

**FOR THE CHAIR AND MEMBERS OF
THE LICENSING SUB-COMMITTEE
FOR 2 JUNE 2016**

APPLICATION FOR A PREMISES LICENCE

Applicant: K&K Hardware (Ormesby) Limited

Ref. No. OL/16/11

Premises: K&K Hardware, 4a Cargo Fleet Lane, Ormesby, Middlesbrough, TS3 0LW

Application received: 12 April 2016

Proposed Licensable Activities:

Sale of Alcohol (Off the Premises) – Monday to Sunday 7am to 10pm

Full details of the application are attached at Appendix 1.

1. Notification to Responsible Authorities:

The following Responsible Authorities have all received notification of the application:

| | |
|-------------------------------------|---------------------------|
| Chief Constable | Planning Manager |
| Chief Fire Officer | Trading Standards Manager |
| Area Child Protection Group | Director of Public Health |
| Environmental Health Manager | |
| (Public Safety and Public Nuisance) | |

2. Application advertised by the applicant: Evening Gazette – 14 April 2016

3. Legislation

The Licensing Act 2003 requires the Licensing Authority to carry out its functions with a view to promoting the four licensing objectives:

- The Prevention of Crime and Disorder
- Public Safety
- The Prevention of Public Nuisance
- The Protection of Children from Harm

The Licensing Authority must also have regard to its Licensing Policy and any guidance issued by the Secretary of State.

4. Background

The premises are run as a community Post Office and hardware store and will also offer general convenience retailing, incorporating an off licence facility, selling wines, beers and spirits. The premises are located on Cargo Fleet Lane, Middlesbrough close to residential properties and have been taken over by new management. A location plan is attached at Appendix 2.

5. Additional Information

On 29 April 2016, after consultation with the Council's Public Health Officer, the applicant amended his operating schedule to include the following condition:

'The premises will not stock, display or sell any white ciders or perry based products with an ABV content above 6.5%'.

On 8 May 2016, after consultation with Cleveland Police, the applicant further amended his operating schedule to include the following condition:

'The premises will not stock, display or sell any beer, cider or perry product with an ABV content above 6.5%'.

6. The Representations

On 4 May 2016 a representation was received from Mr & Mrs J Ableson, local residents, objecting to the application on the grounds of the prevention of crime and disorder and the prevention of public nuisance. A copy of this representation is attached at Appendix 3.

On 9 May 2016 a representation was received from Allison Wilson, a local resident, objecting to the application on the grounds of the prevention of public nuisance. A copy of this representation is attached at Appendix 4.

On 10 May 2016 a representation was received from the local ward councillor, Councillor Brian Hubbard, objecting to the application on the grounds of the prevention of public nuisance and supporting the petition (detailed below) submitted by the Park End of Beckfield Community Forum. A copy of Councillor Hubbard's representation is attached at Appendix 5.

On 10 May 2016 a representation was submitted by Park End and Beckfield Community Forum enclosing a petition representing the views of 520 residents of the Park End and Beckfield wards objecting to the application on the grounds of the prevention of crime and disorder and the prevention of public nuisance. A copy of this representation is attached at Appendix 6.

On 10 May 2016 an email was received from Councillor Francis McIntyre supporting the petition submitted by the Park End and Beckfield Community Forum. A copy of this document is attached at Appendix 7.

On 10 May 2016 a representation was received from M Woods, a local resident, objecting to the application on the grounds of the prevention of crime and disorder, the prevention of public nuisance, public safety and the protection of children from harm. A copy of this representation is attached at Appendix 8.

6. The Licensing Policy

Members are referred to the following relevant sections of the Council's Licensing Policy.

| | |
|----------------------------------|---------|
| Prevention of Crime and Disorder | Page 20 |
| Public Safety | Page 25 |
| Prevention of Public Nuisance | Page 27 |
| Protection of Children from Harm | Page 30 |

And any other sections of the Policy which Members consider to be relevant.

