

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 BARHAM MOHAMMAD
(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

EUROMARKET 402 Cheetham Hill Road,			
Post town	Manchester	Postcode	M89LE.

Telephone number at premises (if any)	██████████
Non-domestic rateable value of premises	£14,250.00

Part 2 - Applicant details

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

- a) an individual or individuals please complete section (A)
- b) a person other than an individual *
 - i as a limited company/limited liability partnership please complete section (B)
 - ii as a partnership (other than limited liability) please complete section (B)
 - iii as an unincorporated association or please complete section (B)
 - iv other (for example a statutory corporation) please complete section (B)
- c) a recognised club 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; ✓

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 MOHAMMAD			First names BARHAM		
Date of birth [REDACTED]		I am 18 years old or over <input checked="" type="checkbox"/> please tick yes			
Nationality [REDACTED]					
Current residential address if different from premises address		[REDACTED]			
Post town	[REDACTED]	Postcode	[REDACTED]		
Daytime contact telephone number		[REDACTED]			
E-mail address (optional)	[REDACTED]				
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)

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

DD	MM	YYYY
2	4	052022

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

DD	MM	YYYY

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

Ground Floor Convenience Store Located on busy main road

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)



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	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<u>Please give further details here</u> (please read guidance note 4)		
Mon					
Tue			<u>State any seasonal variations for performing plays</u> (please read guidance note 5)		
Wed					
Thur			<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)		
Fri					
Sat					
Sun					

B

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

E

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

F

Recorded music Standard days and timings (please read guidance note 7)			<u>Will the playing of recorded music take place indoors or outdoors or both – please tick</u> (please read guidance note 3)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish			
Mon			<u>Please give further details here</u> (please read guidance note 4)		
Tue			<u>Please give further details here</u> (please read guidance note 4)		
Wed			<u>State any seasonal variations for the playing of recorded music</u> (please read guidance note 5)		
Thur			<u>State any seasonal variations for the playing of recorded music</u> (please read guidance note 5)		
Fri			<u>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</u> (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	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish			
Mon			<u>Please give further details here</u> (please read guidance note 4)		
Tue					
Wed			<u>State any seasonal variations for the performance of dance</u> (please read guidance note 5)		
Thur					
Fri			<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> (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	<u>Will this entertainment take place indoors or outdoors or both – please tick</u> (please read guidance note 3)	Indoors	<input type="checkbox"/>
Mon				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Tue			<u>Please give further details here</u> (please read guidance note 4)		
Wed					
Thur			<u>State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g)</u> (please read guidance note 5)		
Fri					
Sat			<u>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</u> (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	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish			
Mon			<u>Please give further details here</u> (please read guidance note 4)		
Tue					
Wed			<u>State any seasonal variations for the provision of late night refreshment</u> (please read guidance note 5)		
Thur					
Fri			<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 list</u> (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	<input type="checkbox"/>
Day	Start	Finish		Off the premises	<input checked="" type="checkbox"/>
				Both	<input type="checkbox"/>
Mon	0800	2300	State any seasonal variations for the supply of alcohol (please read guidance note 5)		
Tue	0800	2300			
Wed	0800	2300			
Thur	0800	2300	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 (please read guidance note 6)		
Fri	0800	2300			
Sat	0800	2300			
Sun	0800	2300			

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 BARHAM MOHAMMAD	
Date of birth [REDACTED]	
Address [REDACTED] [REDACTED] [REDACTED]	
Postcode	[REDACTED]
Personal licence number (if known) [REDACTED]	
Issuing licensing authority (if known) [REDACTED]	

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).

L

Hours premises are open to the public Standard days and timings (please read guidance note 7)			<u>State any seasonal variations</u> (please read guidance note 5)
Day	Start	Finish	
Mon	0800	2300	<u>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</u> (please read guidance note 6)
Tue	0800	2300	
Wed	0800	2300	
Thur	0800	2300	
Fri	0800	2300	
Sat	0800	2300	
Sun	0800	2300	
Sun	0800	2300	

M

Describe the steps you intend to take to promote the four licensing objectives:

General – all four licensing objectives (b, c, d and e))

1. Staff Training Any staff employed at the premises will receive training by the Designated Premises Supervisor on first appointment and at least every six months thereafter. Training will include input on preventing underage sales, sales of alcohol to people who are drunk, application of the drugs policy and any other relevant matters. A written record will be kept of all training carried out. This record must be kept on the premises and made available for inspection by any responsible authority.

2. List of Authorised Persons

The Designated Premises Supervisor will maintain a written record of all members of staff who are authorised to sell alcohol. The record will contain a photograph of the relevant members of staff to be kept on the premises within the Due Diligence Folder and be made available to a representative of any responsible authority on request

3. Compliance with the premises Licence conditions The premises will operate with a 'Due Diligence' Folder. The folder will be retained behind the shop counter and be made available at all times for inspection.

The Due Diligence Folder will contain the following documentation

- Licensing health Check
- 3 monthly checklist
- Independent auditors 3 monthly inspection report
- The 4 Licensing objectives (explained)
- DPS Contact details
- DPS Authorisation to sell alcohol
- Age Verification policy (challenge 25)
- Drugs policy
- Purchasing Policy Alcohol and cigarettes
- Litter policy and record of checks
- Incident log paginated
- CCTV equipment weekly check report
- Refusals register
- Staff training portfolios.

