

**Application for a premises licence to be granted  
under the Licensing Act 2003**

**PLEASE READ THE FOLLOWING INSTRUCTIONS FIRST**

Before completing this form please read the guidance notes at the end of the form. If you are completing this form by hand please write legibly in block capitals. In all cases ensure that your answers are inside the boxes and written in black ink. Use additional sheets if necessary.

You may wish to keep a copy of the completed form for your records.

**I/We GOURAV RAI**

*(Insert name(s) of applicant)*

apply for a premises licence under section 17 of the Licensing Act 2003 for the premises described in Part 1 below (the premises) and I/we are making this application to you as the relevant licensing authority in accordance with section 12 of the Licensing Act 2003

**Part 1 - Premises details**

Postal address of premises or, if none, Ordnance Survey map reference or description <b>William Off Licence &amp; Convenience Store 19 William Road, Broomfield B67 6LN</b>	
Post town	Postcode
Telephone number at premises (if any)	
Non-domestic rateable value of premises	£14250

**Part 2 - Applicant details**

Please state whether you are applying for a premises licence at: Please tick as appropriate

- |   |                                     |                             |
|---|-------------------------------------|-----------------------------|
| a) an individual or individuals *                     | <input checked="" type="checkbox"/> | please complete section (A) |
| b) a person other than an individual *                |                                     |                             |
| i) as a limited company/limited liability partnership | <input type="checkbox"/>            | please complete section (F) |
| ii) as a partnership (other than limited liability)   | <input type="checkbox"/>            | please complete section (B) |
| iii) as an unincorporated association or              | <input type="checkbox"/>            | please complete section (B) |
| iv) other (for example a statutory corporation)       | <input type="checkbox"/>            | please complete section (B) |
| c) a recognised club                                  | <input type="checkbox"/>            | please complete section (B) |

- d) a charity  please complete section (B)
- e) the proprietor of an educational establishment  please complete section (B)
- f) a health service body  please complete section (B)
- 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 <input checked="" type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)
Surname Rai		First names Gourav		
Date of birth	2	I am 18 years old or over	<input checked="" type="checkbox"/>	Please tick yes
Nationality British				
Current residential address if different from premises address				
Post town		Postcode		
Daytime contact telephone number				
E-mail address (optional)				

**SECOND INDIVIDUAL APPLICANT (if applicable)**

Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)
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Surname		First names	
Date of birth over		I am 18 years old or	<input type="checkbox"/> Please tick yes
Nationality			
Current postal 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? **ASAP**

And 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)  
**THIS is an empty premises wishing to open as a convenience store selling alcohol alongside other products available.**

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)  | <input type="checkbox"/>   |
| b) films (if ticking yes, fill in box B)  | <input type="checkbox"/>   |
| c) indoor sporting events (if ticking yes, fill in box C)   | <input type="checkbox"/>   |
| d) boxing or wrestling entertainment (if ticking yes, fill in box D)  | <input type="checkbox"/>   |
| e) live music (if ticking yes, fill in box E)   | <input type="checkbox"/>   |
| f) recorded music (if ticking yes, fill in box F)   | <input type="checkbox"/>   |
| g) performances of dance (if ticking yes, fill in box G)  | <input type="checkbox"/>   |
| h) anything of a similar description to that falling within (e), (f) or (g) (if ticking yes, fill in box H) | <input type="checkbox"/>   |

Provision of late night refreshment (if ticking yes, fill in box 1)

Supply of alcohol (if ticking yes, fill in box 1)

In all cases complete boxes K, L, and M

A

Plays Standard days and timings (please read guidance note 7)			Will the performance of a play take place <u>indoors or outdoors or both - please tick</u> (please read guidance note 3)	
Day	Start	Finish	Indoors	<input type="checkbox"/>
Mon			Outdoors	<input type="checkbox"/>
Tue			Both	<input type="checkbox"/>
Wed			<u>Please give further details here</u> (please read guidance note 1)	
Thur			<u>State any seasonal variations for performing plays</u> (please read guidance note 5)	
Fri				
Sat			<u>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</u> (please read guidance note 6)	
Sun				

**B**

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

C

Indoor sporting events Standard days and timings (please read guidance note 7)			Please give further details (please read guidance note 5)
Day	Start	Finish	
Mon			
Tue			State any seasonal variations for indoor sporting events (please read guidance note 5)
Wed			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 (please read guidance note 6)
Thur			
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	<input type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon			<u>Please give further details here</u> (please read guidance note 4)	Both	<input type="checkbox"/>
Tue					
Wed			<u>State any seasonal variations for boxing or wrestling entertainment</u> (please read guidance note 5)	Both	<input type="checkbox"/>
Thur					
Fri			<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 tick</u> (please read guidance note 6)	Both	<input type="checkbox"/>
Sat					
Sun					

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	<input type="checkbox"/>
			Outdoors	<input type="checkbox"/>
			Both	<input type="checkbox"/>
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)	
Thu				
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

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	<input type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon			Please give further details here (please read guidance note 4)	Both	<input type="checkbox"/>
Tue					
Wed			State any seasonal variations for the playing of recorded music (please read guidance note 5)		
Thu					
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

<b>Performances of dance</b> Standard days and things (please read guidance note 7)			Will the performances of dance take place indoors or outdoors or both - please tick (please read guidance note 3)	Indoor <input type="checkbox"/>
				Outdoor <input type="checkbox"/>
				Both <input type="checkbox"/>
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)	
Thu				
Fri			Note 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