7. Guidance to the Licensing Act 2003

Members are referred to the following relevant sections of the Guidance.

| | |
|----------------------------------|----------------------------|
| Prevention of Crime and Disorder | Starting at paragraph 2.1 |
| Public Safety | Starting at paragraph 2.6 |
| Prevention of Public Nuisance | Starting at paragraph 2.14 |
| Protection of Children from Harm | Starting at paragraph 2.21 |

And any other sections of the Guidance which Members consider to be relevant.

8. Members' Options

Members may consider the following options:

1. Grant the licence subject to conditions consistent with the operating schedule modified to such extent as are considered appropriate for the promotion of the licensing objectives and mandatory conditions if applicable. (Condition is deemed to be modified if altered, omitted or added).
2. Reject the whole or part of the application.

Members are reminded that any aggrieved party (i.e. Applicant, Responsible Authority, Other Person) may appeal any decision of the Licensing Committee to the Magistrates' Court.
Contact Officer:

John Hodgson
Senior Licensing Officer
Tel. 728719

For admin use only:

Decision:

Reasons:

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 Mr Kuldip SINGH K&K Hardware (Ormesby) Limited
(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 | | | |
| K&K Hardware. 4A Cargo Fleet Lane, Ormesby. | | | |
| Post town | | Middlesbrough | Post code |
| | | | TS3 0LW |
| Telephone number at premises (if any) | | 07767637764 | |
| Non-domestic rateable value of premises | | £9700.00 | |

Part 2 - Applicant Details

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

- | | | |
|---|-------------------------------------|-----------------------------|
| a) an individual or individuals * | <input type="checkbox"/> | please complete section (A) |
| b) a person other than an individual * | | |
| i. as a limited company | <input checked="" 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) |

- 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:

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

| | | | |
|---|--|----------|--|
| 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 K&K Hardware (Ormesby) Limited |
| Address 4A Cargo Fleet Lane, Ormesby, Middlesbrough, TS3 0LW |
| Registered number (where applicable) 09719890 |
| Description of applicant (for example, partnership, company, unincorporated association etc.) Limited Company |
| Telephone number (if any) 07767637764 |
| E-mail address (optional) |

Part 3 Operating Schedule

When do you want the premises licence to start? *DATE CLASSIC* Day Month Year

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

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)
 These premises have been taken over by new management. The owner is an experienced retailer and has been operating a second Post Office, retail store and Off Licence situated in Crescent Road Middlesbrough without incident.
 The premises will continue to run as a community Post Office and Hardware Store, and will also offer general convenience retailing incorporating an off licence facility selling wines, beers and spirits. The applicant is asking to trade daily between the hours of 7.0am and 10pm

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) | <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 entertainment facilities:

- | | |
|---|--------------------------|
| i) making music (if ticking yes, fill in box I) | <input type="checkbox"/> |
| j) dancing (if ticking yes, fill in box J) | <input type="checkbox"/> |
| k) entertainment of a similar description to that falling within (i) or (j) (if ticking yes, fill in box K) | <input type="checkbox"/> |

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) | | | <u>Will the performance of a play take place indoors or outdoors or both – please tick</u> (please read guidance note 2) | Indoors | <input type="checkbox"/> |
| | | | | Outdoors | <input type="checkbox"/> |
| Day | Start | Finish | | Both | <input type="checkbox"/> |
| Mon | | | <u>Please give further details here</u> (please read guidance note 3) | | |
| Tue | | | | | |
| Wed | | | <u>State any seasonal variations for performing plays</u> (please read guidance note 4) | | |
| Thur | | | | | |
| Fri | | | <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 5) | | |
| Sat | | | | | |
| Sun | | | | | |

B

| | | | | | | |
|---|-------|--------|--|--|----------|--------------------------|
| Films Standard days and timings (please read guidance note 6) | | | <u>Will the exhibition of films take place indoors or outdoors or both – please tick (please read guidance note 2)</u> | | Indoors | <input type="checkbox"/> |
| | | | | | Outdoors | <input type="checkbox"/> |
| Day | Start | Finish | Both <input type="checkbox"/> | | | |
| Mon | | | <u>Please give further details here (please read guidance note 3)</u> | | | |
| Tue | | | | | | |
| Wed | | | <u>State any seasonal variations for the exhibition of films (please read guidance note 4)</u> | | | |
| 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 (please read guidance note 5)</u> | | | |
| Sat | | | | | | |
| Sun | | | | | | |

