

APPENDIX 1

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 Zerya Elya Ltd

(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 Premier Penn Hill, 1 Bank Chambers Penn Hill Avenue			
Post town	Bournemouth	Postcode	BH14 9NB

Telephone number at premises (if any)	None at present
Non-domestic rateable value of premises	£30,250

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 type="checkbox"/> | please complete section (A) |
| b) a person other than an individual * | | |
| i as a limited company/limited liability partnership | <input checked="" type="checkbox"/> | please complete section (B) |
| ii as a partnership (other than limited liability) | <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 | <input type="checkbox"/> | please complete section (B) |
| f) a health service body | <input type="checkbox"/> | 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 | <input type="checkbox"/> | 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 | <input type="checkbox"/> | please complete section (B) |
| h) the chief officer of police of a police force in England and Wales | <input type="checkbox"/> | please complete section (B) |

* If you are applying as a person described in (a) or (b) please confirm (by ticking yes to one box below):

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 ☐

(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 Zerya Elya Ltd
Address Registered office: [REDACTED]
Registered number (where applicable) 15391660
Description of applicant (for example, partnership, company, unincorporated association etc.) Private Limited Company
Telephone number (if any) [REDACTED]
E-mail address (optional) [REDACTED]

Part 3 Operating Schedule

When do you want the premises licence to start?

DD	MM	YYYY
<input type="text"/>	<input type="text"/>	<input type="text"/>

AS SOON AS POSSIBLE

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

DD	MM	YYYY
<input type="text"/>	<input type="text"/>	<input type="text"/>

Please give a general description of the premises (please read guidance note 1)
The premises are a convenience store and off-licence which closed in 2023. The Premises Licence in respect of the same was surrendered. This application seeks in effect a replacement licence but for slightly longer hours.

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

Not applicable

What licensable activities do you intend to carry on from the premises?
(please see sections 1 and 14 and Schedules 1 and 2 to the Licensing Act 2003)

Provision of regulated entertainment (please read guidance note 2)

Please tick all 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) ☒

In all cases complete boxes K, L and M. Note that Boxes A to J inclusive are blank and have not been reproduced in the interest of sustainability.

J

Supply of alcohol Standard days and timings (please read guidance note 7)			<u>Will the supply of alcohol be for consumption – please tick</u> (please read guidance note 8)	On the premises	<input type="checkbox"/>
				Off the premises	<input checked="" type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<u>State any seasonal variations for the supply of alcohol</u> (please read guidance note 5) None.		
Mon	07:00	24:00			
Tue	07:00	24:00			
Wed	07:00	24:00			
Thur	07:00	24:00	<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> (please read guidance note 6) None.		
Fri	07:00	24:00			
Sat	07:00	24:00			
Sun	07:00	24:00			

State the name and details of the individual whom you wish to specify on the licence as designated premises supervisor (Please see declaration about the entitlement to work in the checklist at the end of the form):

Name [REDACTED]	
Date of birth [REDACTED]	
Address [REDACTED]	
Postcode	BH7 7BT
Personal licence number (if known) BH957970	
Issuing licensing authority (if known) Bournemouth Borough (now BCP) Council	

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 9).

No adult entertainment, services activities etc will be provided.

L

Hours premises are open to the public Standard days and timings (please read guidance note 7)			State any seasonal variations (please read guidance note 5) None.
Day	Start	Finish	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 6) None.
Mon	07:00	24:00	
Tue	07:00	24:00	
Wed	07:00	24:00	
Thur	07:00	24:00	
Fri	07:00	24:00	
Sat	07:00	24:00	
Sun	07:00	24:00	

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 10)

The relevant mandatory conditions shall apply to the licence.

b) The prevention of crime and disorder

An incident log shall be kept at the premises. The log should include the date and time of the incident and the name of the member of staff involved. The log to be made available on request to an authorised officer of the Council or the Police, which will record the following:

- (a) all crimes reported to the venue.
- (b) all ejections of patrons.
- (c) any incidents of disorder.
- (d) any faults in the CCTV system.
- (e) any refusal of the sale of alcohol – this to include a note of the reason for the refusal, the date and time and a brief description of the person(s) concerned.
- (h) any visit by a relevant authority or emergency service.

A CCTV system shall be installed and thereafter maintained in good working order, covering all public parts of the premises and the area immediately outside the entrance. The system shall operate at all times that the premises are open and all recordings will be stored for a minimum period of 31 days with correct date and time stamping.

Facilities will be made available to allow police and other authorised officers to view recordings on request and to be provided with copies in playable format as soon as reasonably practicable, provided in each case that requests are compliant with data protection regulations.

A member of staff who is conversant with the system and authorised to access it should be available at all times that the premises are open to the public.

