



Secretary: Lisa Warrillow
Telephone: (01803) 207087
E-mail address: democratic.services@torbay.gov.uk
Date: Tuesday, 12 April 2011

Democratic Services
Town Hall
Castle Circus
Torquay
TQ1 3DR

Dear Member

LICENSING SUB-COMMITTEE - Thursday, 14 April 2011

I am now able to enclose, for consideration at next Thursday, 14 April 2011 meeting of the Licensing Sub-Committee, revised Appendix 1 to Report 88/2011.

Agenda No	Item	Page
7.	<u>Fiveways Store, 58-60 Westbourne Road, Torquay</u> To consider Report 88/2011 on an application for a Premises Licence in respect of Fiveways Store, 58-60 Westbourne Road, Torquay.	(Pages 47 - 56)

Yours sincerely

Lisa Warrillow
Democratic Services Officer

Encs

This page is intentionally left blank



**Application for a Premises Licence to be granted
under the Licensing Act 2003**

FORM B

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 SURINDER PAL SINGH + DHARMINDER SINGH
(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

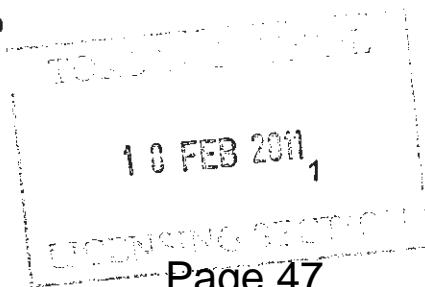
Postal address of premises or, if none, ordnance survey map reference or description			
FIVENAYS CONVENIENCE STORE, 58 - 60 WESTBOURNE ROAD			
Post town	TORQUAY	Post code	TQ1 4JU

Telephone number at premises (if any)	---
Non-domestic rateable value of premises	£ 1033.23 1324.09 £5400.

Part 2 - Applicant Details

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

- a) an individual or individuals * please complete section (A)
- b) a person other than an individual *
 - i. as a limited company please complete section (B)
 - ii. as a partnership 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 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:

Please tick yes

- 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 SINGH			First names SURINDER PAL		
I am 18 years old or over				<input checked="" type="checkbox"/> Please tick yes	
Current postal address if different from premises address		1-5 FORE STREET ST. MARY CHURCH			
Post Town	TOROJAY		Postcode	TO1 4PU	
Daytime contact telephone number			325454		
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)	
Surname SINGH			First names DHARMINDER		
I am 18 years old or over				<input checked="" type="checkbox"/> Please tick yes	

Current postal address if different from premises address		58-60 WESTBOURNE ROAD.	
Post Town	TORQUAY	Postcode	TQ1 4JU.
Daytime contact telephone number	0796 143 2256		
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?

Day	Month	Year
01	04	2011

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

Day	Month	Year

Please give a general description of the premises (please read guidance note1)

APPLICANTS HAVE PURCHASED EXISTING CONVENIENCE STORE,
WHICH HAS CLOSED. PREMISES TO BE EXTENDED ON GROUND
FLOOR TO PROVIDE ADDITIONAL SHOP + STORAGE SPACE.

THREE-BEDROOMED ACCOMODATION ON FIRST FLOOR
WHICH, UNDER CURRENT PLANS, WILL BE OCCUPIED BY
DHARMINDER SINGH

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 of the Licensing Act 2003 and Schedules 1 and 2 to the
Licensing Act 2003)

Provision of regulated entertainment

Please tick yes

- 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 entertainment facilities:

- i) making music (if ticking yes, fill in box I)
- j) dancing (if ticking yes, fill in box J)
- k) entertainment of a similar description to that falling within (i) or (j)
(if ticking yes, fill in box K)

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

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

In all cases complete boxes N, O and P

M

Supply of alcohol Standard days and timings (please read guidance note 6)			Will the supply of alcohol be for consumption (Please tick box) (please read guidance note 7)	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 4)		
Mon	1000	2000			
Tue	1000	2000			
Wed	1000	2000			
Thur	1000	2000			
Fri	1000	2000			
Sat	1000	2000			
Sun	1000	1600			
			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 5)		
			BANK HOLIDAYS ALSO 1000 - 1600.		