C

| | | | |
|--|-------|--------|---|
| Indoor sporting events Standard days and timings (please read guidance note 6) | | | <u>Please give further details</u> (please read guidance note 3) |
| Day | Start | Finish | |
| Mon | | | <u>State any seasonal variations for indoor sporting events</u> (please read guidance note 4) |
| 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 5) |
| Fri | | | |
| Sat | | | |
| Sun | | | |

D

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|---|--|------|--|--|---|--------------------------|
| Boxing or wrestling entertainments Standard days and timings (please read guidance note 6) | | | <u>Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick</u> (please read guidance note 2) | | Indoors | <input type="checkbox"/> |
| | | | | | Outdoors | <input type="checkbox"/> |
| | | | | | Both | <input type="checkbox"/> |
| | | | | | <u>Please give further details here</u> (please read guidance note 3) | |
| Mon | | | | | | |
| Tue | | | | | | |
| <u>State any seasonal variations for boxing or wrestling entertainment</u> (please read guidance note 4) | | | | | | |
| | | Wed | | | | |
| | | Thur | | | | |
| <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 5) | | | | | | |
| | | Fri | | | | |
| | | Sat | | | | |
| Sun | | | | | | |

E

| | | | | | | |
|---|-------|---|---|--|---|--------------------------|
| Live music Standard days and timings (please read guidance note 6) | | | Will the performance of live music take place indoors or outdoors or both – please tick (please read guidance note 2) | | Indoors | <input type="checkbox"/> |
| | | | | | Outdoors | <input type="checkbox"/> |
| | | | | | Both | <input type="checkbox"/> |
| | | | | | Please give further details here (please read guidance note 3) | |
| Day | Start | Finish | | | | |
| Mon | | | | | | |
| Tue | | | | | | |
| Wed | | | | | | |
| Thur | | | | | | |
| Fri | | | | | | |
| State any seasonal variations for the performance of live music (please read guidance note 4) | | Sat | | | | |
| | | Sun | | | | |
| | | 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 (please read guidance note 5) | | | | |

F

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|--|-------|--------|--|--|----------|--------------------------|--------------------------|
| Recorded music Standard days and timings (please read guidance note 6) | | | <u>Will the playing of recorded music take place indoors or outdoors or both – please tick</u> (please read guidance note 2) | | Indoors | <input type="checkbox"/> | |
| | | | | | Outdoors | <input type="checkbox"/> | |
| Day | Start | Finish | Both | | | | <input type="checkbox"/> |
| Mon | | | <u>Please give further details here</u> (please read guidance note 3) | | | | |
| Tue | | | | | | | |
| Wed | | | <u>State any seasonal variations for the playing of recorded music</u> (please read guidance note 4) | | | | |
| Thur | | | | | | | |
| 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 5) | | | | |
| Sat | | | | | | | |
| Sun | | | | | | | |

G

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|---|-------|---|---|--|--|--------------------------|
| Performances of dance Standard days and timings (please read guidance note 6) | | | <u>Will the performance of dance take place indoors or outdoors or both – please tick</u> (please read guidance note 2) | | Indoors | <input type="checkbox"/> |
| | | | | | Outdoors | <input type="checkbox"/> |
| | | | | | Both | <input type="checkbox"/> |
| | | | | | <u>Please give further details here</u> (please read guidance note 3) | |
| Day | Start | Finish | | | | |
| Mon | | | | | | |
| Tue | | | | | | |
| Wed | | | | | | |
| Thur | | | | | | |
| Fri | | | | | | |
| <u>State any seasonal variations for the performance of dance</u> (please read guidance note 4) | | Sat | | | | |
| | | Sun | | | | |
| | | <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 5) | | | | |

H

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|--|--------------|---------------|--|----------|--------------------------|
| Anything of a similar description to that falling within (e), (f) or (g) Standard days and timings (please read guidance note 6) | | | <u>Please give a description of the type of entertainment you will be providing</u> | | |
| Day | Start | Finish | <u>Will this entertainment take place indoors or outdoors or both – please tick</u> (please read guidance note 2) | 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 3) | | |
| 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 4) | | |
| 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 5) | | |
| Sun | | | | | |

