

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 **SUDHARRON 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 HENGISTBURY HEAD POST OFFICE STORE 106 BROAD WAY SOUTHBOURNE			
Post town	SOUTHBOURNE	Postcode	BH6 4EH

Telephone number at premises (if any)	
Non-domestic rateable value of premises	£8000

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)

<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	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					
Current residential address if different from premises address					
Post town				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					
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 SUDHARRON LTD
Address 106 Broadway, Southbourne, Bournemouth, England, BH6 4EH
Registered number (where applicable) 17107582
Description of applicant (for example, partnership, company, unincorporated association etc.) PRIVATE LIMITED COMPANY

Telephone number (if any)

E-mail address (optional)

Part 3 Operating Schedule

When do you want the premises licence to start?

DD	MM	YYYY
1	0	052026

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)
THIS IS AN ESTABLISHED POST OFFICE AND GENERAL STORE. APPLICANT IS INVESTING TO RENOVATE AND REFIT AS A POST OFFICE AND A CONVENIENCE STORE. THE STORE WILL HAVE CHOICE OF PRODUCTS AND SERVICES FOR LOCAL RESIDENTS.

AND IT IS A GREAT OPPORTUNITY FOR THE RESIDENTS TO HAVE ENHANCED SERVICES AND PRODUCTS. ALCOHOL WILL BE PART OF THE PRODUCTS.

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 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

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)		
Mon	06.00	23.00			
Tue	06.00	23.00			
Wed	06.00	23.00			
Thur	06.00	23.00			
Fri	06.00	23.00			
Sat	06.00	23.00			
Sun	06.00	23.00			
			<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)		

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 AMALINI ARULMOLERAMAN	
Date of birth [REDACTED]	
Address [REDACTED] [REDACTED]	
Postcode	[REDACTED]
Personal licence number (if known) 17/01156/LIPERS	
Issuing licensing authority (if known) CROYDON 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)			<u>State any seasonal variations</u> (please read guidance note 5)
Day	Start	Finish	
Mon	06.00	23.00	
Tue	06.00	23.00	
Wed	06.00	23.00	
Thur	06.00	23.00	
Fri	06.00	23.00	
Sat	06.00	23.00	
Sun	06.00	23.00	
<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> (please read guidance note 6)			

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)

1. Staff engaged in the sale or supply of alcohol to customers at the premises shall be trained in the promotion of the licensing objectives as are relevant to their duties. This shall include training on awareness of local alcohol related issues.
2. The training shall be recorded in a training record which shall not be removed from the premises, except in case of emergency or for the purposes of copying, until a period of 12 months has expired since the last entry that has been recorded.
3. The training record shall be made available to Police and authorised council officers on request.
4. All staff engaged in the sale or supply of alcohol to customers will receive documented refresher training at least every 6 months in relation to the promotion of the licensing objectives. The documentation shall include the content of the training with details confirming the name of the trainer and names of the staff undertaking the training.
5. A register of all refusals to sell alcohol shall be maintained at the premises. The register will show date, time and reason for refusal, details of any documentation presented and name of staff member who refused the sale. The register shall be retained for inspection at the premises whilst it is open for licensable activities for a period of no less than 12 months from the date of the last entry in the register being made.

b) The prevention of crime and disorder

1. The premises shall install and maintain a comprehensive CCTV system in accordance with any minimum requirements of the Police. All entry and exit points will be covered enabling frontal identification of every person entering in any light condition.
2. The CCTV system shall continually record whilst the premises is open for licensable activities and during all times when customers remain on the premises and will include the external area immediately outside the premises entrance.
3. All recordings shall be stored for a minimum period of 31 days (or other specified time period) with date and time stamping. Viewing of recordings shall be made available immediately upon the request of Police or authorised officer throughout the entire 31-day period (or other specified time period).
4. A staff member from the premises who is adequately trained in the operation of the CCTV system shall be on the premises at all times when the premises is open for licensable activities. This staff member must be able to provide to Police and authorised council with copies of the requested CCTV images or data within 24

hours of the request.

