

D & B Licensing and Security Consultants

Authorised BIIAB Tutors - Centre No. C01699

E mail

barriehodgson@ntlworld.com

dave.overdinsdale@btinternet.com

Barrie Hodgson

Home 01642 510820

Mobile 07533831728

Dave Lester.

Home 01325 335516

Mobile 07521 887292

161 Castle Road, Redcar, Cleveland. TS10 2LY

or

The Cottage Over Dinsdale Hall. Near Neasham. DL2 1PW

To the Licensing Authority. Middlesbrough Borough Council.

Dear Sir/Madam.

Please find enclosed an application form for the granting of a new Premises Licence to sell alcohol by retail at 121 Victoria Road, Middlesbrough. TS1 3HX

This application has been posted to you with the anticipated date of receipt as Tuesday 18th October 2016 thereby making the relevant date for representations to begin on Wednesday 19th October 2016.

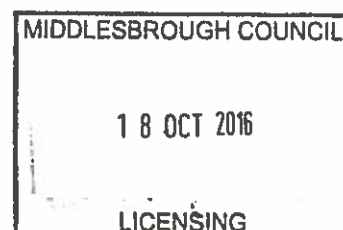
Copies of this application have been sent to all responsible authorities.

Documents included are:

1. Application form.
2. Cheque to the value of £100.00p in payment of Local Authority Fee. (demanded by the non domestic rateable value of the premises Band A)
3. Consent form signed by the proposed nominated Designated premises Supervisor.
4. Two copies of the required plans of the premises showing the alcohol retail area lined in Red.
5. A copy of the Blue legal notice which will be posted on public view on the said premises No later than midnight on Tuesday 18th October 2016.
6. A public notice advising of the application will be displayed in the local newspaper covering the relevant area within the required time and a copy of the same will be forwarded to you for your inspection.

I can be contacted anytime on the above number or by email at dave.overdinsdale@btinternet.com

Yours sincerely,
David Lester. D&B Licensing Consultants.



**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.

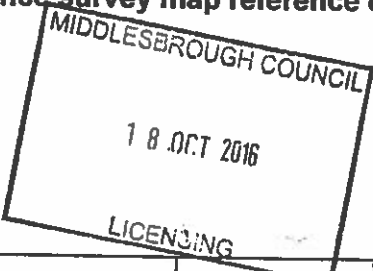
You may wish to keep a copy of the completed form for your records.

I/We Aron Abassi

(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 121 Victoria Road Middlesbrough.			
			
Post town	Middlesbrough	Post code	TS1 3HX
Telephone number at premises (if any)	07817362736		
Non-domestic rateable value of premises	£2,275.00p		

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 Abassi			First names Aron		
I am 18 years old or over				<input checked="" type="checkbox"/> Please tick yes	
Current postal address if different from premises address		28 Cadogan Street,, Middlesbrough,			
Post Town	Middlesbrough		Postcode	TS1 4JT	
Daytime contact telephone number		07817362736			
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
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 GRANTED*

Day	Month	Year
		1 6

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 in Central Middlesbrough on Victoria Road in a mixed business and residential area, This property at the present time is a vacant reatail building and the applicant intends to refurbish the interior.
 On completion the store will operate as a small convenience/ off licence outlet offering a range of ambient and frozen foods. It is the applicants intention if successful in his application to also offer a range of Beers wine and spirits.

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				Both	<input type="checkbox"/>
Tue				Please give further details here (please read guidance note 3) None	
Wed			State any seasonal variations for performing plays (please read guidance note 4)		
Thur			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 (please read guidance note 5)		
Fri					
Sat					
Sun					

B

Films Standard days and timings (please read guidance note 6)			Will the exhibition of films 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"/>
Day	Start	Finish	Please give further details here (please read guidance note 3) None		
Mon					
Tue					
Wed			State any seasonal variations for the exhibition of films (please read guidance note 4)		
Thur					
Fri			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)		
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) None
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

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"/>
Day	Start	Finish	<u>Please give further details here</u> (please read guidance note 3) None		
Mon					
Tue					
Wed			<u>State any seasonal variations for boxing or wrestling entertainment</u> (please read guidance note 4)		
Thur					
Fri			<u>Non standard timings. Where you intend to use the premises for boxing or wrestling entertainment at different times to those listed in the column on the left, please list</u> (please read guidance note 5)		
Sat					
Sun					

E

Live music Standard days and timings (please read guidance note 6)			<u>Will the performance of live music 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"/>
Day	Start	Finish	<u>Please give further details here</u> (please read guidance note 3) None		
Mon					
Tue					
Wed			<u>State any seasonal variations for the performance of live music</u> (please read guidance note 4)		
Thur					
Fri			<u>Non standard timings. Where you intend to use the premises for the performance of live music at different times to those listed in the column on the left, please list</u> (please read guidance note 5)		
Sat					
Sun					

F

Recorded music Standard days and timings (please read guidance note 6)			Will the playing of recorded 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"/>
Day	Start	Finish	Please give further details here (please read guidance note 3)	
Mon			None	
Tue				
Wed			State any seasonal variations for the playing of recorded music (please read guidance note 4)	
Thur				
Fri			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 (please read guidance note 5)	
Sat				
Sun				