<p>Anything of a similar description to that falling within (e), (f) or (g) Standard days and timings (please read guidance note 7)</p>			<p>Please give a description of the type of entertainment you will be providing</p>		
Day	Start	Finish	<p>Will this entertainment take place indoors or outdoors or both - please tick (please read guidance note 3)</p>	Indoors	<input type="checkbox"/>
Mon				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Tue			<p>Please give further details here (please read guidance note 4)</p>		
Wed					
Thu					
Fri			<p>State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g) (please read guidance note 5)</p>		
Sat					
Sun			<p>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)</p>		

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	<input type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon				Both	<input type="checkbox"/>
Tue				<u>Please give further details here</u> (please read guidance note 4)	
Wed				<u>State any seasonal variations for the provision of late night refreshment</u> (please read guidance note 5)	
Thur				<u>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 tick</u> (please read guidance note 6)	
Fri					
Sat					
Sun					

Supply of alcohol Standard days and limits (please read guidance note 7)			Will the supply of alcohol be for <u>consumption</u> - please tick (please read guidance note 8)	On the premises	<input type="checkbox"/>			
				Off the premises	<input checked="" type="checkbox"/>			
				Both	<input type="checkbox"/>			
Day	Start	Finish	State any seasonal variations for the supply of alcohol (please read guidance note 5)					
Mon	07:00	23:00						
Tue	07:00	23:00						
Wed	07:00	23:00						
Thu	07:00	23:00				Non standard times: 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 (please read guidance note 6)		
Fri	07:00	23:00						
Sat	07:00	23:00						
Sun	07:00	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):

Name	
Gourav Rai	
Date of birth	
Address	
Postcode	
Personal licence number (if known) TBA	

Issuing Licensing authority (if known)

**Birmingham City Council**



K

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)

NONE

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)
Day	Start	Finish	
Mon	07:00	23:00	<u>Non standard timings:</u> 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)
Tue	07:00	23:00	
Wed	07:00	23:00	
Thu	07:00	23:00	
Fri	07:00	23:00	
Sat	07:00	23:00	
Sun			



Sun	07:00	23:00	
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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)

**No alcohol or tobacco will ever be purchased from sellers calling at the premise. Exceptions to the condition would be purchases made from authorised representatives who have made prior appointments to visit the store.**

**All alcohol and tobacco products sold at the premises shall have the relevant UK duty paid.**

**Foreign tobacco, which does not comply with relevant UK legislation, shall not be stored and/or sold at the premise.**

**If any spirits purchased for or on behalf of the business have UK Duty Stamps that do not fluoresce under ultra-violet light, or are otherwise suspicious, the licensee and/or designated premises supervisor shall notify the supplier to Trading Standards and HMRC as soon as possible.**

**If any tobacco products purchased for or on behalf of the business does not have UK Duty Paid fiscal mark or are otherwise suspicious, the licensee and/or designated premises supervisor shall notify the supplier to Trading Standards and HMRC as soon as possible.**

**Protecting Children from Harm**

b) The prevention of crime and disorder

- 1. The CCTV system must be installed and operate internally to cover all areas that licensable activities take place and where alcohol is displayed within any public area.**
- 2. The CCTV unit shall be positioned in a secure part of the licensed premise. Access to the system should be allowed immediately to the Police upon request.**
- 3. A competent trained person in the use of and operation of the CCTV will be in attendance at the premises at all times that licensable activities take place and be able to fully operate the CCTV system to be able to down load in a recognised format any information requested by the ALL RESPONSIBLE AUTHORITIES immediately on request**

4. The CCTV system clock should be set correctly and maintained (taking account of GMT and BST).
5. A facility will be available for ALL RESPONSIBLE AUTHORITIES to remove from the CCTV system a copy of any material relevant to any ongoing investigation immediately on request
6. All CCTV images will be retained for a period of not less than 31 day
7. An incident register of all occurrences and ejections from the premises will be maintained at the premises and all details of public order offences will be recorded.
8. All persons involved in the sale of alcohol will receive initial and subsequent 6 monthly refresher training by the Designated Premises Supervisor or an appropriately accredited training provider with regards to the law in relation to the sale of alcohol. This will be recorded in a staff training register and will include, signature of the member of staff, the DPS or an appropriately accredited training provider together with the date.

All Records shall be retained at the premises for a period of no less than 12 months and made available to responsible authorities on request.

c) Public safety

A Risk assessment will be in place and updated annually

d) The prevention of public nuisance

**PROMINENT SIGNS WILL BE DISPLAYED REQUESTING CUSTOMERS TO HAVE REGARD FOR LOCAL RESIDENTS WHEN LEAVING THE PREMISES**  
**ADEQUATE BINS ARE AVAILABLE FOR CUSTOMERS TO DISPOSE OF LITTER**

e) The protection of children from harm

**We will operate CHALLENGE 25**

**Notices to be displayed prominently including the following locations –on or near the entrance to the premises, where alcohol is being offered for sale on general display and near the checkout. The notices will state “UNDER 25 ? PLEASE BE PREPARED TO SHOW PROOF OF AGE WHEN BUYING AGE RESTRICTED PRODUCTS”**

**A notice stating it is an offence to buy alcohol for persons under the age of eighteen to be displayed on or near the door to the premises.**

**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 (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 13). If signing on behalf of the applicant, please state in what capacity.

Declaration	<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 13)</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, if appropriate (please see note 15)</li> </ul>
Signature	
Date	10/07/23
Capacity	Agent for the Applicant

For joint applications, signature of 1<sup>st</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)

**PMB LICENSING**  
**The Clock House**  
**361 High Street, West Bromwich West Midlands, B70 9QG**

Post town		Postcode	
Telephone number (if any)	07779351620		

If you would prefer us to correspond with you by e-mail, your e-mail address (optional)  
**pmblicensing@yahoo.com**

Notes for Guidance

Licensing Plan

William Off License  
& Convenience Store  
18 William Road  
Smithwick B67 6LN

Scale 1:100