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|--|-------|--------|---|--------------------------|
| Provision of facilities for making music Standard days and timings (please read guidance note 6) | | | <u>Please give a description of the facilities for making music you will be providing</u> | |
| | | | <u>Will the facilities for making music be indoors or outdoors or both – please tick</u> (please read guidance note 2) | |
| 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 3) | |
| Thur | | | <u>State any seasonal variations for the provision of facilities for making music</u> (please read guidance note 4) | |
| Fri | | | <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> (please read guidance note 5) | |
| Sat | | | | |
| Sun | | | | |

J

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|---|-------|--------|--|--|----------|--------------------------|
| Provision of facilities for dancing Standard days and timings (please read guidance note 6) | | | Will the facilities for dancing be indoors or outdoors or both – please tick (see guidance note 2) | | Indoors | <input type="checkbox"/> |
| | | | | | Outdoors | <input type="checkbox"/> |
| | | | | | Both | <input type="checkbox"/> |
| | | | <u>Please give a description of the facilities for dancing you will be providing</u> | | | |
| Day | Start | Finish | <u>Please give further details here (please read guidance note 3)</u> | | | |
| Mon | | | | | | |
| Tue | | | | | | |
| Wed | | | <u>State any seasonal variations for providing dancing facilities (please read guidance note 4)</u> | | | |
| Thur | | | | | | |
| Fri | | | | | | |
| Sat | | | <u>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 (please read guidance note 5)</u> | | | |
| Sun | | | | | | |

K

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|--|-------|--------|---|-----------------------------------|
| Provision of facilities for entertainment of a similar description to that falling within i or j Standard days and timings (please read guidance note 6) | | | <u>Please give a description of the type of entertainment facility you will be providing</u> | |
| Day | Start | Finish | <u>Will the entertainment facility be indoors or outdoors or both – please tick</u> (please read guidance note 2) | 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 3) | |
| Wed | | | | |
| | | | | |
| Thur | | | <u>State any seasonal variations for the provision of facilities for entertainment of a similar description to that falling within i or j</u> (please read guidance note 4) | |
| Fri | | | | |
| | | | | |
| Sat | | | <u>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</u> (please read guidance note 5) | |
| | | | | |
| Sun | | | | |

L

| | | | | | | | |
|--|-------|--------|--|--|----------|--------------------------|--------------------------|
| Late night refreshment Standard days and timings (please read guidance note 6) | | | Will the provision of late night refreshment take place indoors or outdoors or both – please tick (please read guidance note 2) | | Indoors | <input type="checkbox"/> | |
| | | | | | Outdoors | <input type="checkbox"/> | |
| Day | Start | Finish | Both | | | | <input type="checkbox"/> |
| Mon | | | Please give further details here (please read guidance note 3) | | | | |
| Tue | | | | | | | |
| Wed | | | State any seasonal variations for the provision of late night refreshment (please read guidance note 4) | | | | |
| Thur | | | | | | | |
| Fri | | | 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 (please read guidance note 5) | | | | |
| Sat | | | | | | | |
| Sun | | | | | | | |

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 | 0700 | 2200 | 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) | | | |
| Tue | 0700 | 2200 | | | | |
| Wed | 0700 | 2200 | | | | |
| Thur | 0700 | 2200 | | | | |
| Fri | 0700 | 2200 | | | | |
| Sat | 0700 | 2200 | | | | |
| Sun | 0700 | 2200 | | | | |

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

| | |
|--|---------|
| Name Mr Kuldip SINGH | |
| Address 93, Grove Road, Marton Middlesbrough | |
| Postcode | TS7 8AN |
| Personal Licence number (if known) MBRO/PL1030/076377. | |
| Issuing licensing authority (if known) Middlesbrough Borough 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)

| Day | Start | Finish |
|------|-------|--------|
| Mon | 0700 | 2200 |
| Tue | 0700 | 2200 |
| Wed | 0700 | 2200 |
| Thur | 0700 | 2200 |
| Fri | 0700 | 2200 |
| Sat | 0700 | 2200 |
| Sun | 0700 | 2200 |

State any seasonal variations (please read guidance note 4)

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 (please read guidance note 5)

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 and control of the premises is to be the responsibility of the applicant who is also the nominated Designated Premises Supervisor.

