

01733 863 877 or 863 811 064340



**Peterborough City Council**  
**Application for a premises licence**  
**Licensing Act 2003**

For help contact  
 eh.licensing@peterborough.gov.uk

Telephone: 01733 747474

\* required information

**Section 1 of 22**

You can save the form at any time and resume it later. You do not need to be logged in when you resume.

System reference

95763

This is the unique reference for this application generated by the system.

Your reference

PL102

You can put what you want here to help you track applications if you make lots of them. It is passed to the authority.

Are you an agent acting on behalf of the applicant?

Yes

No

Put "no" if you are applying on your own behalf or on behalf of a business you own or work for.

**Applicant Details**

\* First name

EVELINA

\* Family name

BALZAKEVICIENE

\* E-mail

Main telephone number

Include country code.

Other telephone number

Indicate here if the applicant would prefer not to be contacted by telephone.

Is the applicant:

Applying as a business or organisation, including as a sole trader

Applying as an individual

A sole trader is a business owned by one person without any special legal structure. Applying as an individual means the applicant is applying so the applicant can be employed, or for some other personal reason, such as following a hobby.

**Applicant Business**

\* Is the applicant's business registered in the UK with Companies House?

Yes

No

\* Is the applicant's business registered outside the UK?

Yes

No

\* Business name

FOOD SHOP

If the applicant's business is registered, use its registered name.

\* VAT number

NONE

Put "none" if the applicant is not registered for VAT.

Continued from previous page...

\* Legal status \* Applicant's position in the business Home country 

The country where the applicant's headquarters are.

**Applicant Business Address**

If the applicant has one, this should be the applicant's official address - that is an address required of the applicant by law for receiving communications.

\* Building number or name \* Street District \* City or town County or administrative area \* Postcode \* Country **Agent Details**\* First name \* Family name \* E-mail Main telephone number 

Include country code.

Other telephone number  Indicate here if you would prefer not to be contacted by telephone

Are you:

 An agent that is a business or organisation, including a sole trader

A sole trader is a business owned by one person without any special legal structure.

 A private individual acting as an agent**Agent Business**\* Is your business registered in the UK with Companies House?  Yes  No\* Registration number \* Business name 

If your business is registered, use its registered name.

\* VAT number 

Put "none" if you are not registered for VAT.

\* Legal status

Continued from previous page...

\* Your position in the business

Home country

The country where the headquarters of your business is located.

**Agent Registered Address**

Address registered with Companies House.

\* Building number or name

\* Street

District

\* City or town

County or administrative area

\* Postcode

\* Country

The information given here will be saved and will be pre-filled in future forms.

**Section 2 of 22**

**PREMISES DETAILS**

I/we, as named in section 1, apply for a premises licence under section 17 of the Licensing Act 2003 for the premises described in section 2 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.

**Premises Address**

Are you able to provide a postal address, OS map reference or description of the premises?

Address     OS map reference     Description

**Postal Address Of Premises**

Building number or name

Street

District

City or town

County or administrative area

Postcode

Country

**Further Details**

Telephone number

Continued from previous page...

Reference number of  
electronic application (if  
known)

95763

If the application or variation form is already  
submitted, ask its applicant for the form's  
'system reference' or 'your reference'.

**Premises Licence Holder**

\* Name

EVELINA BALZAKEVICIENE

**Address Of Premises**

\* Building number or name

77

\* Street

MAYORS WALK

District

\* City or town

CITY OF PETERBOROUGH

County or administrative area

CAMBRIDGESHIRE

Postcode

PE3 6EX

**Premises**

Premise licence number

\* Name of premises

FOOD SHOP

I also confirm that I am applying for, intend to apply for or currently hold a personal licence, details of which I set out below

Personal licence number

32UFA11068

Personal licence issuing  
authority name

PETERBOROUGH CITY COUNCIL

**Address Of Personal Licence Issuing Authority**

Building number or name

Street

District

City or town

County or administrative area

Postcode

**Contact Details Of Personal Licence Issuing Authority**

Telephone number

**Section 3 of 3**

**DECLARATION**

Continued from previous page...

\* Legal status

\* Applicant's position in the business

Home country

The country where the applicant's headquarters are.

**Applicant Business Address**

If the applicant has one, this should be the applicant's official address - that is an address required of the applicant by law for receiving communications.