The system will be checked at least once a week and any fault recorded in the incident log and are rectified as quickly as possible.

c) Public safety

Note for information only – there are no issues relating to this licensing objective and no specific conditions are therefore proposed.

d) The prevention of public nuisance

Note for information only – there are no issues relating to this licensing objective and no specific conditions are therefore proposed.

e) The protection of children from harm

The premises shall operate a quote Challenge 25" policy whereby any person attempting to buy alcohol who appears to be under the age of 25 shall be required to produce photographic proof of age in one or other of the forms specified by the mandatory conditions.

Signage advertising the "Challenge 25" policy will be prominently displayed at the entrance to the premises and at all till points.

All staff concerned with the sale of alcohol shall be trained with regard to restricted sales of alcohol to persons who are under the age of 18 or who are drunk and with regard to the conditions of the premises licence.

Refresher training shall take place at least once every six months.
A written record of all such training shall be maintained and made available for inspection by police or other authorised officers on request.

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. ☒
- [Applicable to all individual applicants, including those in a partnership which is not a limited liability partnership, but not companies or limited liability partnerships] I have included documents demonstrating my entitlement to work in the United Kingdom or my share code issued by the Home Office online right to work checking service (please read note 15). ☐

IT IS AN OFFENCE, UNDER SECTION 158 OF THE LICENSING ACT 2003, TO MAKE A FALSE STATEMENT IN OR IN CONNECTION WITH THIS APPLICATION. THOSE WHO MAKE A FALSE STATEMENT MAY BE LIABLE ON SUMMARY CONVICTION TO A FINE OF ANY AMOUNT.

IT IS AN OFFENCE UNDER SECTION 24B OF THE IMMIGRATION ACT 1971 FOR A PERSON TO WORK WHEN THEY KNOW, OR HAVE REASONABLE CAUSE TO BELIEVE, THAT THEY ARE DISQUALIFIED FROM DOING SO BY REASON OF THEIR IMMIGRATION STATUS. THOSE WHO EMPLOY AN ADULT WITHOUT LEAVE OR WHO IS SUBJECT TO CONDITIONS AS TO EMPLOYMENT WILL BE LIABLE TO A CIVIL PENALTY UNDER SECTION 15 OF THE IMMIGRATION, ASYLUM AND NATIONALITY ACT 2006 AND PURSUANT TO SECTION 21 OF THE SAME ACT, WILL BE COMMITTING AN OFFENCE WHERE THEY DO SO IN THE KNOWLEDGE, OR WITH REASONABLE CAUSE TO BELIEVE, THAT THE EMPLOYEE IS DISQUALIFIED.

Part 4 – Signatures (please read guidance note 11)

Signature of applicant or applicant’s solicitor or other duly authorised agent (see guidance note 12). **If signing on behalf of the applicant, please state in what capacity.**

