

## New Premises Licence

### Premises Details

Premises Address \*

The premises is a detached number of shops all now knocked into one and officially addressed as 92-100 Wargrave Road. The premises are currently undergoing renovation. 100 WARGRAVE ROAD NEWTON LE WILLOWS ST HELENS WA12 9RJ

Telephone number at premises (if any)

Non-domestic value of premises. \*

£ 11525

### Applicant Details

I/We 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.

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

a person other than an individual -as a limited company/  
limited liability partnership

### Applicant Details

If you are applying as a person described in one of the above please confirm: \*

I am carrying on or proposing to carry on a business which involves the use of the premises for licensable activities; or

### Other Applicant (Non Individual)

Name \*

Erest Ltd

Registered Address \*

118 Aigburth Road

**Other Applicant (Non Individual)**

Town/City \*

Liverpool

County

Postcode \*

L17 7BP

Registered Number (where applicable)

14757546

Description of applicant (for example partnership, company, unincorporated association, etc) \*

Limited Company

Telephone Number

Email \*

**Operating Schedule**

When do you want the premises licence to start? \*

20/07/2023

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. \*

The premises are a number of shops being restored as one, the correct address being 92-100 Wargrave Road. The premises are situated at the junction with Victoria Road. The premises will be a medium sized convenience store under the franchise of the Premier Stores group and will be known as Premier Wargrave.

If 5,000 or more people are expected to attend the premises at any one time, please state the number expected to attend.

**Operating Schedule**

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 read guidance note 2) \*

Plays

Films

## Operating Schedule

- Indoor Sporting Events
- Boxing or Wrestling
- Live Music
- Recorded Music
- Performances of Dance
- Anything of a similar description falling under Music or Dance
- Provision of late night refreshment
- Supply of Alcohol

## Supply of Alcohol Standard Times

Standard days and timings, where you intend to use the premises for the supply of alcohol. (please read guidance note 7)\*  
 Please enter times in 24hr format (HH:MM)

|       |           |
|-------|-----------|
| Day * | Every Day |
|       | 07:00     |
|       | 23:00     |

## Supply of Alcohol

|  |                  |
|--|------------------|
| Will the supply of alcohol be for consumption on premises or off premises or both? (please read guidance note 8) * | Off the premises |
| Is the premises used exclusively or primarily for supply of alcohol for consumption on the premises? *             | No               |
| State any seasonal variations for the supply of alcohol. (please read guidance note 5)                             |                  |

## Supply of Alcohol

Please state any non-standard timings, where you intend to use the premises for the supply of alcohol at different times from the Standard days and times listed?(please read guidance note 6)

## Designated Premises Supervisor

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)

Title \*

Mr

First name \*

Kathirgamanathan

Surname \*

Pathmanathan

Street address \*




Town/City \*

County

Postcode \*

Personal Licence Number (if known)

PL3453

Issuing Licensing Authority (if known)

Wigan

## Adult Entertainment

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

## Opening Hours Standard Times

Standard days and timings, where the premises are open to the public. (please read guidance note 7) \* Please enter times in 24hr format (HH:MM)

## Opening Hours Standard Times

Day \*

Every Day

07:00

23:00

## Licensing Objectives

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)

The premise will be fitted with a state of the art CCTV system. Challenge 25 policy will operate. A refusals register will be kept supported by till prompts. All staff will receive training as provided by the franchiser in the Licensing Act which will be recorded. An incident register will be kept. There will be a notice by the exit asking customers to leave quietly.

b) The prevention of crime and disorder

CCTV Challenge 25 Staff Training

c) Public safety

CCTV

d) The prevention of public nuisance

CCTV will operate as a deterrent Notice at the exit asking customers to leave quietly

e) The protection of children from harm

Challenge 25 Staff Training

## Declarations

Declaration Type \*

Sole Applicant - Individual or Other

## Declarations

I have uploaded a copy of the plan of the premises. I have uploaded a copy of the consent form completed by the individual I wish to be designated premises supervisor, if applicable. I understand 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 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

## Declarations

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.

Signature/Declaration of applicant or applicant's solicitor or other duly authorised agent (see Guidance Note 11 & 12). If signing/applying on behalf of the applicant, please state your name and in what capacity you are authorised to sign/apply. When submitting an on-line application form the 'Declaration made' checkbox must be selected.



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, if appropriate (please see note 15).

Full Name \*

Paul Douglas

Date \*

21/06/2023

Capacity \*

Authorised Agent



Declaration made

Do you wish to provide alternative correspondence details? \*

Yes

## Alternative Correspondence

Please provide Contact Name and postal address for correspondence associated with this application.

Title

Mr

First name

Paul

Surname

Douglas

Street address \*

██████████

██████████████████

██

Town/City \*

██████████

## Alternative Correspondence

|                  |                      |
|------------------|----------------------|
| County           | <input type="text"/> |
| Postcode *       | <input type="text"/> |
| Telephone Number | <input type="text"/> |
| Email *          | <input type="text"/> |

## Email confirmation

On submission an email confirmation will be sent using the details below

|                       |                                      |
|-----------------------|--------------------------------------|
| Forename              | <input type="text" value="Paul"/>    |
| Surname /Company Name | <input type="text" value="Douglas"/> |
| Email *               | <input type="text"/>                 |
| Telephone             | <input type="text"/>                 |