\* Building number or name

\* Street

District

\* City or town

County or administrative area

\* Postcode

\* Country

**Agent Details**

\* First name

\* Family name

\* E-mail

Main telephone number

Include country code.

Other telephone number

Indicate here if you would prefer not to be contacted by telephone

Are you:

An agent that is a business or organisation, including a sole trader

A sole trader is a business owned by one person without any special legal structure.

A private individual acting as an agent

**Agent Business**

\* Is your business registered in the UK with Companies House?  Yes  No

\* Registration number

\* Business name

If your business is registered, use its registered name.

\* VAT number

Put "none" if you are not registered for VAT.

\* Legal status

Continued from previous page... Non-domestic rateable  
value of premises (£)

5,808

**Section 3 of 22**

**APPLICATION DETAILS**

In what capacity are you applying for the premises licence?

- An individual or individuals
- A limited company
- A partnership
- An unincorporated association
- A recognised club
- A charity
- The proprietor of an educational establishment
- A health service body
- A person who is registered under part 2 of the Care Standards Act 2000 (c14) in respect of an independent hospital in Wales
- A person who is registered under Chapter 2 of Part 1 of the Health and Social Care Act 2008 in respect of the carrying on of a regulated activity (within the meaning of that Part) in an independent hospital in England
- The chief officer of police of a police force in England and Wales
- Other (for example a statutory corporation)

**Confirm The Following**

- I am carrying on or proposing to carry on a business which involves the use of the premises for licensable activities
- I am making the application pursuant to a statutory function
- I am making the application pursuant to a function discharged by virtue of Her Majesty's prerogative

**Section 4 of 22**

**INDIVIDUAL APPLICANT DETAILS**

Continued from previous page...

**Applicant Name**

Is the name the same as (or similar to) the details given in section one?

If "Yes" is selected you can re-use the details from section one, or amend them as required. Select "No" to enter a completely new set of details.

Yes  No

First name

Family name

Is the applicant 18 years of age or older?

Yes  No

**Applicant Postal Address**

Is the address the same as (or similar to) the address given in section one?

If "Yes" is selected you can re-use the details from section one, or amend them as required. Select "No" to enter a completely new set of details.

Yes  No

Building number or name

Street

District

City or town

County or administrative area

Postcode

Country

**Applicant Contact Details**

Are the contact details the same as (or similar to) those given in section one?

If "Yes" is selected you can re-use the details from section one, or amend them as required. Select "No" to enter a completely new set of details.

Yes  No

E-mail

Telephone number

Other telephone number

**Section 5 of 72**

**OPERATING SCHEDULE**

When do you want the premises licence to start?  /  /   
dd mm yyyy

If you wish the licence to be valid only for a limited period, when do you want it to end  /  /   
dd mm yyyy

Continued from previous page...

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

Provide a general description of 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.

FODD SHOP AND OFF-LICENCE

**Section 6 of 22**

**PROVISION OF PLAYS**

Will you be providing plays?

- Yes  No

**Section 7 of 22**

**PROVISION OF FILMS**

Will you be providing films?

- Yes  No

**Section 8 of 22**

**PROVISION OF INDOOR SPORTING EVENTS**

Will you be providing indoor sporting events?

- Yes  No

**Section 9 of 22**

**PROVISION OF BOXING OR WRESTLING ENTERTAINMENTS**

Will you be providing boxing or wrestling entertainments?

- Yes  No

**Section 10 of 22**

**PROVISION OF LIVE MUSIC**

Will you be providing live music?

- Yes  No

**Section 11 of 22**

**PROVISION OF RECORDED MUSIC**

Will you be providing recorded music?

- Yes  No

**Section 12 of 22**



Continued from previous page...

**PROVISION OF PERFORMANCES OF DANCE**

Will you be providing performances of dance?

Yes  No

**Section 13 of 22**

**PROVISION OF ANYTHING OF A SIMILAR DESCRIPTION TO LIVE MUSIC, RECORDED MUSIC OR PERFORMANCES OF DANCE**

Will you be providing anything similar to live music, recorded music or performances of dance?

Yes  No

**Section 14 of 22**

**PROVISION OF FACILITIES FOR MAKING MUSIC**

Will you be providing facilities for making music?