5. A written log shall be maintained of routine checks and maintenance to the CCTV system. Routine checks shall include ensuring the date and time are correct, all cameras are recording and the minimum period of required storage is being maintained.

c) Public safety

1. The Licensee shall ensure that appropriate fire safety procedures are in place.

d) The prevention of public nuisance

1. Deliveries of goods necessary for the operation of the business will be carried out at such a time or in such a manner as to prevent nuisance and disturbance to nearby residents.

e) The protection of children from harm

1. All tills shall automatically prompt staff to ask for age verification identification when presented with an alcohol sale.
2. A Challenge 25 proof of age scheme shall be operated at the premises where the only acceptable forms of identification are recognised photographic identification cards, such as a valid driving licence, a valid UK passport, a valid international passport or ID card or a valid government approved proof of age card with the PASS Hologram.
3. A record shall be kept detailing all refused sales of alcohol relating to under age customers. The record should include the date and time of the refused sale and the name of the member of staff who refused the sale.
4. The record shall be available for inspection at the premises by the police or an authorised officer of Council at all times whilst the premises is open.

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	NIRA SURESH
Date	10/04/2026
Capacity	LICENSING AGENT

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	

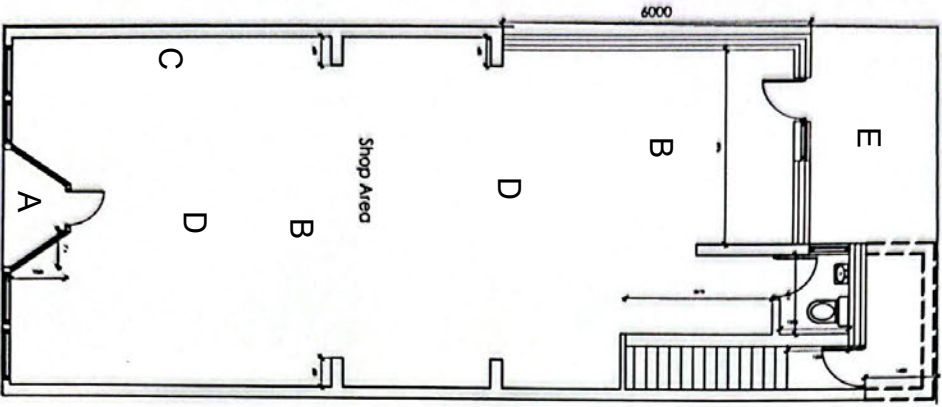
Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 14)

ARKA LICENSING CONSULTANTS
TRIDENT BUSINESS CENTRE
89 BICKERSTETH ROAD

Post town	LONDON	Postcode	SW17 9SH
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Telephone number (if any)	07803 903 897
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If you would prefer us to correspond with you by e-mail, your e-mail address (optional)
CONTACT@ARKALICENSING.CO.UK



- A - MAIN ENTRANCE
- B - RETAIL AREA
- C - POST OFFICE AND RETAIL COUNTERS
- D - SHELVES
- E - STORE ROOM

FIRE EXTINGUISHERS
 LICENSABLE AREA

NOTES
 1. ALL WORK TO BE IN ACCORDANCE WITH THE BUILDING REGULATIONS 2010.
 2. ALL WORK TO BE IN ACCORDANCE WITH THE BUILDING REGULATIONS 2010.
 3. ALL WORK TO BE IN ACCORDANCE WITH THE BUILDING REGULATIONS 2010.

Revision



IKONIC
 BUILDING DESIGN

Architectural Services and Structural Engineers

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 w : www.ikonicdesign.co.uk

ADDRESS
 106 Broadway, Bournemouth, BH6 4EH

PROJECT
 Part rear extension & Alterations in the Flat

TITLE

Proposed Floor Plans

Scale	Date	Drawn By
1:100@A3	March 2018	TK
Job Number	Drawing Number	Revision
1015	003	