

**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** Mohammad Kadir

*(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**

<b>Postal address of premises or, if none, ordnance survey map reference or description</b> 7 Borough Road, Middlesbrough,			
<b>Post town</b>	Middlesbrough	<b>Post code</b>	TS1 4AA
Telephone number at premises (if any)		01642 246044	
Non-domestic rateable value of premises		£0	

**Part 2 - Applicant Details**

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

- |   |                                     |                             |
|---|-------------------------------------|-----------------------------|
| 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                         | <input type="checkbox"/>            | please complete section (B) |
| ii. as a partnership                            | <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                                    | <input type="checkbox"/>            | please complete section (B) |

8/10/12

2100  
S707201

- 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)

<b>Mr</b> <input checked="" type="checkbox"/>	<b>Mrs</b> <input type="checkbox"/>	<b>Miss</b> <input type="checkbox"/>	<b>Ms</b> <input type="checkbox"/>	<b>Other Title</b> (for example, Rev)	
<b>Surname</b> Kadir			<b>First names</b> Mohammad		
<b>I am 18 years old or over</b>				<input checked="" type="checkbox"/>	<b>Please tick yes</b>
<b>Current postal address if different from premises address</b>		Clarendon Road,			
<b>Post Town</b>	Middlesbrough			<b>Postcode</b>	
<b>Daytime contact telephone number</b>					
<b>E-mail address (optional)</b>					

**SECOND INDIVIDUAL APPLICANT** (if applicable)

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

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? *DATE CLAS 10* Day Month Year  

						1	2
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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)  
 The location of this property is situated at 7 Borough Road, Middlesbrough in the centre of a mixed retail, residential and office area. The property currently trades as a general store selling a wide variety of grocery products including Polish goods. The applicant has recently acquired the lease for this store from the previous owner who is now no longer connected to the business in anyway.

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**

A

Plays Standard days and timings (please read guidance note 6)			Will the performance of a play take place indoors or outdoors or both – please tick (please read guidance note 2)	Indoors	<input type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon			<b>Please give further details here</b> (please read guidance note 3) None	Both	<input type="checkbox"/>
Tue					
Wed			<b>State any seasonal variations for performing plays</b> (please read guidance note 4)		
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 5)		
Sat					
Sun					

**B**

<b>Films</b> Standard days and timings (please read guidance note 6)			<b>Will the exhibition of films take place indoors or outdoors or both – please tick</b> (please read guidance note 2)	Indoors <input type="checkbox"/>
				Outdoors <input type="checkbox"/>
				Both <input type="checkbox"/>
<b>Day</b>	<b>Start</b>	<b>Finish</b>		
Mon			<b>Please give further details here</b> (please read guidance note 3) None	
Tue				
Wed			<b>State any seasonal variations for the exhibition of films</b> (please read guidance note 4)	
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 5)	
Sat				
Sun				

C

<b>Indoor sporting events</b> Standard days and timings (please read guidance note 6)			<b>Please give further details</b> (please read guidance note 3) None
Day	Start	Finish	<b>State any seasonal variations for indoor sporting events</b> (please read guidance note 4)
Mon			
Tue			<b>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</b> (please read guidance note 5)
Wed			
Thur			
Fri			
Sat			
Sun			

D

<b>Boxing or wrestling entertainments</b> Standard days and timings (please read guidance note 6)			<b><u>Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick</u></b> (please read guidance note 2)		Indoors	<input type="checkbox"/>
					Outdoors	<input type="checkbox"/>
					Both	<input type="checkbox"/>
Day	Start	Finish				
Mon			<b><u>Please give further details here</u></b> (please read guidance note 3) None			
Tue						
Wed			<b><u>State any seasonal variations for boxing or wrestling entertainment</u></b> (please read guidance note 4)			
Thur						
Fri			<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 5)			
Sat						
Sun						



E

<b>Live music</b> Standard days and timings (please read guidance note 6)			<b>Will the performance of live music take place indoors or outdoors or both – please tick</b> (please read guidance note 2)			
			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 3) None			
Mon						
Tue						
Wed					<b>State any seasonal variations for the performance of live music</b> (please read guidance note 4)	
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 5)	
Sat						
Sun						