Yes  No

**Section 15 of 22**

**PROVISION OF FACILITIES FOR DANCING**

Will you be providing facilities for dancing?

Yes  No

**Section 16 of 22**

**PROVISION OF FACILITIES FOR ENTERTAINMENT OF A SIMILAR DESCRIPTION TO THOSE PROVIDED FOR MAKING MUSIC OR DANCING**

Will you be providing facilities similar in nature to those provided for making music or dancing?

Yes  No

**Section 17 of 22**

**LATE NIGHT REFRESHMENT**

Will you be providing late night refreshment?

Yes  No

**Section 18 of 22**

**SUPPLY OF ALCOHOL**

Will you be selling or supplying alcohol?

Yes  No

**Standard Days And Timings**

**MONDAY**

Start

End

Start

End

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.

**TUESDAY**

Start

End

Start

End

Continued from previous page...

WEDNESDAY

Start	<input type="text" value="09:00"/>	End	<input type="text" value="22:00"/>
Start	<input type="text"/>	End	<input type="text"/>

THURSDAY

Start	<input type="text" value="09:00"/>	End	<input type="text" value="22:00"/>
Start	<input type="text"/>	End	<input type="text"/>

FRIDAY

Start	<input type="text" value="09:00"/>	End	<input type="text" value="22:00"/>
Start	<input type="text"/>	End	<input type="text"/>

SATURDAY

Start	<input type="text" value="09:00"/>	End	<input type="text" value="22:00"/>
Start	<input type="text"/>	End	<input type="text"/>

SUNDAY

Start	<input type="text" value="09:00"/>	End	<input type="text" value="22:00"/>
Start	<input type="text"/>	End	<input type="text"/>

Will the sale of alcohol be for consumption:

- On the premises     Off the premises     Both

If the sale of alcohol is for consumption on the premises select on, if the sale of alcohol is for consumption away from the premises select off. If the sale of alcohol is for consumption on the premises and away from the premises select both.

State any seasonal variations

For example (but not exclusively) where the activity will occur on additional days during the summer months.

Non-standard timings. Where the premises will be used for the supply of alcohol at different times from those listed in the column on the left, list below

For example (but not exclusively), where you wish the activity to go on longer on a particular day e.g. Christmas Eve.

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

Continued from previous page...

**Name**

First name

Family name

**Enter the contact's address**

Building number or name

Street

District

City or town

County or administrative area

Postcode

Country

Personal Licence number (if known)

Issuing licensing authority (if known)

**PROPOSED DESIGNATED PREMISES SUPERVISOR CONSENT**

How will the consent form of the proposed designated premises supervisor be supplied to the authority?

- Electronically, by the proposed designated premises supervisor
- As an attachment to this application

Reference number for consent form (if known)

If the consent form is already submitted, ask the proposed designated premises supervisor for its 'system reference' or 'your reference'.

**Section 19 of 22**

**ADULT ENTERTAINMENT**

Highlight any adult entertainment or services, activities, or other entertainment or matters ancillary to the use of the premises that may give rise to concern in respect of children

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 etc gambling machines etc.

There will be no adult entertainment.

**Section 20 of 22**

**HOURS PREMISES ARE OPEN TO THE PUBLIC**

Continued from previous page...

### Standard Days And Timings

#### MONDAY

Start

End

Start

End

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.

#### TUESDAY

Start

End

Start

End

#### WEDNESDAY

Start

End

Start

End

#### THURSDAY

Start

End

Start

End

#### FRIDAY

Start

End

Start

End

#### SATURDAY

Start

End

Start

End

#### SUNDAY

Start

End

Start

End

State any seasonal variations

For example (but not exclusively) where the activity will occur on additional days during the summer months.

Non standard timings. Where you intend to use the premises to be open to the members and guests at different times from those listed in the column on the left, list below

For example (but not exclusively), where you wish the activity to go on longer on a particular day e.g. Christmas Eve.

Continued from previous page...

Section 21 of 22

### LICENSING OBJECTIVES

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

a) General – all four licensing objectives (b,c,d,e)

List here steps you will take to promote all four licensing objectives together.

