

## MIDDLESBROUGH BOROUGH COUNCIL

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 ROHIT KUMAR**

(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  
**FORMER PARK END MEDICAL CENTRE – EASTING 451769 / NORTHINGS 517676  
OVERDALE ROAD.**

Post town	MIDDLESBROUGH	Postcode	TS3 7EA
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Telephone number at premises (if any)	
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Non-domestic rateable value of premises	£9700
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## Part 2 - Applicant Details

Please state whether you are applying for a premises licence as

Please tick as appropriate

- |    |   |                                     |                             |
|----|---|-------------------------------------|-----------------------------|
| 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 ☐ 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 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 checked="" type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
Surname <b>KUMAR</b>			First names <b>ROHIT</b>		
I am 18 years old or over			<input checked="" type="checkbox"/> Please tick yes.		
Current postal address if different from premises address		12A KINGS ROAD,			
Post town	<b>MIDDLESBROUGH</b>			Postcode	<b>TS3 6NF</b>
Daytime contact telephone number			<b>C/O AGENT - 01642276840</b>		
E-mail address (optional)		<b>C/O AGENT – grhend@ntlworld.com</b>			

**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?

DD	MM	YYYY
01/	10/	2017

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

DD	MM	YYYY

Please give a general description of the premises (please read guidance note 1)  
FORMER MEDICAL CENTRE.  
PLANNING PERMISSION GRANTED FOR CHANGE OF USE TO SUPERMARKET.  
16/5219/FUL

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 any that apply

- 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 late night refreshment** (if ticking yes, fill in box I)

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

X

**In all cases complete boxes K, L and M**

**A**

<b>Plays</b> Standard days and timings (please read guidance note 6)			<b><u>Will the performance of a play 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	<b><u>Please give further details here</u></b> (please read guidance note 3)		
Mon					
Tue					
Wed			<b><u>State any seasonal variations for performing plays</u></b> (please read guidance note 4)		
Thur					
Fri					
Sat			<b><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></b> (please read guidance note 5)		
Sun					

# B

<b>Films</b> Standard days and timings (please read guidance note 6)			<b><u>Will the exhibition of films 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	<b><u>Please give further details here</u></b> (please read guidance note 3)		
Mon					
Tue					
Wed					
Thur			<b><u>State any seasonal variations for the exhibition of films</u></b> (please read guidance note 4)		
Fri					
Sat					
Sun					
			<b><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</u></b> (please read guidance note 5)		

C

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

# D

<b>Boxing or wrestling entertainments</b> Standard days and timings (please read guidance note 6)			<b>Will the boxing or wrestling entertainment 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)		
Mon					
Tue					
Wed			<b>State any seasonal variations for boxing or wrestling entertainment</b> (please read guidance note 4)		
Thur					
Fri					
Sat			<b>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</b> (please read guidance note 5)		
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)		
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

<b>Recorded music</b> Standard days and timings (please read guidance note 6)			<b><u>Will the playing of recorded music take place indoors or outdoors or both – please tick</u></b> (please read guidance note 2)	Indoors	x
				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	07.00	23.30			
Tue	07.00	23.30			
Wed	07.00	23.30	<b><u>State any seasonal variations for the playing of recorded music</u></b> (please read guidance note 4)		
Thur	07.00	23.30			
Fri	07.00	23.30	<b><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></b> (please read guidance note 5)		
Sat	07.00	23.30			
Sun	07.00	23.30			

# G

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

# H

<b>Anything of a similar description to that falling within (e), (f) or (g)</b> Standard days and timings (please read guidance note 6)			Please give a description of the type of entertainment you will be providing		
Day	Start	Finish	<b><u>Will this entertainment take place indoors or outdoors or both – please tick</u></b> (please read guidance note 2)	Indoors	<input type="checkbox"/>
Mon				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Tue			<b><u>Please give further details here</u></b> (please read guidance note 3)		
Wed					
Thur			<b><u>State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g)</u></b> (please read guidance note 4)		
Fri					
Sat			<b><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></b> (please read guidance note 5)		
Sun					