F

Recorded music Standard days and timings (please read guidance note 6)			<b>Will the playing of recorded music take place indoors or outdoors or both – please tick</b> (please read guidance note 2)	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 3) None		
Mon					
Tue			<b>State any seasonal variations for the playing of recorded music</b> (please read guidance note 4)		
Wed					
Thur			<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 5)		
Fri					
Sat					
Sun					

G

<b>Performances of dance</b> Standard days and timings (please read guidance note 6)			<b>Will the performance of dance take place indoors or outdoors or both – please tick</b> (please read guidance note 2)	
			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 3) None	
Mon				
Tue				
Wed			<b>State any seasonal variations for the performance of dance</b> (please read guidance note 4)	
Thur				
Fri				
Sat			<b>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</b> (please read guidance note 5)	
Sun				

H

<p>Anything of a similar description to that falling within (e), (f) or (g) Standard days and timings (please read guidance note 6)</p>			<p><u>Please give a description of the type of entertainment you will be providing</u> None</p>	
Day	Start	Finish	<p><u>Will this entertainment take place indoors or outdoors or both – please tick</u> (please read guidance note 2)</p>	Indoors <input type="checkbox"/>
Mon				Outdoors <input type="checkbox"/>
				Both <input type="checkbox"/>
Tue			<p><u>Please give further details here</u> (please read guidance note 3)</p>	
Wed				
Thur				
Fri			<p><u>State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g)</u> (please read guidance note 4)</p>	
Sat				
Sun				
			<p><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 5)</p>	

<b>Provision of facilities for making music</b> Standard days and timings (please read guidance note 6)			<b><u>Please give a description of the facilities for making music you will be providing</u></b> None			
			<b><u>Will the facilities for making music be indoors or outdoors or both – please tick</u></b> (please read guidance note 2)		Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Both <input type="checkbox"/>	
Day	Start	Finish	<b><u>Please give further details here</u></b> (please read guidance note 3)			
Mon						
Tue						
Wed					<b><u>State any seasonal variations for the provision of facilities for making music</u></b> (please read guidance note 4)	
Thur						
Fri					<b><u>Non standard timings. Where you intend to use the premises for provision of facilities for making music at different times to those listed in the column on the left, please list</u></b> (please read guidance note 5)	
Sat						
Sun						

J

<b>Provision of facilities for dancing</b> Standard days and timings (please read guidance note 6)			<b>Will the facilities for dancing be indoors or outdoors or both – please tick</b> (see guidance note 2)	Indoors <input type="checkbox"/>
				Outdoors <input type="checkbox"/>
				Both <input type="checkbox"/>
			<b>Please give a description of the facilities for dancing you will be providing</b> None	
Day	Start	Finish	<b>Please give further details here</b> (please read guidance note 3)	
Mon				
Tue				
Wed				
Thur				
Fri				
Sat				
Sun			<b>State any seasonal variations for providing dancing facilities</b> (please read guidance note 4)	
			<b>Non standard timings. Where you intend to use the premises for the provision of facilities for dancing entertainment at different times to those listed in the column on the left, please list</b> (please read guidance note 5)	

K

<b>Provision of facilities for entertainment of a similar description to that falling within i or j</b> Standard days and timings (please read guidance note 6)			<b>Please give a description of the type of entertainment facility you will be providing</b> None	
Day	Start	Finish	<b>Will the entertainment facility be indoors or outdoors or both – please tick</b> (please read guidance note 2)	Indoors <input type="checkbox"/>
Mon				Outdoors <input type="checkbox"/>
				Both <input type="checkbox"/>
Tue			<b>Please give further details here</b> (please read guidance note 3)	
Wed				
Thur				
Fri			<b>State any seasonal variations for the provision of facilities for entertainment of a similar description to that falling within i or j</b> (please read guidance note 4)	
Sat			<b>Non standard timings. Where you intend to use the premises for the provision of facilities for entertainment of a similar description to that falling within i or j at different times to those listed in the column on the left, please list</b> (please read guidance note 5)	
Sun				