Our main business is a food shop at all times when the premises are open.  
Generally, alcohol is sold in addition to food in order to increase the turnover.  
A person holding the National Licensee's Certificate will be on the premises at all times when alcohol is being served or regulated entertainment provided.

b) The prevention of crime and disorder

CCTV will be installed and working to the satisfaction of the Police and Licensing Authority.  
CCTV recordings will be maintained for an appropriate period of time (generally one month - but to be agreed with Police and Licensing Authority).  
If the CCTV equipment fails, the Police and Licensing Authority will be informed as soon as possible and immediate steps will be taken to put the equipment back into action.  
A notice will be displayed at the entrance to the premises advising that CCTV is in operation.  
All instances of crime and disorder will be reported to the police as soon as reasonably practicable via CCTV.

c) Public safety

Exit doors are regularly checked to ensure they function satisfactorily. Records of these checks are kept and can be produced on request.  
Notices detailing the actions to be taken in the event of fire or other emergency are prominently displayed and maintained in good condition  
Access is provided for emergency vehicles and kept clear and free from obstruction.  
An evacuation policy will be in place that is to the satisfaction of the Fire Authority. All staff members will be trained in the evacuation policy;  
Exit doors open outwards or are secured in the open position if this is not the case.  
Adequate arrangements exist at the premises to enable the safe evacuation of disabled people in the event of an emergency.  
Disabled people are made aware of these arrangements.  
Adequate and appropriate first aid equipment and materials are available on the premises.  
Fire safety signs are adequately illuminated.  
The premises has suitable public liability insurance in the sum of £ 1 million. A certificate is obtained each year and displayed at the premises.  
The premises have a certificate of inspection for portable fire fighting equipment. An inspection is carried out every year and a new certificate obtained each time.

d) The prevention of public nuisance

Doors and windows will be kept closed whenever necessary.  
Prominent, clear and legible notices are displayed at all exits requesting patrons to respect the needs of local residents and to leave the premises and the area quiet.  
Refuse receptacles are cleaned with disinfectant every month.  
We do not use flashing or bright lights on or outside the premises and any security or access lighting is installed and operated so as not to cause a nuisance to nearby properties.  
Two litter receptacles are placed outside the premises for customers to use. These are emptied daily.  
The premises has a waste collection contract with Local Authority who remove waste twice a week.  
Staff undertake a litter pick to a distance of 5 metres around the premises every week.

e) The protection of children from harm

Continued from previous page...

Capacity 5000-9999	£1,000.00
Capacity 10000-14999	£2,000.00
Capacity 15000-19999	£4,000.00
Capacity 20000-29999	£8,000.00
Capacity 30000-39000	£16,000.00
Capacity 40000-49999	£24,000.00
Capacity 50000-59999	£32,000.00
Capacity 60000-69999	£40,000.00
Capacity 70000-79999	£48,000.00
Capacity 80000-89999	£56,000.00
Capacity 90000 and over	£64,000.00

\* Fee amount (£)

**ATTACHMENTS**

Consent form of premises supervisor	electronic
Premises plan	electronic

**DECLARATION**

\* I/we understand it is an offence, liable on conviction to a fine up to 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.

Ticking this box indicates you have read and understood the above declaration

This section should be completed by the applicant, unless you answered "Yes" to the question "Are you an agent acting on behalf of the applicant?"

\* Full name

\* Capacity

\* Date  /  /   
dd mm yyyy

This section should be completed by the applicant, unless you answered "Yes" to the question "Are you an agent acting on behalf of the applicant?"

\* Digital signature  The form must be digitally signed, this will be verified and passed to the authority.

When you are satisfied that you have completed the form correctly, save it and continue with the application process. If the online application screen is no longer available in your browser, [click here](#) to resume.

**OFFICE USE ONLY**

Applicant reference number	PL102
Fee paid	190.00
Payment provider reference	Pu3AAAAAAIrA
ELMS Payment Reference	95763
Payment status	Paid
Payment authorisation code	016987
Payment authorisation date	May 16, 2012
Date and time submitted	May 16, 2012 4:25:06 PM
Approval deadline	Jun 20, 2012
Error message	
Is Digitally signed	<input checked="" type="checkbox"/>

**Digital Signature Information**

Signer's name	Deividas Povilonis
Signer's contact information	
Signing time	2012-05-16T14:15:36
Signer status	Identity Unknown - Identity Verification of the
Signature status	Status Unknown - Signature validation on the
Certificate issuer	

\* required information

**Section 1 of 3**

You can save the form at any time and resume it later. You do not need to be logged in when you resume.