G

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"/>
Day	Start	Finish	<u>Please give further details here</u> (please read guidance note 3) None			
Mon						
Tue						
Wed			<u>State any seasonal variations for the performance of dance</u> (please read guidance note 4)			
Thur						
Fri			<u>Non standard timings. Where you intend to use the premises for the performance of dance at different times to those listed in the column on the left, please list</u> (please read guidance note 5)			
Sat						
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>Please give a description of the type of entertainment you will be providing</p> <p>None</p>		
Day	Start	Finish	<p>Will this entertainment take place indoors or outdoors or both – please tick (please read guidance note 2)</p>	Indoors	<input type="checkbox"/>
Mon				Outdoors	<input type="checkbox"/>
Tue			<p>Please give further details here (please read guidance note 3)</p>	Both	<input type="checkbox"/>
Wed					
Thur					
Fri			<p>State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g) (please read guidance note 4)</p>		
Sat			<p>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 (please read guidance note 5)</p>		
Sun					

Provision of facilities for making music Standard days and timings (please read guidance note 6)			Please give a description of the facilities for making music you will be providing None		
			Will the facilities for making music be indoors or outdoors or both – please tick (please read guidance note 2)		Indoors
			Outdoors		<input type="checkbox"/>
			Both		<input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 3)		
Mon					
Tue			State any seasonal variations for the provision of facilities for making music (please read guidance note 4)		
Wed					
Thur					
Fri					
Sat					
Sun			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 (please read guidance note 5)		

J

Provision of facilities for dancing Standard days and timings (please read guidance note 6)			<u>Will the facilities for dancing be indoors or outdoors or both – please tick (see guidance note 2)</u>		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> None			
Day	Start	Finish	<u>Please give further details here (please read guidance note 3)</u>			
Mon						
Tue						
Wed						
Thur						
Fri						
Sat						
Sun			<u>State any seasonal variations for providing dancing facilities (please read guidance note 4)</u>			
			<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>			

K

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)			Please give a description of the type of entertainment facility you will be providing None		
Day	Start	Finish	Will the entertainment facility be indoors or outdoors or both – please tick (please read guidance note 2)	Indoors	<input type="checkbox"/>
Mon				Outdoors	<input type="checkbox"/>
Tue			Please give further details here (please read guidance note 3)	Both	<input type="checkbox"/>
Wed					
Thur			State any seasonal variations for the provision of facilities for entertainment of a similar description to that falling within i or j (please read guidance note 4)		
Fri					
Sat			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 (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"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 3) None		
Mon					
Tue					
Wed			State any seasonal variations for the provision of late night refreshment (please read guidance note 4)		
Thur					
Fri					
Sat			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)		
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) None 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) None		
Mon	08.00	22.00			
Tue	08.00	22.00			
Wed	08.00	22.00			
Thur	08.00	22.00			
Fri	08.00	22.00			
Sat	08.00	22.00			
Sun	08.00	22.00			

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

Name Mr Aron Abassi	
Address 28, Cadogan Street Middlesbrough	
Postcode	TS1 4JT
Personal Licence number (if known) MBRO/PL1142/082386	
Issuing licensing authority (if known) Middlesbrough	

MIDDLESBROUGH COUNCIL
18 OCT 2016
LICENSING

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	None
Mon	08.00	22.00	<p>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> <p>None</p>
Tue	08.00	22.00	
Wed	08.00	22.00	
Thur	08.00	22.00	
Fri	08.00	22.00	
Sat	08.00	22.00	
Sun	08.00	22.00	

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 nominated Designated Premises Supervisor.

In anticipation of this application being successful the applicant will train each member of staff introduced 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

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

The Premises Licence Holder/ Designated Premises Supervisor will participate in any 'Responsible Retailing' scheme and any relevant training which the Local Authority provide. The Premises Licence Holder/Designated Premises Supervisor will participate in any local Off Licence forums held by the Local Authority.

All members of staff at the time of appointment will receive induction training which will include the laws relating to the sale of alcohol to persons underage, the sale of alcohol to anyone who appears drunk or the sale of alcohol to any persons believed to be purchasing alcohol on behalf of someone who is underage or drunk. This training will be refreshed with all staff including management every six months.

Training records will be kept on the premises and will include a record of all training provided and received by every member of staff. Training records will be signed by the member of staff receiving training and the person delivering the training and will be retained and available to Police or any other Responsible Authority upon request.

The premises will maintain a refusals book to record the details of incidents where a member of staff has refused to sell alcohol or any other age restricted products to a person suspected of being underage, drunk or buying such products for someone who is underage/drunk.

The Premises Licence holder / Designated Premises Supervisor or nominated representative shall monitor the refusals book on a monthly basis and make a record of these checks. The refusals book will be made available to Police or other Responsible Authorities upon request.

A Personal Licence holder will be on the premises at all times when open to the public.

The premises will participate in relevant training and campaigns for the promotion of the Licensing objectives at the request of any of the responsible authorities.