L

<b>Late night refreshment</b> Standard days and timings (please read guidance note 6)			<b>Will the provision of late night refreshment take place indoors or outdoors or both – please tick</b> (please read guidance note 2)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish			
Mon			<b>Please give further details here</b> (please read guidance note 3) None		
Tue					
Wed			<b>State any seasonal variations for the provision of late night refreshment</b> (please read guidance note 4)		
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 5)		
Sat					
Sun					



**M**

<b>Supply of alcohol</b> Standard days and timings (please read guidance note 6)			<b>Will the supply of alcohol be for consumption (Please tick box)</b> (please read guidance note 7) <table border="1"> <tr> <td>On the premises</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Off the premises</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>Both</td> <td><input type="checkbox"/></td> </tr> </table>	On the premises	<input type="checkbox"/>	Off the premises	<input checked="" type="checkbox"/>	Both	<input type="checkbox"/>
On the premises	<input type="checkbox"/>								
Off the premises	<input checked="" type="checkbox"/>								
Both	<input type="checkbox"/>								
<b>Day</b>	<b>Start</b>	<b>Finish</b>							
Mon	09.00	21.00							
Tue	09.00	21.00	<b>State any seasonal variations for the supply of alcohol</b> (please read guidance note 4) None						
Wed	09.00	21.00							
Thur	09.00	21.00							
Fri	09.00	21.00							
Sat	09.00	21.00							
Sun	09.00	21.00							
<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 5)									
None									

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

<b>Name</b> Mr Omed Hossain	
<b>Address</b>	
<b>Postcode</b>	
<b>Personal Licence number (if known)</b> Mbro/PL1005/075083	
<b>Issuing licensing authority (if known)</b> Middlesbrough	

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

<b>Hours premises are open to the public</b> Standard days and timings (please read guidance note 6)			<b>State any seasonal variations</b> (please read guidance note 4) None
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 5) None
Mon	07.00	23.00	
Tue	07.00	23.00	
Wed	07.00	23.00	
Thur	07.00	23.00	
Fri	07.00	23.00	
Sat	07.00	23.00	
Sun	07.00	23.00	

**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)**

The management of the premises will be the responsibility of the Premises Licence Holder together with the nominated Designated Premises Supervisor who has successfully passed the Level 2 ACPLH course, and is a personal Licence holder.

In anticipation of this application being successful the applicant will train each member of staff he introduces into the business in alcohol related legislation. A comprehensive training record in the sale of alcohol and other restricted products will be maintained

Looking to the future, Induction training, refresher training and regular staff updates will be undertaken

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

Any incident of crime and disorder shall be reported to the Police and an incident book kept on the premises will be maintained and monitored by the Premise Licence Holder/DPS  
No person who is drunk or disorderly will be served alcohol or permitted to remain on the premises

A challenge 25 proof of age policy shall be in operation to ensure no person under the age of 18 years is sold intoxicating liquor.

Any new member of staff within the business will receive induction training relating to the sale of alcohol and staff refresher training will be carried out on a regular basis. The CCTV system is a modern digital DVR system which has a remote viewing facility. One external camera will cover the entrance and glass front. One camera will focus on customers from the back of till area another camera will cover the shop floor area. The system will be a digital DVR with USB access to a backup video continuously recording for a minimum of 31 days.

The premises will not display or sell any Perry alcohol and will not sell any cider above 5.1%

**c) Public safety**

The applicant is adequately knowledgeable to ensure the safe evacuation of customers from the premises in the event of an emergency.

All fire escape routes shall be kept unobstructed and will be clearly identifiable

All escape doors and routes will be checked before premises are open for trading to the public and a record of checks shall be maintained

All fire exit doors shall be capable of being opened without the use of any key, card code or similar means.

All fire fighting equipment will be maintained in good working order and shall be available for immediate use

All emergency lighting and fire safety signage will be maintained in good order and will not be altered without the approval of the Fire Authority.