A Challenge 25 age verification policy, will be adopted to ensure no person under the age of 18 years is sold intoxicating liquor. This policy to be supported by poster signage within the premises

Prior to grant of application, training, provided by an external provider, in sale of alcohol will be undertaken for all members of staff. Refresher training will be followed up at regular intervals.

No new member of staff will be involved in the sale of alcohol until completing full induction training and deemed to be competent to carry out that role.

There will be one additional member of staff trained to the Award for Personal licence holder standard.

b) The prevention of crime and disorder

A Digital CCTV system supported by 9 internal cameras is installed. Should this application prove successful 2 external cameras covering front of premises we will be provided. (See enclosed plan) The recorded history will cover a period of not less than 31 days.

A member of staff shall be present on the premises at all times they are open to the public who is capable of operating the CCTV system and providing recordings on request.

A Challenge 25 age verification policy shall be in operation to ensure no person under the age of 18 years is sold alcohol. This policy shall be supported by poster signage within the premises and a refusal book will be maintained at or near the point of sale. Any adult who are believed to be purchasing alcohol on behalf of underage customers will also be refused.

All staff will be fully trained to ensure that no person who is drunk and/or disorderly or appears to be under the age of 25 years is served with alcohol. Such training to be repeated at regular intervals and a record of training will be maintained.

The applicant and staff will provide a climate of partnership working with all statutory agencies and participate in the promotion of any suggested initiatives to drive down crime and disorder.

Entry to the premises will be refused to any person who is drunk, threatening or violent.

Any incident of crime and disorder shall be reported to the Police and an Incident book on the premises will be maintained.

c) Public safety

There shall be an appropriate number of adequately trained staff on duty to ensure the safe evacuation of customers from the premises in the event of an emergency. Such staff will have been issued with specific duties to ensure the safety of all those on site

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

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

All fire fighting equipment will be regularly serviced and 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.

d) The prevention of public nuisance

The applicant and all staff will monitor the patrons of his establishment, arriving, whilst present and leaving his premises to minimise any likelihood of public nuisance.

Polite customer notices shall be displayed in a prominent position asking for customers to respect the needs of other members of the public especially during early morning and evening periods.

e) The protection of children from harm

The applicant and staff are to be trained to monitor all customers to the premises to prevent the supply of alcohol by adults to underage customers

A Challenge 25 age verification policy will be adopted and notices will be displayed in prominent positions to inform customers entering and using the premises of the Policy supported by refusal registers at each point of sale.

When challenged the only acceptable proof of Age documents will be Passport, driving licence and Pass approved cards


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 | 11/4/2016 |
| Capacity | Authorised Agent. D&B Licensing Consultants. |

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 | |
| Date | |
| Capacity | |

| | | | |
|--|-------------|------------------|---------|
| Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 13) | | | |
| David Lester D&B Licensing Consultants The Cottage, Over Dinsdale Hall, Near Neasham | | | |
| Post town | Darlington | Post code | DL2 1PW |
| Telephone number (if any) | 07533831728 | | |
| 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.

Consent of individual to being specified as premises supervisor

I Kuldip Singh

*[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 Premises Licence to sell alcohol by retail

[type of application]

by **K&K Hardware (Ormesby)Limited.**

[name of applicant]

relating to a premises licence. New Application. ..*[number of existing licence, if any]*

for **K&K Hardware,(Ormesby)Limited 4A Cargo Fleet Lane, Ormesby. TS3 0LW**

[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 .

K&K Hardware (Ormesby) Limited.

name of applicant]

Concerning the supply of alcohol at ...**K&K Hardware,(Ormesby)Limited. 4A Cargo Fleet Lane, Ormesby. TS3 0LW**

name and address of premises to which application relates].

I also confirm that I am applying for, intend to apply for or currently hold a personal licence, details of which I set out below.

Personal licence number .