# I

<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><u>Please give further details here</u></b> (please read guidance note 3)		
Tue					
Wed			<b><u>State any seasonal variations for the provision of late night refreshment</u></b> (please read guidance note 4)		
Thur					
Fri			<b><u>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</u></b> (please read guidance note 5)		
Sat					
Sun					

**J**

<b>Supply of alcohol</b> Standard days and timings (please read guidance note 6)			<b>Will the supply of alcohol be for consumption –  <u>please tick</u> (please read guidance note 7)</b>	On the premises	<input type="checkbox"/>
				Off the premises	X
				Both	<input type="checkbox"/>
Day	Start	Finish	<b><u>State any seasonal variations for the supply of alcohol</u></b> (please read guidance note 4)		
Mon	07.00	23.30			
Tue	07.00	23.30			
Wed	07.00	23.30			
Thur	07.00	23.30			
Fri	07.00	23.30			
			<b><u>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</u></b> (please read guidance note 5)		
Sat	07.00	23.30			
Sun	07.00	23.30			

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

Name ROHIT KUMAR	
Address 12A KINGS ROAD, MIDDLESBROUGH,	
Postcode	TS3 6NF
Personal licence number (if known) MBRO/PL1435/090296	
Issuing licensing authority (if known)	

K

**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).**

L

<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)
Day	Start	Finish	
Mon	07.00	23.30	
Tue	07.00	23.30	
Wed	07.00	23.30	
Thur	07.00	23.30	
Fri	07.00	23.30	<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)
Sat	07.00	23.30	
Sun	07.00	23.30	

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

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

TRAINING IN PLACE FOR ALL STAFF, THIS WILL TAKE PLACE YEARLY.  
A MULTIPLE CHOICE TEST TO ENSURE STAFF UNDERSTAND THE IMPORTANCE OF THE LICENCING OBJECTIVES.  
A HANDBOOK WILL BE AVAILABLE TO STAFF AT ALL TIMES.

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

A DIGITAL CLOSED CIRCUIT TELEVISION SYSTEM (CCTV) WILL BE INSTALLED AND MAINTAINED IN GOOD WORKING ORDER AND BE CORRECTLY TIMED 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 LEGALISATION. CCTV WILL BE CAPABLE OF PROVIDING PICTURES OF EVIDENTIAL QUALITY, PARTICULARLY FACIAL RECOGNITION. CAMERAS WILL ENCOMPASS ALL AREAS INSIDE AND OUTSIDE OF THE PREMISES WHERE ALCOHOL IS SOLD TO THE PUBLIC. THERE WILL BE A MINIMUM OF 31 DAYS RECORDING. THE SYSTEM WILL RECORD AT ALL TIMES WHEN LICENSABLE ACTIVITIES ARE OCCURRING. THE SYSTEM WILL INCORPORATE A MEANS OF TRANSFERRING IMAGES FROM THE HARD-DRIVE TO A FORMAT THAT CAN BE PLAYED BACK ON ANY DESKTOP COMPUTER. THE DIGITAL RECORDER WILL BE SECURELY STORED TO PREVENT UNAUTHORISED ACCESS, TAMPERING, OR DELETION OF IMAGES. AT ALL TIMES A MEMBER OF STAFF WILL BE AVAILABLE WHO IS TRAINED IN THE USE OF THE EQUIPMENT AND UPON 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 IMMEDIATELY IF URGENTLY REQUIRED FOR AN INVESTIGATION OF A SERIOUS CRIME. IF THROUGH ILLNESS/HOLIDAY LEAVE NO PERSON IS AVAILABLE THEN CCTV WILL STILL BE PRODUCED WITHIN 48HRS BY ANOTHER MEMBER OF STAFF WHO CAN ATTEND THE PREMISES AND OBTAIN THE FOOTAGE AS REQUESTED.  
NOTICES ON SITE WITH REGARDS TO CHALLENGE 21, DRUGS ETC.