The premises will undertake a 6 monthly Due Diligence compliance check. Each check will be recorded in the Due Diligence Folder and certify compliance of the premises licence conditions or record non compliance and action taken to remedy non compliance

a) The prevention of crime and disorder

1. A full digital CCTV system shall be maintained and operated at the premise with cameras positioned both internally and externally
2. Recorded CCTV images will be maintained and stored for a period of 28 days and shall be produced to the Police or Licensing authority upon request
3. CCTV will be in operation at any time a person is in the premises. Where CCTV is recorded onto a hard drive system any USB/DVD's subsequently produced will be in a format so it can be played back on a standard PC or DVD player.
4. Any person left in charge of the premises must be trained in the uses of any such CCTV equipment and will be able to produce CCTV images to an officer from a responsible authority upon request.
5. A record of CCTV maintenance checks will be recorded weekly and maintained in the due diligence folder.
6. The premises will adopt a zero tolerance to Drunks and anti -social behaviour. Staff will be trained on dealing with persons who are disorderly.
7. The premises will have a zero tolerance drugs policy, delivered by the designated premises supervisor. The policy will be supported with staff training and appropriate signage being displayed.
8. An incident book (with the pages numbered sequentially) will be kept on the premises and be made available for inspection by responsible authorities. The incident books will be used to record the following:
 - Any incident of violence or disorder on or immediately outside the premises
 - Any incident involving controlled drugs (supply/possession/influence) on the premises
 - Any other crime or criminal activity on the premises
 - Any refusal to serve alcohol to persons who are drunk (On sale and off sale premises only)
 - Any call for police assistance to the premises
 - Any ejection from the premises
 - Any first aid/other care given to a customer

Public safety

Interior Layout. The interior of the premises will be set out to ensure public safety.

CCTV There will be a CCTV system installed to the standard requested by the police. (please see entry on CCTV Crime and disorder.)

Maintenance of premises The premises interior will be maintained to a standard acceptable to the licensing authority

The prevention of public nuisance

Notices to Customers

Notices requesting customers to have respect for local residents will be displayed in a prominent position next to each entrance/exit. The Designated Premises Supervisor will ensure that customers are encouraged to keep noise to a minimum.

Litter Control

The designated premises Supervisor must ensure that a member of staff collects all litter from the curtilage of the premises every day after trading. A written record must be kept of the areas checked and made available to responsible authorities for inspection on request.

No Drinks to be consumed Outside

Signage will be displayed informing customers that no alcohol is to be consumed in the immediate area of the shop.

The protection of children from harm

1. Challenge 25

The premises will operate a strict "Challenge 25" scheme in relation to age verification for alcohol sales. Signs and/or posters will be displayed in prominent positions inside the premises.

2. Refusals Book

A refusals book will be kept at the premises and will be used to record all refusals to sell alcohol for any reason. Any refusals to sell such items to underage persons or persons who appear underage will be recorded. The details to be recorded will be as follows:

- (i) Time, day & date of refusal
- (ii) Item refused
- (iii) Name & address of customer (if given)
- (iv) Description of customer
- (v) Details of id. offered (if shown)

The refusals book will be made available for inspection by responsible authorities on request.

3. Proxy Notices

The premise will display, in a prominent position, a notice or notices explaining that it is an offence for adults to purchase alcohol and then supply it to persons under 18.

4. Staff training

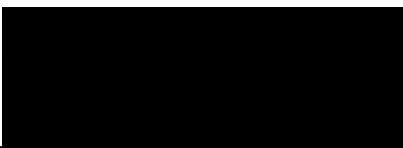
. Staff will receive monthly revision on all issues relating to the protection of children and individual training records will be endorsed by the DPS.

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	
Date	26 th April 2022
Capacity	Licensing Consultant

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	

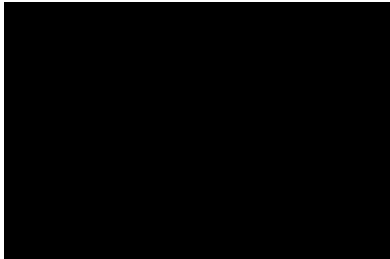
Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 14)			
[REDACTED]			
[REDACTED]			
[REDACTED]			
Post town	[REDACTED]	Postcode	[REDACTED]
Telephone number (if any)	[REDACTED]		
If you would prefer us to correspond with you by e-mail, your e-mail address (optional)			
[REDACTED]			

Consent of individual to being specified as premises supervisor

I **BARHAM BAKIR MOHAMMAD**

[full name of prospective premises supervisor]

Of



[home address of prospective premises supervisor]

hereby confirm that I give my consent to be specified as the designated premises supervisor in relation to the application for
NEW PREMISES LICENCE APPLICATION

[type of application]

by

BARHAM MOHAMMAD

[name of applicant]

relating to a premises licence

_____ *[number of existing licence, if any]*

for

**EUROMARKET
402 CHEETHAM HILL ROAD
MANCHESTER
M8 9LE**

[name and address of premises to which the application relates]

and any premises licence to be granted or varied in respect of this application made by

BARHAM MOHAMMAD

[name of applicant]

concerning the supply of alcohol at

EUROMARKET
402 CHEETHAM HILL ROAD
MANCHESTER
M8 9LE

[name and address of premises to which application relates]

I also confirm that I am entitled to work in the United Kingdom and HAVE a personal licence, details of which I set out below.

Personal licence number

[REDACTED]

[insert personal licence number, if any]

Personal licence issuing authority

[REDACTED]

[insert name and address and telephone number of personal licence issuing authority, if any]

Signed

[REDACTED]

Name (please print)

[REDACTED]

Date

26TH APRIL 2022