.....**MBRO/PL1030/076377**

[insert personal licence number, if any]

Personal licence issuing authority

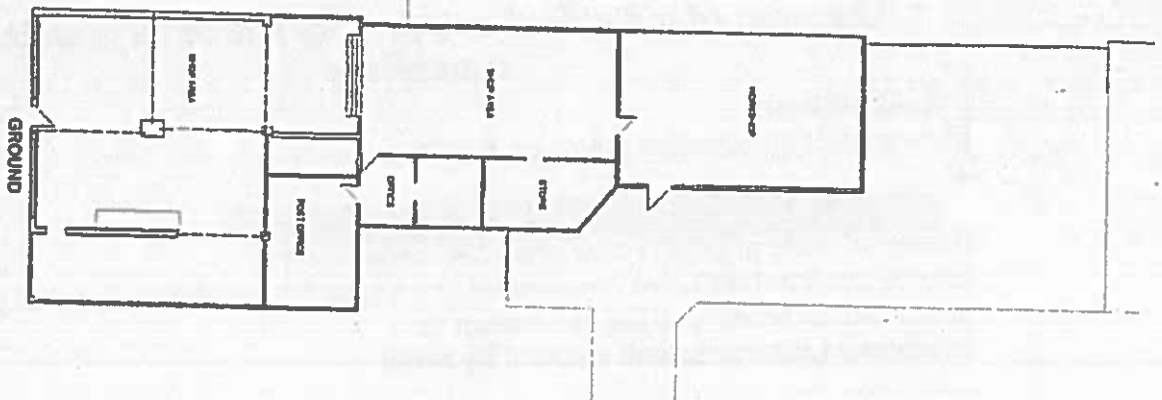
Middlesbrough Council.

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

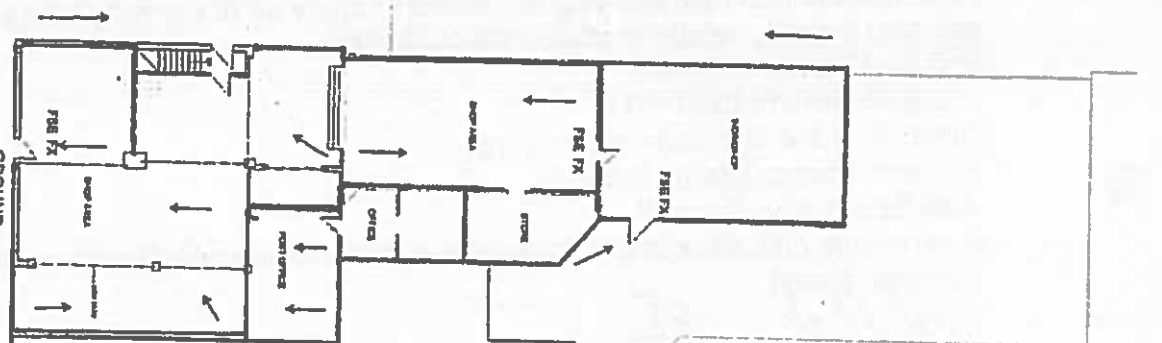
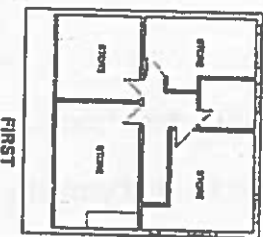
..........signed

Name (please print) **Mr Kuldip Singh**

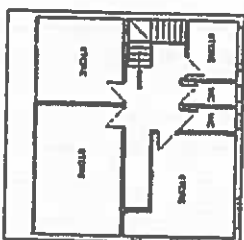
CCTV
 Alcock (Landed Area)
 Fire Safety Equipment
 Fire Exit



PLANS AS EXISTING, SCALE 1:100



PLANS AS PROPOSED, SCALE 1:100



DESCRIPTION
 ALTERATIONS

ALTERATIONS TO ORMESBY HARDWARE & POST OFFICE

CLOSE, GRANGER, GRAY & WILKIN
 BUILDING AND ENGINEERING CONSULTANTS
 25 MARKET PLACE, GERRARDTOWN, GERRARDTOWN, GERRARDTOWN
 16/03/2010

DRAWING No. 16/032/01

APPENDIX 2

