

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 Salah Sabir

(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			
Units 1 & 2 Stirling House 48-50 Poole Hill Bournemouth			
Post town	Dorset	Postcode	BH2 5PS
Telephone number at premises (if any)		None	
Non-domestic rateable value of premises		£ Property removed from the rating list on 16 October 2020	

Part 2 – Applicant details

Please state whether you are applying for a premises licence as

Please tick as appropriate






- a) an individual or individuals * ☒ please complete section (A)
- b) a person other than an individual *
- i as a limited company/limited liability partnership ☐ please complete section (B)
- ii as a partnership (other than limited liability) ☐ 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 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 (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 ☐

(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 Sabir		First names Salah			
Date of birth 		I am 18 years old or over <input checked="" type="checkbox"/> Please tick yes			
Nationality British					
Current residential address if different from premises address					
Post town	Dorset			Postcode	
Daytime contact telephone number					
E-mail address (optional)					
Where applicable (if demonstrating a right to work via the Home Office online right to work checking service), the 9-digit 'share code' provided to the applicant by that service (please see note 15 for information)					

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		
Date of birth		I am 18 years old or over <input type="checkbox"/> Please tick yes			
Nationality					
Where applicable (if demonstrating a right to work via the Home Office online right to work checking service), the 9-digit 'share code' provided to the applicant by that service: (please see note 15 for information)					
Current residential address if different from premises address		<div style="text-align: center;">N A</div>			
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
15	08	2025

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)

The premises is a convenience store. Application for a premises licence is made for the supply of alcohol off the demised premises.

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 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) | <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 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

J

Supply of alcohol Standard days and timings (please read guidance note 7)			Will the supply of alcohol be for consumption - please tick (please read guidance note 8)	
Day	Start	Finish	On the premises	<input type="checkbox"/>
Mon	08.00am	23.00pm	Off the premises	<input checked="" type="checkbox"/>
Tue	08.00am	23.00pm	Both	<input type="checkbox"/>
Wed	08.00am	23.00pm	State any seasonal variations for the supply of alcohol (please read guidance note 5) <p style="text-align: center;">None</p>	
Thur	08.00am	23.00pm		
Fri	08.00am	00.00am		
Sat	08.00am	00.00am		
Sun	08.00am	23.00pm	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 6) <p>New Years Eve from the start of permitted hours on 31 December to the end of permitted hours on 1 January for a continuous period.</p>	

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		Salah Sabir	
Date of birth			
Address			
Postcode			
Personal licence number (if known)			
201016881 LAPERS			
Issuing licensing authority (if known)			
Portsmouth City 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).

None

L

Hours premises are open to the public
Standard days and timings (please read guidance note 7)

Day	Start	Finish
Mon	08.00am	23.00pm
Tue	08.00am	23.00pm
Wed	08.00am	23.00pm
Thur	08.00am	23.00pm
Fri	06.00am	00.00am midnight
Sat	06.00am	00.00am midnight
Sun	08.00am	23.00pm

State any seasonal variations (please read guidance note 5)

None

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)

New years Eve from the start of permitted hours on 31 December to the end of permitted hours on 1st January for a continuous period.

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 premises is located on the ground floor only. Staff will sell alcohol to customers for consumption off the demised premises.

The applicant is experienced in the alcohol business and will ensure all staff are trained to a high standard.

b) The prevention of crime and disorder

All staff will be trained to a competent level including licensing law and conflict management.

CCTV system will be installed to cover all entry and exit points enabling identification of every customer/person entering the premises in any time of the day or night. A signage advising customers CCTV is in operation shall be displayed on the premises. The CCTV system shall continuously cover and record areas where alcohol is kept for selection and purchase by the public/customers. All recordings shall be kept for a period of one month with correct labelling of time and day and available for inspection upon request by the police or any other authorised person. A staff member who is familiar with the CCTV system shall be on the premises and shall co-operate/assist to show a police or authorised person recent footage immediately. CCTV shall be downloaded on request.

A challenge 25 shall be operated at the premises where only form of acceptable ID is (photographic identification card, e.g. driving licence, passport, or photographic identification bearing a holographic mark or the PASS logo and the persons date of birth. A sign will be put on display advising customers of the challenge 25 notice on the premises.

A refusal book and an incident log shall be kept and maintained and shall be signed by one of the managements on a weekly basis. The logbook and refusal book will be kept on the premises and made available to the licensing officer or an authorised person. The logbook will record the date/time of incident and the name of the staff who has been involved. The records of refusal and incident books shall be retained for 12 months.

Whenever the designated premises supervisor is not at the premises, he will nominate another personal licence holder as being the responsible person to manage the premises. The details of such person to be prominent display on the premises.

Notices will be displayed in prominent positions at the exit of the premises requesting customers to leave quickly and quietly.

c) Public safety

The applicant is well aware of the Fire Risk Assessment measures and will make sure all fire safety measure is complied with and will keep on premises a first aid equipment and materials in order to protect customers and staff.

Printed notices shall be prominently displayed in the premises detailing the essential steps that must be taken if a fire is discovered or the fire alarm goes off or other emergency arises and to call the fire service.

d) The prevention of public nuisance

Premises management will ensure staff departing late at night when the business has ceased trading, conduct themselves in such a manner to avoid disturbance to nearby residents.