State the name and details of the individual whom you wish to specify on the licence as premises supervisor

Name	DHARMINDER SINHA
Address	58-60 WESTBOURNE ROAD TORQUAY
Postcode	TQ1 4JU
Personal Licence number (if known)	R LBHIL 2020
Issuing licensing authority (if known)	HILLINGDON BOLOUGH COUNCIL

N

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 8)

NONE

O

Hours premises are open to the public Standard days and timings (please read guidance note 6)			State any seasonal variations (please read guidance note 4)
Day	Start	Finish	
Mon	0700	2000	<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 5) BANK HOLIDAYS ALSO 0900 - 1600.
Tue	0700	2000	
Wed	0700	2000	
Thur	0700	2000	
Fri	0700	2000	
Sat	0700	2000	
Sun	0900	1600	

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

a) General – all four licensing objectives (b,c,d,e) (please read guidance note 9)

b) The prevention of crime and disorder

ALL MONEY REMOVED FROM SHOP AT CLOSE OF BUSINESS DAILY.
PREMISES ALARMED + SECURE.

CCTV PROVIDED, TO INCLUDE ONE CAMERA COVERING SHOP
ENTRANCE + ONE COVERING TILL POINT + CUSTOMERS, KEPT FOR 30
DAYS.

ALL SPIRITS TO BE DISPLAYED BEHIND COUNTER + SPIRITS
PURCHASED HANDED TO CUSTOMER BY SHOP STAFF.

c) Public safety

PREMISES WELL-LIT INSIDE; NEARBY STREET LIGHTING OUTSIDE.
FIRE PREVENTION RECOMMENDATIONS TO BE ADHERED
TO, INCLUDING SMOKE ALARMS, ETC.
GANGWAYS BETWEEN SHELVING TO BE KEPT CLEAR.

d) The prevention of public nuisance

NO SALES OF ALCOHOL TO PERSONS WHO ARE DRUNK OR
APPROACHING A STATE OF DRUNKENNESS.
NOTICES INDICATING REQUIREMENT FOR PROOF OF AGE
TO BE ERECTED.
CCTV CAMERAS TO SHOW SCENE OUTSIDE PREMISES.

e) The protection of children from harm

NO SALES OF ALCOHOL TO PERSONS UNDER 18. LOG BOOK
TO BE MAINTAINED SHOWING RECORDS OF REFUSED SALES.
FULL RANGE OF SOFT DRINKS AVAILABLE.

Please tick yes

- 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 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

IT IS AN OFFENCE, LIABLE ON CONVICTION TO A FINE UP TO LEVEL 5 ON THE STANDARD SCALE, UNDER SECTION 158 OF THE LICENSING ACT 2003 TO MAKE A FALSE STATEMENT IN OR IN CONNECTION WITH THIS APPLICATION

Part 4 – Signatures (please read guidance note 10)

Signature of applicant or applicant’s solicitor or other duly authorised agent (See guidance note 11). If signing on behalf of the applicant please state in what capacity.

Signature	<i>Brian WS Jeffs</i>
Date	<i>12/2/11</i>
Capacity	<i>Authorised Agent</i>

