

* required information

Section 1 of 19

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

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

Your reference

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

* Family name

* 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.

*Continued from previous page...***Address**

* Building number or name	<input type="text"/>
* Street	<input type="text"/>
District	Hampton Hargate
* City or town	Peterborough
County or administrative area	<input type="text"/>
* Postcode	<input type="text"/>
* Country	United Kingdom

Agent Details

* First name	Mahir
* Family name	Kilic
* E-mail	info@leibermanlaw.com
Main telephone number	02072413636
Other telephone number	<input type="text"/>

Include country code.

 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 private individual acting as an agent

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

Agent Business

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

* Registration number	08131383
* Business name	LEIBERMAN LAW LIMITED
* VAT number	- <input type="text" value="none"/>
* Legal status	Private Limited Company
* Your position in the business	Licensing Dep
Home country	United Kingdom

If your business is registered, use its registered name.

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

The country where the headquarters of your business is located.

*Continued from previous page...***Agent Registered Address**

Address registered with Companies House.

* Building number or name	<input type="text" value="53"/>
* Street	<input type="text" value="Stoke Newington High Street"/>
District	<input type="text"/>
* City or town	<input type="text" value="London"/>
County or administrative area	<input type="text"/>
* Postcode	<input type="text" value="N16 8EL"/>
* Country	<input type="text" value="United Kingdom"/>

Section 2 of 19**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	<input type="text" value="327"/>
Street	<input type="text" value="Lincoln Road"/>
District	<input type="text"/>
City or town	<input type="text" value="Peterborough"/>
County or administrative area	<input type="text"/>
Postcode	<input type="text" value="PE1 2PF"/>
Country	<input type="text" value="United Kingdom"/>

Further Details

Telephone number	<input type="text" value="01733555801"/>
Non-domestic rateable value of premises (£)	<input type="text" value="35,500"/>

Section 3 of 19**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 19**INDIVIDUAL APPLICANT DETAILS****Applicant Name**

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

- Yes No

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.

First name

Ergin

Family name

Tasci

Is the applicant 18 years of age or older?

- Yes No

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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

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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

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.

Please refer to Premises Plan provided. This is a large supermarket with butcher, bakery and other grocery items.

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

Section 6 of 19**PROVISION OF PLAYS**

Will you be providing plays?

- Yes No

Section 7 of 19**PROVISION OF FILMS**

Will you be providing films?

- Yes No

Section 8 of 19**PROVISION OF INDOOR SPORTING EVENTS**

Will you be providing indoor sporting events?

- Yes No

Section 9 of 19**PROVISION OF BOXING OR WRESTLING ENTERTAINMENTS**

Will you be providing boxing or wrestling entertainments?

- Yes No

Section 10 of 19**PROVISION OF LIVE MUSIC**

Will you be providing live music?

- Yes No

Section 11 of 19**PROVISION OF RECORDED MUSIC**

Will you be providing recorded music?

- Yes No

Section 12 of 19**PROVISION OF PERFORMANCES OF DANCE**

Will you be providing performances of dance?

- Yes No

Section 13 of 19**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

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LATE NIGHT REFRESHMENT

Will you be providing late night refreshment?

- Yes No

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SUPPLY OF ALCOHOL

Will you be selling or supplying alcohol?

- Yes No

Standard Days And Timings

MONDAY

Start

End

Start

End

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

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.

Continued from previous page...

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.

None

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.

None

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

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)

Continued from previous page...

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'.

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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.

None

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HOURS PREMISES ARE OPEN TO THE PUBLIC

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

Continued from previous page...

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.

None

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.

Section 18 of 19**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.

Please see conditions below

b) The prevention of crime and disorder

1. Appropriate signage will be displayed, in a prominent position, informing customers they are being recorded on CCTV.
2. CCTV covering areas inside and outside of the premises should be installed and maintained to police recommendations with properly maintained log arrangements. All images will be stored for a minimum of 31 days.
3. CCTV is to comply with Data Protection Act 1998 and is to be working and recording correctly when the premises are open to the public.
4. A staff member from the premises that is conversant with the operation of the CCTV system will be on the premises at all times that the premises are open to the public. This staff member will be able to show police recent data footage with the minimum of delay when requested. This data or footage reproduction should be almost instantaneous.

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5. A refusals book shall be kept at the premises to record details of all refusals to sell alcohol. This book shall contain the date and time of the incident, a description of the customer, the name of the staff member who refused the sale, and the reason the sale was refused. The book shall be made available to Police and authorised Council officers on request.
6. The Designated Premises Supervisor shall regularly check the refusals book to ensure it is being consistently used by all staff.
7. A Proof of Age scheme shall operate at the premises and all staff shall be trained in its implementation, eg Challenge 25. Only photographic ID such as a British driving licence or a passport shall be treated as acceptable forms of identification.
8. There will be one personal licence holder on the premises at all times the premises is open to the public.
9. A member of staff shall be left in charge at all times and able to present themselves to police or a relevant council officer, as the person in charge when the premises is open to the public.

c) Public safety

This objective has been considered and is covered by obligations under other legislation

d) The prevention of public nuisance

This objective has been considered and is covered by obligations under other legislation

e) The protection of children from harm

A till prompt system shall be installed to assist staff by reminding them to challenge for ID when a sale is made.

The Premises Licence Holder or Designated Premises Supervisor shall ensure a sales refusal register is maintained to include details of all alcohol sales refused and the reason for refusal. The refusals register should be made available to an authorized enforcement officer on request.

The Licence Holder or Designated Premises Supervisor shall ensure that new staff, supervisors and managers receive induction in the legality and procedure of alcohol sales, prior to undertaking the sale of alcohol. Training shall be signed and documented and training records be made available to an enforcement officer on request.

All staff making sales of age restricted products will receive refresher training every 3 months

Section 19 of 19**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

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*

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*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 you 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

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 (£)

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

Once you're finished you need to do the following:

1. Save this form to your computer by clicking file/save as...
2. Go back to <https://www.gov.uk/apply-for-a-licence/premises-licence/peterborough/apply-1> to upload this file and continue with your application.

Don't forget to make sure you have all your supporting documentation to hand.

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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

OFFICE USE ONLY

Applicant reference number	<input type="text"/>
Fee paid	<input type="text"/>
Payment provider reference	<input type="text"/>
ELMS Payment Reference	<input type="text"/>
Payment status	<input type="text"/>
Payment authorisation code	<input type="text"/>
Payment authorisation date	<input type="text"/>
Date and time submitted	<input type="text"/>
Approval deadline	<input type="text"/>
Error message	<input type="text"/>
Is Digitally signed	<input type="checkbox"/>

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