**c) Public safety**

ALL STAFF WILL BE TRAINED WITH REGARDS TO THE SALE OF ALCOHOL. THE TRAINING WILL INCLUDE THE LAWS RELATING TO THE SALE OF ALCOHOL TO UNDER AGED PERSONS, PERSONS BUYING ALCOHOL ON BEHALF OF PERSONS UNDER 18 (PROXY SALES) AND PERSONS WHO ARE DRUNK AND ARE ATTEMPTING TO BUY ALCOHOL. ALL STAFF MUST BE TRAINED PRIOR TO COMMENCING EMPLOYMENT AT THE PREMISES AND ALL STAFF WILL BE RETRAINED EVERY 12 MONTHS. TRAINING RECORDS WILL BE KEPT AT THE PREMISES AND MUST BE MADE AVAILABLE FOR INSPECTION WHEN REQUESTED BY CLEVELAND POLICE OR ANY OTHER RESPONSIBLE AUTHORITY. THE TRAINING RECORDS MUST BE SIGNED AND DATED BY THE DPS AND/OR THE MANAGER AND THE TRAINEE DETAILING WHAT TRAINING HAS BEEN PROVIDED.  
EMERGENCY LIGHTING THROUGHOUT.  
PROVISION OF ALTERNATIVE ESCAPE ROUTES.  
FIRST AID PROVISIONS.  
SMOKE DETECTORS.



HEAT DETECTORS.

d) The prevention of public nuisance

THE PREMISES WILL KEEP AND MAINTAIN AN INCIDENT/REFUSALS BOOK. THIS WILL BE USED TO RECORD ALL INCIDENTS OF CRIME AND DISORDER, ANTI-SOCIAL BEHAVIOUR AND REFUSALS THAT OCCUR ON THE PREMISES. THE INCIDENTS/REFUSALS BOOK WILL BE SOLELY USED FOR THIS PURPOSE, WILL BE KEPT AT THE PREMISES AND WILL BE MADE AVAILABLE FOR INSPECTION BY THE POLICE OR ANY OTHER RESPONSIBLE AUTHORITY.

e) The protection of children from harm

A 'CHALLENGE 25' POLICY WILL BE IMPLEMENTED AT THE PREMISES, WITH ALL STAFF INSISTING ON EVIDENCE OF PROOF OF AGE BY MEANS OF A PHOTO STYLE DRIVING LICENCE, PASSPORT OR OTHER APPROVED RECOGNISED PROOF OF AGE SCHEME CARD, FROM ANY PERSONS WHO APPEARS TO BE UNDER THE AGE OF 25 AND WHO IS ATTEMPTING TO PURCHASE ALCOHOL. THERE WILL BE AT LEAST THREE NOTICES/POSTERS IN PROMINENT POSITIONS INSIDE THE PREMISES INFORMING CUSTOMERS THAT THE 'CHALLENGE 25' POLICY IS IN OPERATION.

**Checklist:**

**Please tick to indicate agreement**

- 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 designated 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 SUMMARY CONVICTION TO A FINE NOT EXCEEDING 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	G R HENDERSON
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Date	04/10/2017
Capacity	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)

MR GORDON HENDERSON  
20 CONWAY ROAD

Post town	REDCAR	Postcode	TS10 2EN
Telephone number (if any)	01642 276840		
If you would prefer us to correspond with you by e-mail, your e-mail address (optional) grhend@ntlworld.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 the premises'. If you wish people to be able to purchase alcohol to consume away from the premises, please tick 'off the premises'. 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 or 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.
11. An applicant's agent (for example solicitor) may sign the form on their behalf provided that they have actual authority to do so.
12. Where there is more than one applicant, each of the applicant or their respective agent must sign the application form.
13. This is the address which we shall use to correspond with you about this application.

