

**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 Mrs Elina Kadir

*(Insert name(s) of applicant)*

**apply for a premises licence under section 17 of the Licensing Act 2003 for the premises described in Part 1 below (the premises) and I/we are making this application to you as the relevant licensing authority in accordance with section 12 of the Licensing Act 2003**

**Part 1 – Premises Details**

Postal address of premises or, if none, ordnance survey map reference or description <b>Westover Express</b> <b>Westover Road</b> <b>Bournemouth</b> <b>Dorset</b> <b>BH1 2BZ</b>			
<b>Post town</b>	Bournemouth	<b>Postcode</b>	<b>BH1 2BZ</b>

Telephone number at premises (if any)	[REDACTED]
Non-domestic rateable value of premises	<b>£Unknown</b>

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

**(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
Registered number (where applicable)
Description of applicant (for example, partnership, company, unincorporated association etc.) Limited Company
Telephone number (if any)
E-mail address (optional) tom@setsquarestudio.co.uk

### Part 3 Operating Schedule

When do you want the premises licence to start?

DD		MM		YYYY			
0	1	0	6	2	0	2	4

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)

Off license and convenience shop

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

N/A

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


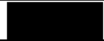
Please tick any that apply

- |   |                          |
|---|--------------------------|
| a) plays (if ticking yes, fill in box A)  | <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"/> |

# J

<b>Supply of alcohol</b> Standard days and timings (please read guidance note 6)			<b><u>Will the supply of alcohol be for consumption – please tick</u></b> (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	<b><u>State any seasonal variations for the supply of alcohol</u></b> (please read guidance note 4)		
Mon	08:00	23:00			
Tue	08:00	23:00			
Wed	08:00	23:00			
Thur	08:00	23:00			
Fri	08:00	23:00			
			<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	08:00	23:00			
Sun	08:00	23:00			

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

Name Elina Kadir	
	
Postcode	
Personal licence number (if known) LN/201800773	
Issuing licensing authority (if known) Enfield 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 8).

L

<b>Hours premises are open to the public</b> Standard days and timings (please read guidance note 6)			<b><u>State any seasonal variations</u></b> (please read guidance note 4)
Day	Start	Finish	
Mon	08:00	23:00	
Tue	08:00	23:00	
Wed	08:00	23:00	
Thur	08:00	23:00	
Fri	08:00	23:00	<b><u>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</u></b> (please read guidance note 5)
Sat	08:00	23:00	
Sun	08:00	23:00	

**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 9)**

Westover Express will meet all 4 Licensing Objectives as shown below, in particularly through ensuring comprehensive staff training, good neighbour practices, Challenge 25

All staff working at the premises concerned with the sale of alcohol shall be trained in accordance with the SWERCOTS scheme or such other scheme as may be approved by Trading Standards or the Licensing Authority from time to time and shall receive refresher training at least every 6 months. A record of all staff training shall be maintained and kept on the premises and made available on request to an authorised officer of the Council or the Police.

The premises shall not stock, sell or supply bottles of any cider, beer or lager that has a strength of over 5.3% in a size greater than 1 litre. Further, the premises shall not sell single bottles or cans of any beer, cider or lager that has a strength of over 5.3%

A further notice reading “We do not sell single cans or bottles of beers, ciders or lagers that are stronger than 5.3%” will be displayed at or near the beer display area.

All spirits shall be displayed only behind the counter area.

Alcohol shall only be displayed in areas visible from the sales counter or covered by CCTV.  
No sale of alcohol shall knowingly be permitted to anyone under the influence of illegal drugs.

Appropriate signage advising customers of the Policy shall be prominently displayed throughout the premises.

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

Whole service area is visible to Management and staff who will be trained and supervised by a DPS and their authorised staff

CCTV is installed to cover all trading and immediate access and exit routes

Posters will be visible from the window to deter customers from congregating by the main door and to remind them to be considerate of neighbours and residents

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

- (a) any complaints received
- (b) any incidents of disorder
- (c) any faults in the CCTV system /or searching equipment / or scanning equipment
- (d) any refusal of the sale of alcohol
- (e) any visit by a relevant authority or emergency service
- (f) all crimes reported to the venue
- (g) all ejections of patrons
- (h) all seizures of drugs or offensive weapons

This log to be checked on a weekly basis by the DPS of the premises.

A CCTV system, shall be installed to cover all entry and exit points enabling frontal identification of every person entering in any light condition.

There must be a member of staff on duty at all times that the premises are trading under this licence who is able to access the CCTV and produce images to the Police on request

The CCTV system shall continually record and cover areas where alcohol is kept for selection and purchase by the public, whilst the premises is open for licensable activities. It shall operate during all times when customers remain on the premises. All recordings shall be stored for a minimum period of 31 days with correct date and time stamping. Recordings shall be made available immediately upon the request of Police or an authorised officer of the council throughout the preceding 31 day period. The CCTV system shall be updated and maintained according to police recommendations.

**c) Public safety**

The measures outlined above

Challenge 25 Age Verification policy to be adopted and advertised with posters

Adequate rubbish bins provided close to the building

The holder of the licence shall undertake a risk assessment regard to the deployment of SIA door supervisors on any occasion when the premises are open beyond 23:00 hours. A copy of any such risk assessment shall be kept up the premises and made available for inspection by police or other authorised officers.

**d) The prevention of public nuisance**

The measures detailed above

Particularly ensuring that customers do not congregate in or near the doorways after leaving

Adequate provision of rubbish bins

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

Staff will adopt and stringently enforce a Challenge 25 Policy

Deliveries including alcohol will require appropriate ID at point of transfer

Any staff employed under the age of 18 will be constantly supervised

**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	Tom Hollington
Date	26/04/2024
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)

Post town		Postcode	
Telephone number (if any)			
If you would prefer us to correspond with you by e-mail, your e-mail address (optional)			

[illegible]

**DENOTES AREA TO BE LICENSED**

- EMERGENCY LIGHT FITTING, NON-MAINTAINED WITH THREE  
HOUR BATTERY BACK-UP (ALL TO B.S.5266 Pt.1 1986)  
(SUPPLY AND FIX)

-  MAINTAINED EMERGENCY SIGN WITH FIRE EXIT & RUNNING MAN PICTOGRAM TO EC DIRECTIVE 92/95 (SUPPLY AND FIX)

- A** EMERGENCY LIGHT TEST KEY (ELECTRICAL CONTRACTOR TO AGREE LOCATION)

NEW FIBROS FIRE DOOR WITH COLD SMOKE SEAL,  
INTUMESCENT STRIP & SELF CLOSING DEVICE (SEALS  
AND STRIPS TO BE FITTED TO FRAME), REFER TO DOOR  
SCHEDULE FOR DOOR SPEC.

- \* DENOTES PRIOR OBE D FITTING
- ② HEAT DETECTOR CONNECTED TO FIRE ALARM
- ③ SMOKE DETECTOR CONNECTED TO FIRE ALARM OBE
- ④ IONISATION TYPE IN ROOMS AND OPTICAL TYPE IN

- FIRE ALARM PANEL**

- FIRE ALARM SOUNDER**
- BREAK GLASS CALL POINT**

FE CO <sub>2</sub>	Mn. 2.5kg Carbon dioxide fire extinguisher
FE FOAM	Mn. 9 litre foam fire extinguisher
FE WATER	Mn. 9 litre water fire extinguisher
FE POWDER	Mn. 2.5kg dry powder fire extinguisher

**DENOTES AREA OF  
LICENSED ACTIVITY**

[illegible]