System reference

95854

This is the unique reference for this application generated by the system.

Your reference

PL102-1

You can put what you want here to help you track applications if you make lots of them. It is passed to the authority.

Are you an agent acting on behalf of the applicant?

Yes  No

Put "no" if you are applying on your own behalf or on behalf of a business you own or work for.

**Applicant Details**

\* First name

EVELINA

\* Family name

BALZAVEVICIENE

\* E-mail

Main telephone number

Include country code.

Other telephone number

Indicate here if the applicant would prefer not to be contacted by telephone

Is the applicant:

Applying as a business or organisation, including as a sole trader  
 Applying as an individual

A sole trader is a business owned by one person without any special legal structure. Applying as an individual means the applicant is applying so the applicant can be employed, or for some other personal reason, such as following a hobby.

**Applicant Business**

\* Is the applicant's business registered in the UK with Companies House?

Yes  No

\* Is the applicant's business registered outside the UK?

Yes  No

\* Business name

FOOD SHOP

If the applicant's business is registered, use its registered name.

\* VAT number

none

Put "none" if the applicant is not registered for VAT.



Continued from previous page...

\* Your position in the business

Home country

The country where the headquarters of your business is located.

**Agent Registered Address**

Address registered with Companies House.

\* Building number or name

\* Street

District

\* City or town

County or administrative area

\* Postcode

\* Country

The information given here will be saved and will be pre-filled in future forms.

**Section 2 of 3**

**CONSENT**

**Name Of Proposed Premises Supervisor**

\* First name

\* Family name

**Address Of Proposed Premises Supervisor**

\* Building number or name

\* Street

District

\* City or town

County or administrative area

Postcode

\* Country

I hereby confirm that I give my consent to be specified as the designated premises supervisor in relation to the following application, and any premises licence to be granted or varied in respect of this application concerning the supply of alcohol at the premises

\* Type of application

For instance 'Application for a premises licence' or 'Variation of a premises licence'

Is the application or variation that this consent is being submitted in connection with being supplied electronically to the authority

Yes       No       Don't know

Continued from previous page...

Alcohol is not be sold for younger than 18 years old.

**Section 22 of 22**

**PAYMENT DETAILS**

This fee must be paid to the authority. If you complete the application online, you must pay it by debit or credit card. Premises Licence Fees are determined by the non domestic rateable value of the premises.

To find out a premises non domestic rateable value go to the Valuation Office Agency site at [http://www.voa.gov.uk/business\\_rates/index.htm](http://www.voa.gov.uk/business_rates/index.htm).

Band A - No RV to £4300	£100.00
Band B - £4301 to £33000	£190.00
Band C - £33001 to £8700	£315.00
Band D - £87001 to £12500	£450.00*
Band E - £125001 and over	£635.00*

\*If the premises rateable value is in Bands D or E and the premises is primarily used for the consumption of alcohol on the premises then your are required to pay a higher fee

Band D - £87001 to £12500	£900.00
Band E - £125001 and over	£1,905.00

There is an exemption from the payment of fees in relation to the provision of regulated entertainment at church halls, chapel halls or premises of a similar nature, village halls, parish or community halls, or other premises of a similar nature. The costs associated with these licences will be met by central Government. If, however, the licence also authorises the use of the premises for the supply of alcohol or the provision of late night refreshment, a fee will be required.

Schools and sixth form colleges are exempt from the fees associated with the authorisation of regulated entertainment where the entertainment is provided by and at the school or college and for the purposes of the school or college.

If you operate a large event you are subject to ADDITIONAL fees based upon the number in attendance at any one time

**Continued from previous page...**

\* I/we understand it is an offence, liable on conviction to a fine up to 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.

Ticking this box indicates you have read and understood the above declaration

This section should be completed by the applicant, unless you answered "Yes" to the question "Are you an agent acting on behalf of the applicant?"