The premises, entrance and shop aisles are of acceptable width and are well illuminated.

CCTV cameras covering all areas of the store.

**d) The prevention of public nuisance**

The DPS and subsequent members of staff will monitor customers whilst shopping and leaving the premises. Notices shall be displayed in a prominent position asking for customers to respect the needs of the local residents especially during the early morning and evening period. Litter and cleanliness issues will be addressed at the front and rear of his premises

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

Challenge 25 proof of age policy shall be in operation to ensure no person under the age of 18 years is sold intoxicating liquor. Signage to that effect will be placed throughout the store and advise on applying for and obtaining a recognised form of ID will be available at the check out.

The applicant and future members of staff shall be trained to ensure that no person under the age of 18 years will be sold intoxicating liquor including the need for any person who looks under the age of 25 years to provide evidence of their age by producing an acceptable form of ID at the point of sale. A refusal register will be kept, and maintained with integrity.

Training **will be provided** regarding the prevention of adult purchase and supply of alcohol and restricted products both to the Premise Licence Holder/DPS and any other staff who **are** introduced into the business. The Premise Licence holder will respond to any and all information supplied by the Police or other partnerships involved in the sale of alcohol, ie Licensing Forums.

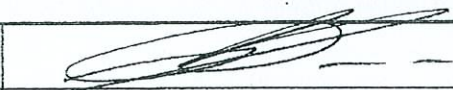
**Please tick yes**

- 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	
Date	5/10/12
Capacity	D&B Licensing Consultants. (Agent)

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 12). 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 13)**

MrDavid Lester.  
D&B Licensing consultants.  
The Cottage,  
Over Dinsdale Hall  
Near Neasham. County Durham.

<b>Post town</b>	Darlington	<b>Post code</b>	DL2 1PW
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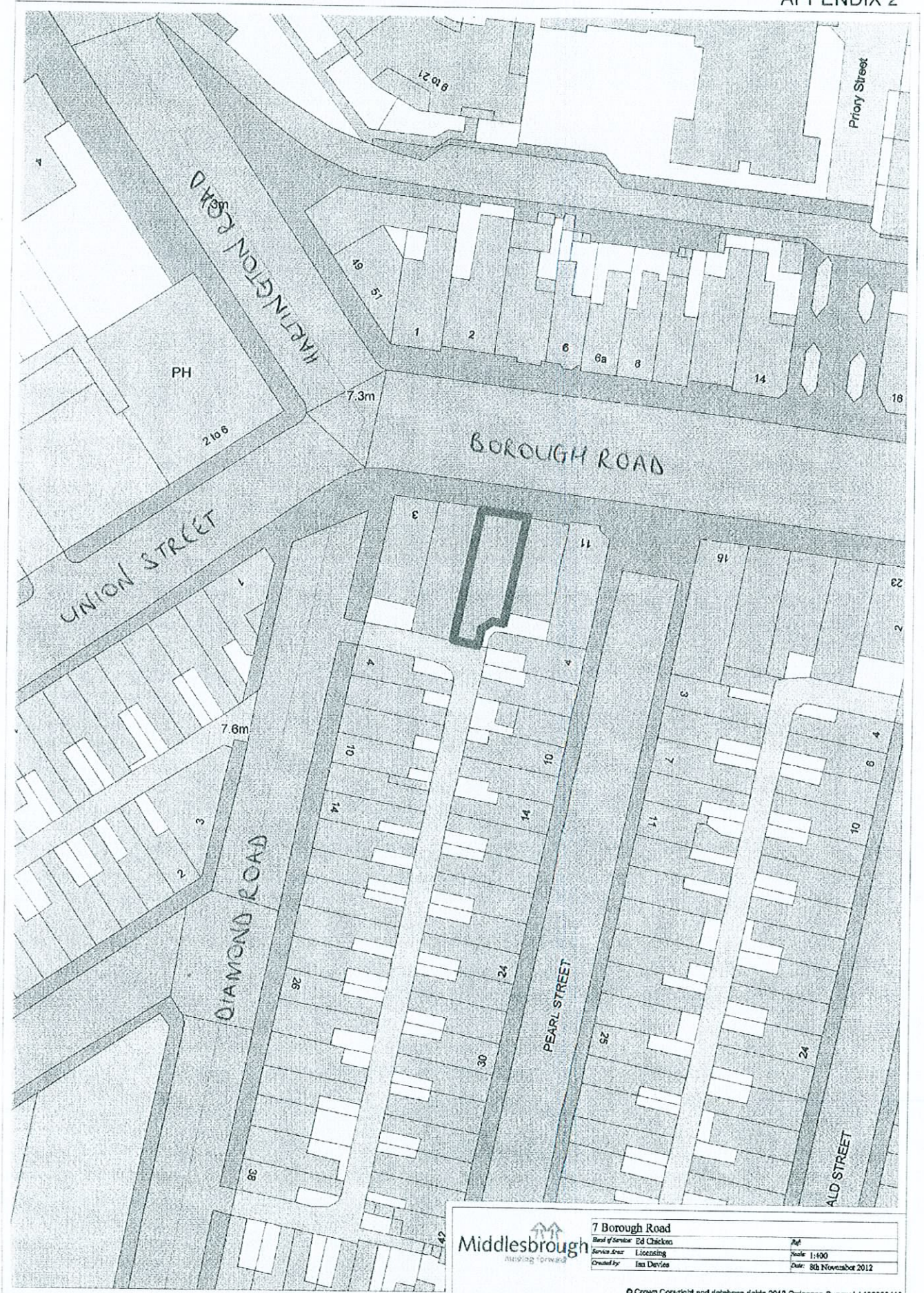
<b>Telephone number (if any)</b>	07521887292
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**If you would prefer us to correspond with you by e-mail your e-mail address (optional)**  
dave.overdinsdale@btinternet.com

