



- 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;  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 sivakaran		First names Kunarathnam	
Date of birth		I am 18 years old or over YES	
Nationality British			
Current residential address if different from premises address		FLAT 11 MIDDLEHAM COURT OSBOURNE ROAD DARTFORD Kent DA2 6RR	
Post town	DARTFORD	Postcode	DA2 6RR
Daytime contact telephone number			
E-mail address (optional)	sivakaran07@live.co.uk		
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	

<b>Nationality</b>			
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	
<b>Daytime contact telephone number</b>			
<b>E-mail address (optional)</b>			

**(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?

20/02/2021

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)  
It's an off-licence and convenience store.

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**

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

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

## B

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

## C

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

## D

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

**E**

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

**F**

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

## G

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

## 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	<u>Will this entertainment take place indoors or outdoors or both – please tick</u> (please read guidance note 3)	Indoors	
Mon	-----	-----		Outdoors	
				Both	
Tue	-----	-----	<b><u>Please give further details here</u></b> (please read guidance note 4)		
Wed	-----	-----			
Thur	-----	-----			
Fri	-----	-----	<b><u>State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g)</u></b> (please read guidance note 5)		



Sat			<b>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</b> (please read guidance note 6)
Sun			

I

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

J

<b>Supply of alcohol</b> Standard days and timings (please read guidance note 7)			<b>Will the supply of alcohol be for consumption – please tick</b> (please read guidance note 8)	On the premises	
				Off the premises	X
				Both	
Day	Start	Finish	<b>State any seasonal variations for the supply of alcohol</b> (please read guidance note 5)  Normal opening hours.		
Mon	08:00	23:00			
Tue	08:00	23:00			
Wed	08:00	23:00			

Thur	08:00	23:00	<b>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</b> (please read guidance note 6)  Normal opening hours.
Fri	08:00	23:00	
Sat	08:00	23:00	
Sun	08:00	23:00	

**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):**

<b>Name</b> Mr. Kunarathnam Sivakaran	
<b>Date of birth</b>	
<b>Address</b> 11 FLAT 11 MIDDLEHAM COURT OSBOURNE ROAD DARTFORD Kent	
<b>Postcode</b>	DA26RR
<b>Personal licence number (if known)</b> -	
<b>Issuing licensing authority (if known)</b> London Borough of Redbridge	

**K**

<p><b>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</b> (please read guidance note 9).</p>
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**L**

<b>Hours premises are open to the public</b> Standard days and timings (please read guidance note 7)			<b>State any seasonal variations</b> (please read guidance note 5)  Normal opening hours.
Day	Start	Finish	<b>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</b> (please read guidance note 6)  Normal opening hours.
Mon	06:00	23:00	
Tue	06:00	23:00	
Wed	06:00	23:00	
Thur	06:00	23:00	
Fri	06:00	23:00	
Sat	06:00	23:00	
Sun	06:00	23:00	

## 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)

It is an off-licence and convenience store. It will be open to the general public. It will sell newspapers, food and beverage, and more. It will follow Gravesham council's Licensing policies as much as possible and to ensure the licensing objectives are met. Carry out assessments regularly and take necessary steps to achieve the licensing objectives, e.g. training staff, encourage sensible drinking display posters and maintain records etc.

**b) The prevention of crime and disorder**

CCTV systems that capture clear images of persons entering the premises, including points of sale shall be installed, operate and record video images at all times that the premises are open to the public.

All CCTV recordings made shall be retained for not less than 31 days and be made available to the police or and authorised officer of any responsible authority within one hour upon request.

A member of staff who is capable of operating the CCTV system shall be on the premises at all times that the premises are open to the public.

The CCTV system shall display on any recording the correct date and time of the recording.

Alcohol spirits shall only be displayed behind the sales counter. Other alcohol shall be displayed only in a position where it is visible from the sales counter.

No alcohol or tobacco products may be purchased from cold callers to the shop and a Notice shall be displayed to this effect.

At least one person holding a Personal Licence shall be on duty when alcohol is being sold.

All alcohol kept in the public part of the premises shall be kept in a manner so as to prevent access by customers outside of licensable hours.

An incident book shall be kept and maintained at the premises, which shall be made available to a police officer or an authorised officer within one hour of any request.

The incident book shall be used to record the date and time of any incident, the name of the staff member and a brief description of the customer concerned.

All incidences shall be recorded in the incident book within 24 hours and retained for a minimum of 12 months: e.g. refusal of sale of alcohol to any person who is under 18 years of age, or who appears to be under 25 years of age and fails to produce a proof of age ID; refusal of sale of alcohol to any person who is, or appears to be drunk; and incidents of violence by any person.

Management will regularly check incident book and ensure it is used appropriately.

### **c) Public safety**

Maintain strict hours of the operation. No late night activities.

Will not go beyond the nature of the licensing activity.

CCTV will be installed and maintained.

Will provide appropriate supervision instruction and training of the employees.

Maintain safety inspection and follow appropriate health and safety measures.

Please see 'The prevention of crime and disorder' and 'The protection of children from harm' section as the same steps are also relevant in this section.

### **d) The prevention of public nuisance**

A prominent notice shall be displayed at the exit from the premises requesting that customers leave quietly and respect the local area and residents.

Minimise the effect of littering, will provide litter bins both inside and directly outside premises.

Will keep the premises and surrounding clean and tidy.

A prominent sign shall be displayed at the premises requesting that customers dispose of their litter in the litterbins provided.

### **e) The protection of children from harm**

A "Challenge 25" policy scheme that ensures any person attempting to purchase alcohol who appears to be under the age of 25 shall provide documented proof that he or she is over 18 years of age shall operate at the premises.

Proof of age shall only comprise a passport, a photo card driving licence, an industry approved proof of age identity card or a Ministry of Defence identity card.

A prominent notice shall be displayed at the premises to show that we operate a "Challenge 25" proof of age scheme.

A prominent notice shall be displayed at all points of entry to the premises and at the serving area advising customers not to purchase alcohol for or on behalf of persons under 18 years of age.

All staff involved in the sale of alcohol shall be trained in the 'Challenge 25' policy. A record of this will be maintained and staff will be regularly trained on licensing objectives and the conditions of the premises Licence.

No sale of alcohol shall take place unless the proposed sale has first been entered into a till which automatically prompts the cashier to verify the age of the purchaser.

No alcohol shall be sold to children.

Alcohol shall be supplied for consumption off the premises other than in sealed containers.

#### 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.**

<b>Declaration</b>	<ul style="list-style-type: none"> <li>• [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).</li> <li>• 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)</li> </ul>
Signature	Kunarathnam sivakaran
Date	2021-01-16
Capacity	Applicant

**For joint applications, signature of 2<sup>nd</sup> applicant or 2<sup>nd</sup> 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)			
Post town		Postcode	
Telephone number (if any)	/		
If you would prefer us to correspond with you by e-mail, your e-mail address (optional)			