All alcohol will be displayed in a controlled area outlined in red on the attached plan, which will occupy no more than 20% of the sales area of the store. Alcohol will be in sight of the checkout area at all times.

A digital Closed Circuit Television System (CCTV) will be installed and maintained in good working order and be correctly time and date stamped. The system will incorporate sufficient built-in hard-drive capacity to suit the number of cameras installed, whilst complying with Data Protection legislation. CCTV will be capable of providing pictures of evidential quality in all lighting conditions, particularly facial recognition. Cameras will encompass all ingress and egress to the premises, outside areas and all areas where the sale/supply of alcohol occurs. There will be a minimum of 31 days recording. The system will record for 24 hours a day. The system will incorporate a means of transferring images from the Hard Drive to a format that can be played back on any desk top computer. The digital recorder will have the facility to be password protected to prevent unauthorised access, tampering or deletion of images.

Continued.

There will be at all times a member of staff who is trained in the use of the equipment and upon

receipt of a request for footage from a governing body, such as Cleveland Police or any other Responsible Authority, be able to produce the footage within a reasonable time, e.g. 24hrs routine or less if urgently required for investigation of serious crime. A Challenge 25 policy will be implemented with all staff insisting on evidence of age from any person appearing to be under the age of 25 years of age and who is attempting to buy alcohol. There shall be notices at all points of sale and at all entrances and exits informing customers and reminding staff that the premises is operating a "Challenge 25" policy.

Only UK 'photo card style' driving licence, valid non-expired passport and PASS approved proof of age ID will be accepted as a form of identification at the premise.

c) Public safety

The applicant and Designated Premises Supervisor are 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 | <input checked="" type="checkbox"/> |
| • I have enclosed the plan of the premises | <input checked="" type="checkbox"/> |
| • I have sent copies of this application and the plan to responsible authorities and others where applicable | <input checked="" type="checkbox"/> |
| • I have enclosed the consent form completed by the individual I wish to be premises supervisor, if applicable | <input checked="" type="checkbox"/> |
| • I understand that I must now advertise my application | <input checked="" type="checkbox"/> |
| • I understand that if I do not comply with the above requirements my application will be rejected | <input checked="" type="checkbox"/> |


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	
Capacity	

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	17/10/16
Capacity	D&B Licensing Consultants (Agents)

Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 13)			
Mr David Lester. D&B Licensing consultants. The Cottage. Over Dinsdale Hall, Near Neasham.			
Post town	Darlington	Post code	DL2 1PW
Telephone number (if any)	07521887292		
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

Consent of individual to being specified as premises supervisor

I ALON ABASSI b 7.5.14
[full name of prospective premises supervisor]

of... 28 CADOGAN STREET,
MIDDLESBROUGH TS1 4JT
[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 ALON ABASSI.....[name of applicant]

relating to a premises licence **New Licence applied for** [number of existing licence, if any]

for... 121 VICTORIA ROAD, MIDDLESBROUGH TS1 3HX
[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 .

name of applicant] ALON ABASSI

Concerning the supply of alcohol at ... 121 VICTORIA RD M660 TS1 3HX
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/ P-1142/082386
[insert personal licence number, if any]

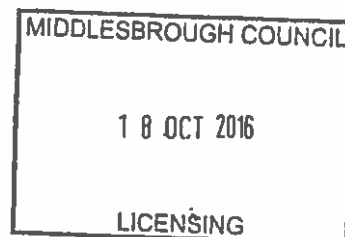
Personal licence issuing authority MIDDLESBROUGH

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

A. ABASSI.....signed Date 10/10/16.....

name (please print)

ALON ABASSI



LICENSING ACT 2003

**NOTICE IS HEREBY GIVEN THAT THE
FOLLOWING APPLICATION HAS BEEN
SUBMITTED TO MIDDLESBROUGH BOROUGH
COUNCIL FOR THE GRANT OF A PREMISES
LICENCE IN RESPECT OF:**

1. NAME OF APPLICANT: Mr Aron Abassi

**2. POSTAL ADDRESS OF PREMISES: 121 Victoria Road,
Middlesbrough TS1 3HX**

**3. PROPOSED LICENSABLE ACTIVITIES OR PROPOSED
VARIATION TO LICENSABLE ACTIVITIES.**

**To make application for the grant of a Premises Licence to
permit the off sales of alcohol by retail, between 0800hrs to
22.00hrs daily.**




**4. A record of this application may be inspected Monday to
Friday during normal office hours at the offices of:**

**Middlesbrough Council,
Licensing Department,
Economic Development & Communities.
Civic Centre.
Middlesbrough.
TS1 9FY.**

**5. Any persons wishing to make representations concerning this
application should do so in writing, to the above address by not
later than Tuesday 15th November 2016.**

**6. It is an offence knowingly or recklessly to make a false
statement in connection with an application and a person
guilty of such an offence is liable on summary conviction to a
fine not exceeding level 5 on the standard scale.**

121 Victoria Road Middlesbrough Proposed floor Plan

- Key,
- Alcohol Licensed Area 
 - CCTV 
 - Fire Safety equipment FSE 
 - Fire Exit FX 