#### Notes for Guidance

1. Describe the premises. For example the type of premises, its general situation and layout and any other information which could be relevant to the licensing objectives. Where your application includes off-supplies of alcohol and you intend to provide a place for consumption of these off-supplies you must include a description of where the place will be and its proximity to the premises.
2. Where taking place in a building or other structure please tick as appropriate. Indoors may include a tent.
3. For example the type of activity to be authorised, if not already stated, and give relevant further details, for example (but not exclusively) whether or not music will be amplified or unamplified.
4. For example (but not exclusively), where the activity will occur on additional days during the summer months.
5. For example (but not exclusively), where you wish the activity to go on longer on a particular day e.g. Christmas Eve.
6. Please give timings in 24 hour clock (e.g. 16:00) and only give details for the days of the week when you intend the premises to be used for the activity.
7. If you wish people to be able to consume alcohol on the premises please tick on, if you wish people to be able to purchase alcohol to consume away from the premises please tick off. If you wish people to be able to do both please tick both.
8. Please give information about anything intended to occur at the premises or ancillary to the use of the premises which may give rise to concern in respect of children, regardless of whether you intend children to have access to the premises, for example (but not exclusively) nudity or semi-nudity, films for restricted age groups, the presence of gaming machines.
9. Please list here steps you will take to promote all four licensing objectives together.
10. The application form must be signed.





		<b>7 Borough Road</b>	
Head of Service: Ed Chikien	Ref:	Licence No:	
Service Area: Licensing	Created by: Ian Davies	Scale: 1:100	Date: 8th November 2012



11<sup>th</sup> October 2012

Middlesbrough Council Licensing  
Vancouver House  
Gurney Street  
Middlesbrough

Dear Sirs

7 Borough Road, Middlesbrough

Middlehaven Community Council with the support of St Aidan's Residents Association strongly object to the above property regaining their licence to sell alcohol to be consumed off the premises from Monday to Sunday 9am to 9pm.

European Foods (7 Borough Rd) surrendered their licence the day before a hearing due to take place on 4th April 2012, some 6 months ago. DPS Aram Hussein has repeatedly claimed to MBC and the police he has nothing to do with the shop. However, residents see him in the shop and his car is parked outside on a daily basis.