\* Full name

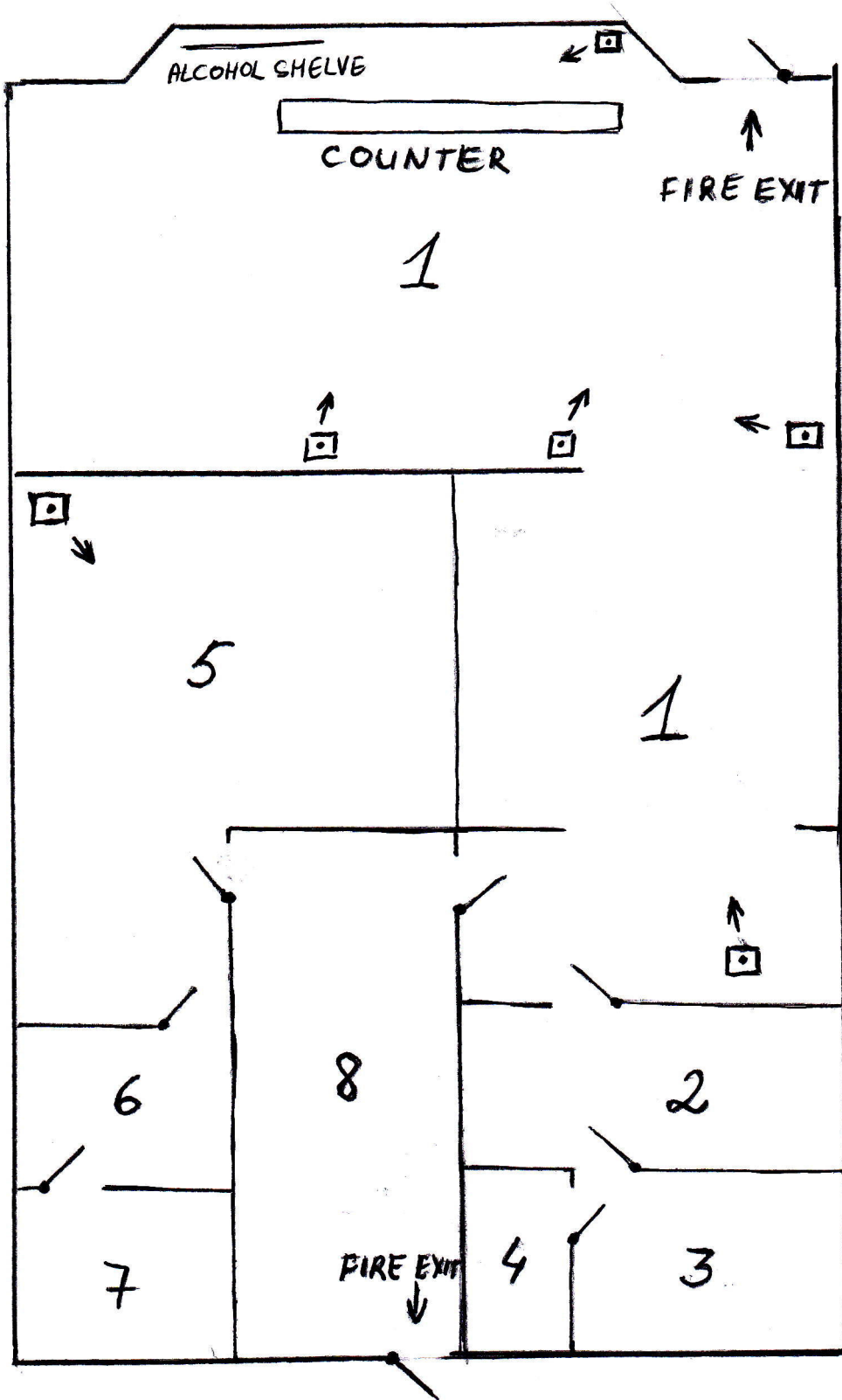
\* Capacity

Date (dd/mm/yyyy)

**Add another signatory**

# SHOP PLAN

MAYORS WALK



- |  |       |           |               |           |                |
|--|-------|-----------|---------------|-----------|----------------|
|  | DOORS | <b>1</b>  | SHOP SHOWROOM | <b>5.</b> | MAIN STOREROOM |
|  | WALL  | <b>2.</b> | STORE ROOM    | <b>6.</b> | WASHROOM       |
|  | CCTV  | <b>3.</b> | STORE ROOM    | <b>7.</b> | TOILET         |
|  |       | <b>4.</b> | TOILET        | <b>8.</b> | STAFFROOM      |