

b) The prevention of crime and disorder

I UNDERSTAND THE IMPORTANCE OF PREVENT ANY KIND OF CRIME AND DISORDER. BY SELLING THE ALCOHOL IN THE PREMISE I UNDERSTAND THE IMPORTANCE OF HOW THE ALCOHOL COULD AFFECT SOME PEOPLE. I INTEND TO TRAIN ALL THE STAFF ABOUT IT AND ALSO TO HAVE CLEAR RULES AS TO WHO CAN BUY AND WHO CAN'T. THERE WILL BE NO EXEMPTION TO SELL TO ANYONE THAT IS UNDERAGE, DRUNK, THAT HAS ANY KIND OF VIOLENT BEHAVIOUR. CCTV CAMERAS ARE INSTALLED IN THE SHOP.

c) Public safety

THE SELLING OF ALCOHOL WILL TAKE PLACE IN THE SHOP BUT THE CUSTOMERS ARE NOT ALLOWED TO CONSUME IT INSIDE. THE STAFF ONCE AGAIN WILL BE TRAINED IN DOING SO. THE SHOP IS A GROCERY/OFF LICENCE KIND OF SHOP SO THERE IS NO DRINKING IN ANY PARTS OF THE PREMISE.

d) The prevention of public nuisance

IN ORDER NOT TO DISTURB THE PUBLIC WE INTEND TO SELL ALCOHOL BUT THE CUSTOMERS CANT CONSUME IT THE PREMISE. THE STAFF WILL BE TRAINED THAT THEY ARE NOT ALLOWED TO SELL ALCOHOL ANYTIME BUT ONLY DURING HOUR OPERATING HOURS. WE HAVE CLEAR CCTV CAMERAS INSTALLED. WE UNDERSTAND THAT IN ORDER TO AVOID DISTURBING THE CUSTOMERS OR ANY OF THE PUBLIC FROM THE OUTSIDE IS VERY IMPORTANT TO HAVE CLEAR RULES THAT EVERYONE NEED TO NOW AND APPLY.

e) The protection of children from harm

I KNOW HOW IMPORTANT IS TO KEEP THE CHILDREN SAFE AND I INTEND TO TRAIN ALL THE STAFF ABOUT THE IMPORTANCE OF IT. THERE WILL BE NO SELLING ALCOHOL TO ANYONE THAT DOESN'T RESEBLE THE AGE TO CONSUME IT AND DON'T PROVIDE AN ID TO PROVE THEIR AGE.

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.

[Applicable to all individual applicants, including those in a partnership which is not a limited liability partnership, but not companies or limited liability partnerships] I have included documents demonstrating my entitlement to work in the United Kingdom or my share code issued by the Home Office online right to work checking service (please read note 15).

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.

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.

Part 4 – Signatures (please read guidance note 11)

Signature of applicant or applicant’s solicitor or other duly authorised agent (see guidance note 12). **If signing on behalf of the applicant, please state in what capacity.**

Declaration	<ul style="list-style-type: none">• [Applicable to individual applicants only, including those in a partnership which is not a limited liability partnership] I understand I am not entitled to be issued with a licence if I do not have the entitlement to live and work in the UK (or if I am subject to a condition preventing me from doing work relating to the carrying on of a licensable activity) and that my licence will become invalid if I cease to be entitled to live and work in the UK (please read guidance note 15).• 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 (please see note 15)
Signature	ALEXANDRU SAVESCU
Date	2020-05-11
Capacity	Applicant

For joint applications, signature of 2nd applicant or 2nd applicant’s solicitor or other authorised agent (please read guidance note 13). **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 14)			
60-61 new road GRAVESEND KENT DA11 0AD			
Post town	GRAVESEND	Postcode	DA11 0AD
Telephone number (if any)	/		
If you would prefer us to correspond with you by e-mail, your e-mail address (optional)			