Residents often see alcohol being delivered to the premises despite the licence being surrendered and being unable to 'officially' sell alcohol. Alcohol is kept in the store stockroom.

Residents have real concerns that despite his claims otherwise Mr. Hussein does have connection to the shop and if the licence is regained then the problems with ASB and prostitution, which already blight the area will again increase. We do not consider him a responsible person. The residents believe the applicant Mr. Kadir is merely a 'front' man.

The landlord Mr. Rollston should be held to account for the behaviour of his tenants and made to realise the negative impact these people have on the lives of God fearing, law abiding residents in the immediate area.

Yours faithfully

A handwritten signature in black ink, appearing to be "Linda Lewis", written over a light blue horizontal line.

Linda Lewis  
Chair – Middlehaven CC and St Aidan's Residents Association



# Middlesbrough Council

www.middlesbrough.gov.uk

## COMMUNITY PROTECTION SERVICES

### Licensing

PO Box 65, Vancouver House, Gurney Street,  
Middlesbrough TS1 1QP  
Tel: (01642) 245432



## Representations On A Current Application For A Grant/Variation of a Premises Licence Or Club Premises Certificate Under The Licensing Act 2003

### 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 (Insert name)

Marie Nevison

Wish to make representation about the application for variation/grant for a premises licence/club premises certificate (delete as applicable)

### PART 1 – PREMISES OR CLUB PREMISES DETAILS

Postal Address of Premises or Club Premises, or if none, ordnance survey map reference or description  
7 Borough Road

Post Town  
Middlesbrough

Post Code  
TS1 4AA

Name of premises licence holder or club holding club premises certificate (if known)

Number of premises licence or club premise certificate (if known)

### PART 2 – DETAILS OF PERSON MAKING REPRESENTATION

I am

Please  
Tick ✓

- 1) an interested party (please complete (A) or (B) below)
- a) a person living in the vicinity of the premises
- b) a body representing persons living in the vicinity of the premises
- c) a person involved in business in the vicinity of the premises
- d) a body representing persons involved in business in the vicinity of the premises
- 2) a responsible authority (please complete (C) below) x
- 3) a member of the club to which this representation relates (please complete (A) below)

### (A) DETAILS OF INDIVIDUAL MAKING REPRESENTATION (fill in as applicable)

Mr                      Mrs                      Miss                      Ms                      Other Title (for example, Rev)

Surname

First Names

I am 18 years old or over

Yes  (Please Tick)

Current Address			
Post Town		Post Code	

Daytime contact telephone number

E-mail address (optional)

**(B) DETAILS OF OTHER PARTY MAKING REPRESENTATION (e.g. Body or Business)**

Name and Address

Telephone Number (If any)	
E-Mail address (optional)	

**(C) DETAILS OF RESPONSIBLE AUTHORITY MAKING REPRESENTATION**

Name and Address
CHIEF CONSTABLE OF CLEVELAND POLICE C/O POLICE SERGEANT 944 HIGGINS MIDDLESBROUGH POLICE HQ BRIDGE STREET WEST MIDDLESBROUGH TS2 1AB

Telephone Number (If any)	01642 303175
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E-Mail address (optional)	
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This representation relates to the following licensing objective(s)

- |   |                                     |
|---|-------------------------------------|
|   | Please<br>Tick ✓                    |
| 1. The prevention of crime and disorder | <input checked="" type="checkbox"/> |
| 2. Public safety                        | <input type="checkbox"/>            |
| 3. The prevention of public nuisance    | <input checked="" type="checkbox"/> |
| 4. The protection of children from harm | <input type="checkbox"/>            |

Please state the ground(s) for representation. (please read guidance note 1)

This is a new application to grant a Premises Licence to allow the sale of alcohol for consumption off the premises from 09.00 hours – 21.00 hours Monday – Sunday. Cleveland Police wish to make representations for the following reasons:

Earlier this year, Cleveland Police made an application to review the premises licence following the employment of illegal workers, counterfeit cigarettes and illegally imported alcohol. However, prior to the review taking place, the previous owner/DPS Aram Hussein, surrendered the premises licence.