Declaration	<ul style="list-style-type: none"> • [Applicable to individual applicants only, including those in a partnership which is not a limited liability partnership] I understand I am not entitled to be issued with a licence if I do not have the entitlement to live and work in the UK (or if I am subject to a condition preventing me from doing work relating to the carrying on of a licensable activity) and that my licence will become invalid if I cease to be entitled to live and work in the UK (please read guidance note 15). • The DPS named in this application form is entitled to work in the UK (and is not subject to conditions preventing him or her from doing work relating to a licensable activity) and I have seen a copy of his or
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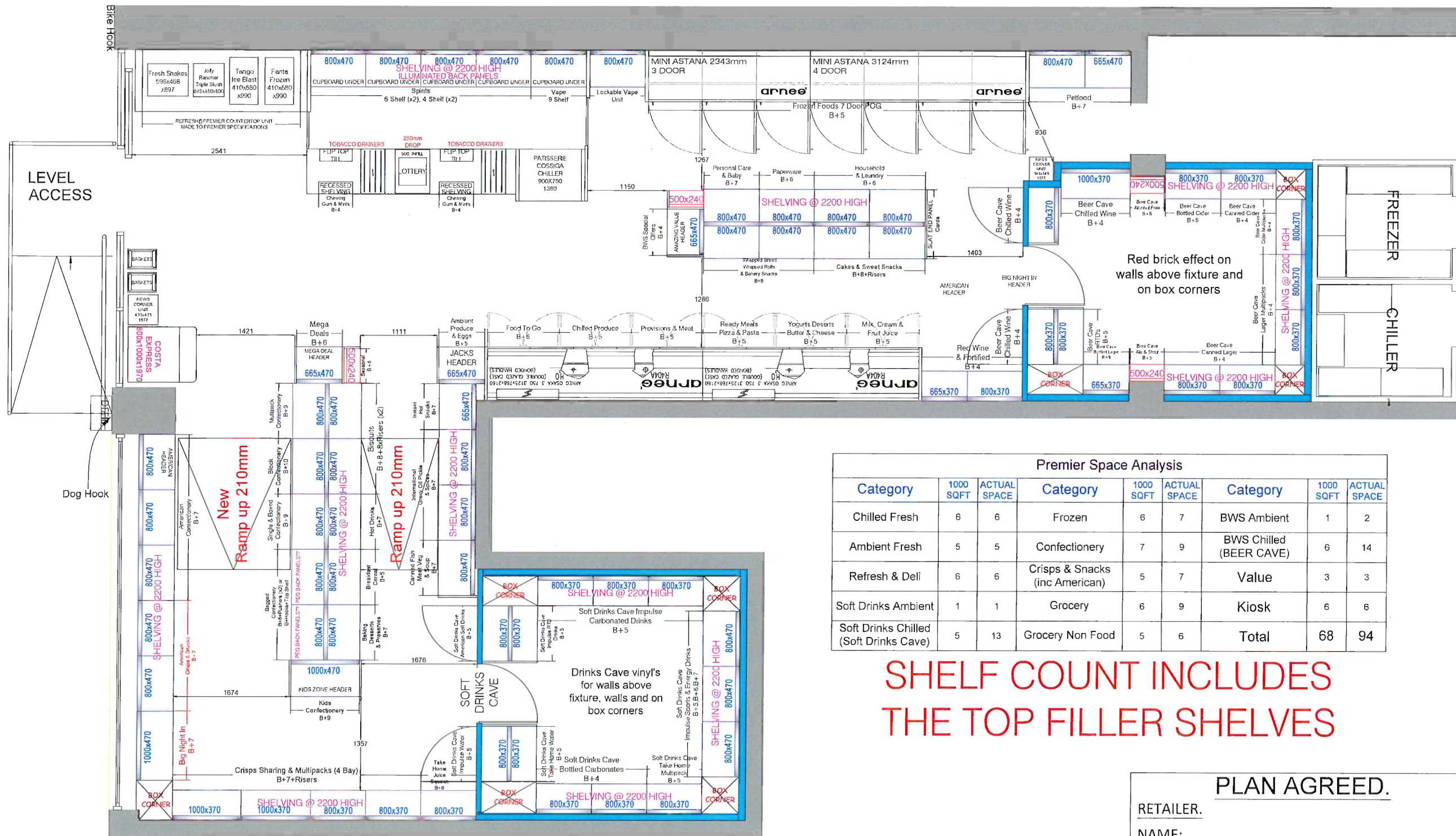
	her proof of entitlement to work, or have conducted an online right to work check using the Home Office online right to work checking service which confirmed their right to work (please see note 15)
Signature	Philip J Day for Lacey's Solicitors LLP
Date	18/01/2024
Capacity	Solicitors for the Applicant

Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 14) Philip Day Lacey's Solicitors LLP 9 Poole Road			
Post town	Bournemouth	Postcode	BH2 5QR
Telephone number (if any)	01202 377867		
If you would prefer us to correspond with you by e-mail, your e-mail address (optional) p.day@laceysolicitors.co.uk			

Notes for Guidance

The Notes do not form part of the application form and have not been reproduced in the interest of sustainability.

COMMODITY LAYOUT



SIGNAGE INFORMATION AND FULL WRITE UP WILL BE ADDED ONCE PLAN IS AGREED!

Premier Space Analysis							
Category	1000 SQFT	ACTUAL SPACE	Category	1000 SQFT	ACTUAL SPACE	Category	1000 SQFT
Chilled Fresh	6	6	Frozen	6	7	BWS Ambient	1
Ambient Fresh	5	5	Confectionery	7	9	BWS Chilled (BEER CAVE)	6
Refresh & Deli	6	6	Crisps & Snacks (inc American)	5	7	Value	3
Soft Drinks Ambient	1	1	Grocery	6	9	Kiosk	6
Soft Drinks Chilled (Soft Drinks Cave)	5	13	Grocery Non Food	5	6	Total	68
							94

SHELF COUNT INCLUDES THE TOP FILLER SHELVES

PLAN AGREED.

RETAILER.

NAME:

SIGNATURE:

DATE:

RDM.

NAME:

SIGNATURE:

DATE:

Premier
PENN
HALL

STORE LAYOUT STATUS:

PROPOSED

ADDRESS:

1-2 CHAMBER BANK
PENN HALL
POOLE
BH16 9NB

DATE:

16th JANUARY 2024

VERSION:

KS v2 (OPT B)

Approx Square Footage

1370 sq.ft.

NOTES:

- V2 (OPT B) DRAWN WITH RDC INPUT.
- SIGNAGE INFORMATION WILL BE ADDED ONCE A PLAN IS AGREED.
- FULL WRITE UP WILL BE ADDED ONCE WE GET AN AGREED PLAN.

BOOKER
WHOLESALE

This drawing is for illustrative purposes ONLY.

All dimensions should be checked by a qualified Shop Fitter prior to any investment being undertaken. All investments made & compliance with building & licensing regulations are the sole responsibility of the Retailer

Plan Drawn By;

Keith Saunders