No nuisance shall be caused by noise coming from the premises or by vibration transmitting through the structure off the premises.

No light from or on the premises and any other light under the control of the premises shall be provided where that light causes a nuisance to any nearby premises.

Litter and cigarette debris dropped in the vicinity of the premises will be collected and removed.

No deliveries will be made to the premises during the hours of 22.00pm-08.00am.

A notice will be displayed near to the exit of the door advising customers to leave the premises quietly.

e) The protection of children from harm

No person under the age of 12 years, unless they are accompanied by a person over 18 years, shall be permitted on the premises after 22:00pm whilst the premises are being used for the purposes of a licensable activity other than the supply of alcohol.

Staff will be fully trained to adopt challenge 25 notice.

Staff will refuse to sell alcohol to any person who fails to provide a form of acceptable identification.

A challenge 25 notice poster will be on display at the premises advising customers.

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 her
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	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	[REDACTED]
Date	15/07/2025
Capacity	Applicant

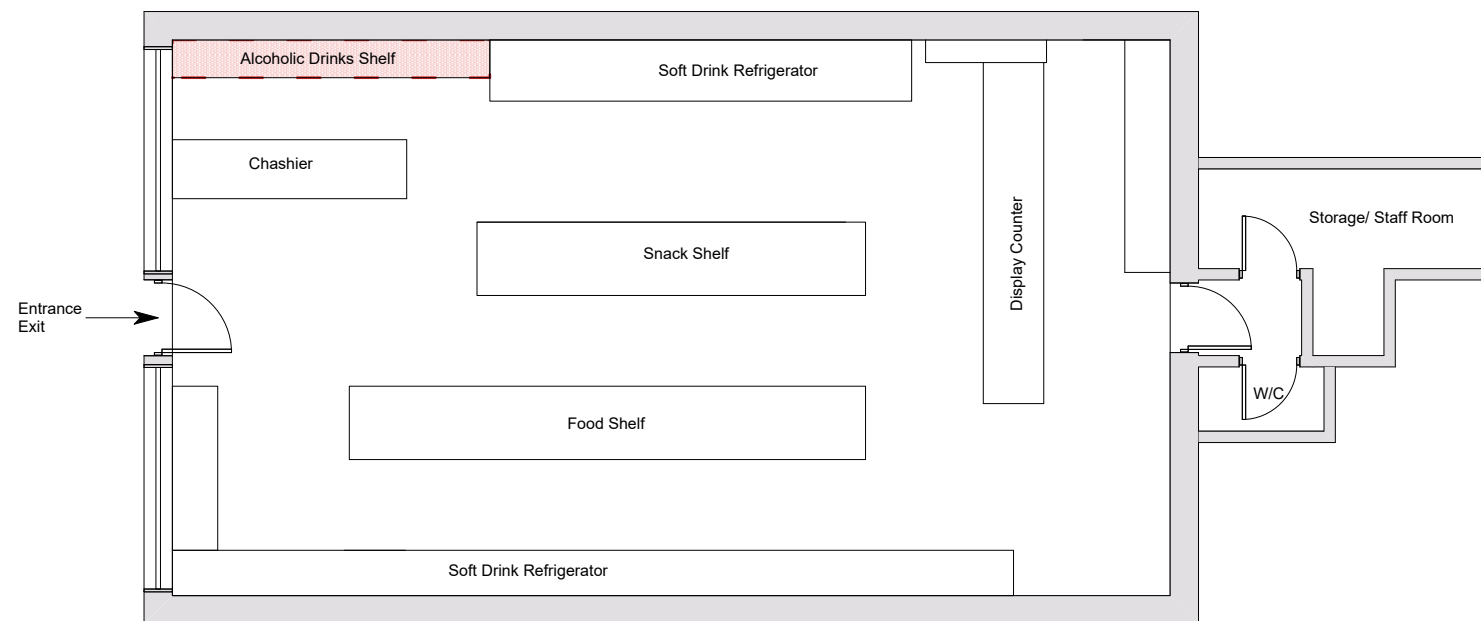
For joint applications, signature of 2nd applicant or 2nd applicant's solicitor or other authorised agent (please read guidance note 13). If signing on behalf of the applicant, please state in what capacity.

Signature	
Date	
Capacity	

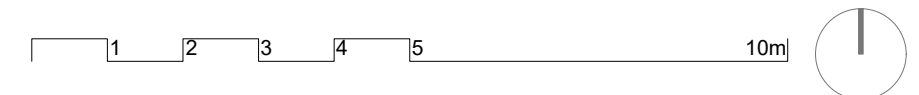
Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 14)

Elif Yildirim
Kilic and Kilic Solicitors
307 West Green Road

Post town	London	Postcode	N15 3PA
Telephone number (if any)	[REDACTED]		
If you would prefer us to correspond with you by e-mail, your e-mail address is [REDACTED]			



Ground Floor Plan
Scale 1: 100 @ A3



48 - 50 Poole Hill, Bournemouth BH2 5PS

Alcohol Licence Floor Plan | **2560 01** | 93 Miles Studio
tel: 07517392297

Drawn By : MS Checked By : MS

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