The new applicant, Mohammed Kadir has stated that the previous owner is no longer connected to the business in any way. However, Cleveland Police have witnessed Aram Hussein working at the store on a number of occasions selling goods following the submission of this application.

Due to the above concerns, Cleveland Police believe that if this application is granted the prevention of crime and disorder objective, and public nuisance will be undermined.

Please provide as much information as possible to support the representation. (Please read guidance note 2)

In the event that the above application is not withdrawn, further evidence will be provided in the near future.

Please  
Tick ✓

Have you made any representation relating to these premises before?

If Yes, please state the date of that representation

Day		Month		Year			

If you have made representation before relating to these premises please state what they were and when you made them.

#### **How We Collect And Use Information**

By completing this document you give Middlesbrough Council the authority to collect and retain information about you for the purpose of the application. In order to process the application we may need to check this information with other enforcement agencies, local authorities or government departments.

We must protect the public funds we handle and so we may use the information you have provided on this form to prevent and detect fraud. We may also share this information with other enforcement agencies including those organisations which handle public funds. Middlesbrough Council will not disclose information about you unless the law permits.

Middlesbrough Council is the Data Controller for the purposes of the Data Protection Act. If you want to know more about the information the Authority holds about you or the way the Authority uses that information please contact the Information Security Officer, PO Box 17, Melrose House, 1 Melrose Street, Middlesbrough, TS1 2YW.

#### **Part 3 – Signatures** (Please read guidance note 3)

Signature of representative or representative's solicitor or other duly authorised agent. (See guidance note 4) If signing on behalf of the representative please state in what capacity.

Signature		Date	25 <sup>th</sup> October 2012
Capacity	Solicitor		

Contact name (where not previously given) and address for correspondence associated with this representation. (Please read guidance note 5)

Post Town	Post Code
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Telephone Number (if any)	
E-mail Address (optional)	

#### **Notes for Guidance**

1. The ground(s) for representation must be based on one of the licensing objectives.
2. Please list any additional information or details for example dates of problems, which are included in the grounds for representation, if applicable.
3. The representation form must be signed.
4. A representative's agent (for example solicitor) may sign the form on their behalf provided that they have actual authority to do so.
5. This is the address, which we shall use to correspond with you about this representation.

6. Information on the Licensing Act 2003 is available at [www.middlesbrough.gov.uk](http://www.middlesbrough.gov.uk) and you are advised to read any relevant guidance leaflets before completing this form.

Your Ref:  
Our Ref: LICE/20/584/MN

When telephoning please use  
(01642) 303176 to contact  
Middlesbrough Licensing Unit

25th October 2012

Dear Mohammed Kadir

**Re: Licensing Act 2003**  
**7 Borough Road, Middlesbrough, TS1 4AA**

Following your application for a premises licence in connection with the above premises, please find enclosed a copy of the representations made by Cleveland Police, which have been forwarded to Middlesbrough Council.

May I suggest that you obtain your own legal advice in this matter?

I would be grateful if any response could be sent to Middlesbrough Police and copied to Middlesbrough Council.

Yours faithfully,

**Marie Nevison**  
**On behalf of Legal Services**

Mohammed Kadir  
Clarendon Road  
Middlesbrough

**RESTRICTED (when complete)**  
**CLEVELAND POLICE**  
**WITNESS STATEMENT**

(CJ Act 1967, s9 MC Act 1980, ss5A(3)(a) and 5B; Criminal Procedure Rules 2005, r.27.1(1))

URN	17			
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Statement of Jayne Karen BRYAN

Age if under 18 Over 18 (If over 18 insert "Over 18") Occupation Police Constable 1969

This statement (consisting of 2 page(s) each signed by me) is true to the best of my knowledge and belief and I make it knowing that if it is tendered in evidence I shall be liable to prosecution if I have wilfully stated anything in it, which I know to be false, or do not believe to be true.