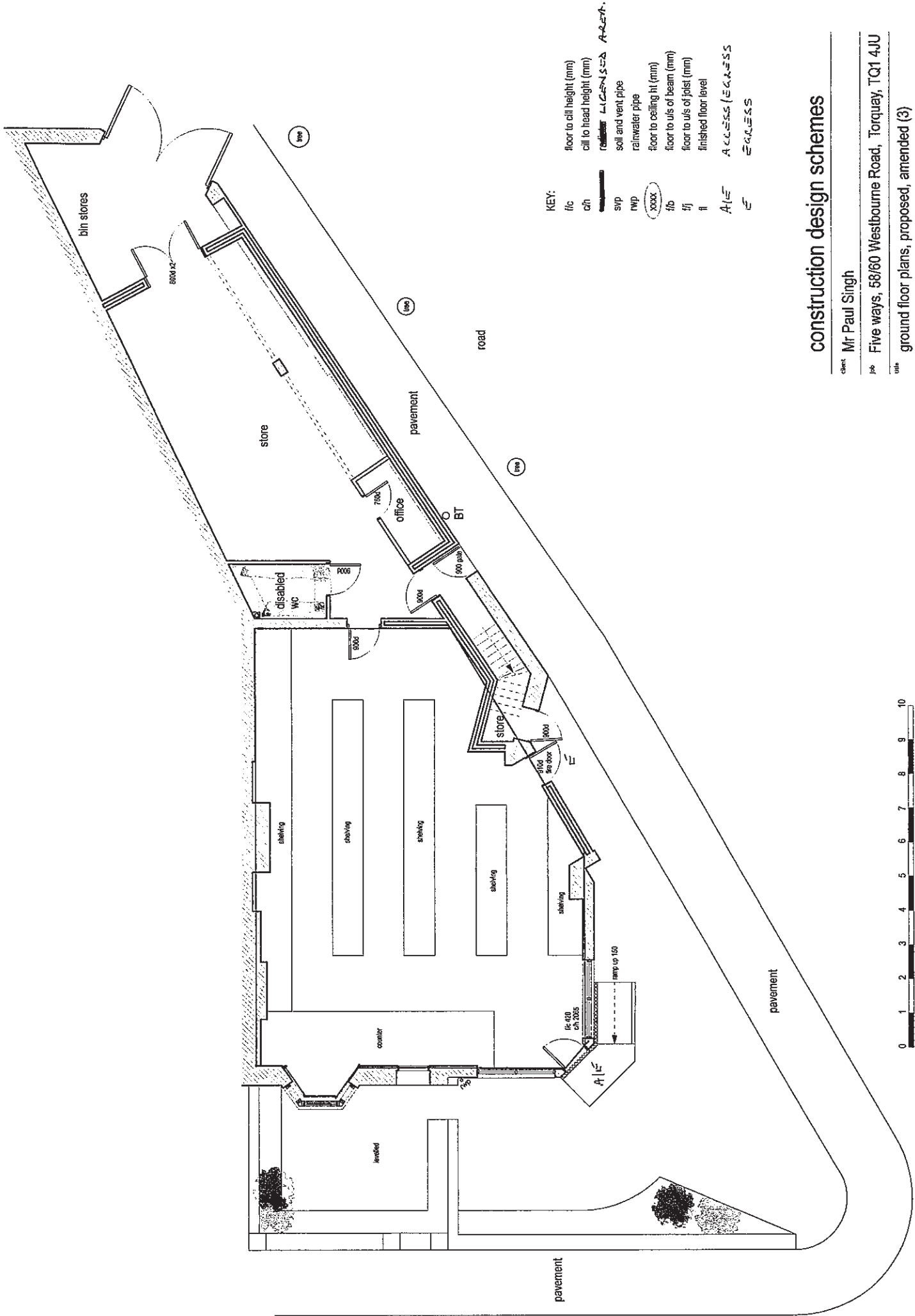
For joint applications signature of 2nd applicant or 2nd applicant’s solicitor or other authorised agent. (please read guidance note 12). If signing on behalf of the applicant please state in what capacity.

Signature	<i>Brian WS Jeffs</i>
Date	<i>12/2/11</i>
Capacity	<i>Authorised Agent</i>

Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 13)

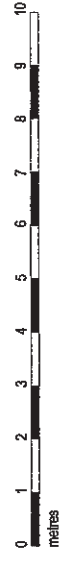
*BRIAN WS JEFFS
TORBAY + S. DEVON LICENSING CONSULTANCY
9 MONTELEY CLOSE*

Post town	<i>TORBAY</i>	Post code	<i>TQ2 6QW</i>
Telephone number (if any)	<i>605178</i>		
If you would prefer us to correspond with you by e-mail your e-mail address (optional)			



construction design schemes

client: Mr Paul Singh
 job: Five ways, 58/60 Westbourne Road, Torquay, TQ1 4JU
 title: ground floor plans, proposed, amended (3)
 scale: 1:100 @ A3
 date: Jan 2011
 job no: 10774
 drawing no: 02 ground



check all dimensions on site
 features shown on this survey may not delineate legal boundaries

This page is intentionally left blank