Signature \_\_\_\_\_ Date: 01/11/2012

Tick if witness evidence is visually recorded  (supply witness details on rear)

I am a Police Constable with Cleveland Police. I am currently stationed at MIDDLESBROUGH POLICE STATION (M8), BRIDGE STREET WEST, MIDDLESBROUGH attached to the District Licensing Unit (DLU).

My role as a Licensing Officer involves dealing with licensed premises which include on/off alcohol sales and late night refreshment venues. I carry out regular enforcement visits at all licensed premises. This is to ensure that premises are run correctly, the conditions of the licence are being adhered to and the licensing objectives are being promoted.

European Foods, 7 Borough Road, Middlesbrough is a general store which is situated on the cross roads of two main access routes to the Town centre. The area in which the store is situated is a highly populated residential area and suffers from crime and anti social behaviour.

Cleveland Police have recently received a new application for a premises licence at this

Signature \_\_\_\_\_ Signature Witnessed by N/A

**RESTRICTED (when complete)****CLEVELAND POLICE**

Page No 2

Continuation of Statement of **Jayne Karen BRYAN**

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premises - 7 BOROUGH ROAD, MIDDLESBROUGH from Mohammed Kadir. The application requests the sale of alcohol for consumption off the premises be allowed from 0900 hours – 2100 hours Monday – Sunday. However, Cleveland Police have concerns regarding this application for the reasons set out below:

In January 2012, the premises were subject to a review of the premises licence by Cleveland Police. This came about when information was received by Cleveland Police from Her Majesty's Revenue and Customs (HMRC) detailing the following visits to the premises:

In November 2009, Her Majesty's Revenue and Custom (HMRC) had visited the premises after having received intelligence that the premises was selling imported alcohol. During the visit, HMRC found and seized imported alcohol.

The premises was visited on a further three occasions by HMRC, namely, 5/5/10, 11/10/11 and 23/10/11 and each time, they found and seized further imported alcohol. It is of concern that the monetary amount seized from two of these visits was in excess of £10,000.

Cleveland Police were aware that intelligence suggested that counterfeit cigarettes were also being sold from the premises. There was also intelligence to suggest that illegal immigrants were working at the premises. Subsequently, a visit was carried out by United Kingdom Border Agency Police (UKBA) on 19<sup>th</sup> January 2012. During the visit, an illegal

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Signature \_\_\_\_\_ Signature Witnessed by N/A



**RESTRICTED (when complete)****CLEVELAND POLICE**

Page No 3

Continuation of Statement of **Jayne Karen BRYAN**

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immigrant was found on the premises, but there was no evidence to confirm that he was actually working at the premises.

In relation to the counterfeit cigarettes mentioned above, the tobacco stand was completely empty, despite the fact that the premises do sell cigarettes. In addition to this, UKBA found alcohol stacked up the stairs and in storage rooms upstairs. They reported to Cleveland Police licensing officers that the alcohol had been imported from Poland. (Unfortunately, UKBA do not have the power to seize imported alcohol).

The application for review by Cleveland Police did not go to a hearing because the premises licence was surrendered prior to the hearing by Aram Hussein, the then premises licence holder/DPS.

The applicant for this new premises licence, Mohammad KADIR has stated in his application that the previous owner/DPS Aram Hussein is no longer connected to the business in any way. However, I have personally witnessed Aram HUSSEINI the previous working behind the till at the premises on a number of occasions since this application was submitted.

Cleveland Police are concerned as to the dishonesty of the current applicant in stating that Aram Hussein is no longer connected with the business in any way when he clearly is. This leads Cleveland Police to have concerns that this premises will continue to operate

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Signature \_\_\_\_\_ Signature Witnessed by **N/A**

**RESTRICTED (when complete)**

**CLEVELAND POLICE**

Continuation of Statement of **Jayne Karen BRYAN**

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and adopt the above illegal practices, thus undermining the licensing objectives if this application is granted.

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Signature \_\_\_\_\_ Signature Witnessed by N/A