[Insert name and address of relevant licensing authority and its reference number (optional)]

## 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/W		ses licer	nce under section 17 of
the	(Insert name(s) of applicant) Licensing Act 2003 for the premises describe	d in Part	1 below (the premises)
	I/we are making this application to you as th		int licensing authority in
acco	ordance with section 12 of the Licensing Act 2	2003	PETERBOROUGH CITY COUN
			PETERBOROGO 2012
Part	1 – Premises details		7 - NOV 2
Pos	tal address of premises or, if none, ordnance survey m	ap refere	nce or description
5	36-88 STAR ROAD		nce or description ENVIRONMENT AL HEAL
Pos	t town	ost code	
	PETERSORNAN		Pel SHQ
Telep	phone number at premises (if any)		
NOII-	domestic rateable value of premises	£	
Part	2 - Applicant details		
Pleas	e state whether you are applying for a premises licence	as	
	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Please tic	ck ♥ yes
a)	an individual or individuals*		please complete section (A)
o)	a person other than an individual*		
	i. as a limited company		please complete section (B)
	ii. as a partnership		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 (R)

g) a person who is registered under Part 2 of the Care Standards Act 2000 (c14) in respect of an independent hospital  h) the chief officer of police of a police force in England and Wales  *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 o a function discharged by virtue of Her Majesty's prerogative  (A) INDIVIDUAL APPLICANTS (fill in as applicable)  Mr Mrs Miss Miss Ms Other title (for example, Rev)  First names  This Surmame  This Surmame  This Surmame  This Miss Ms Other title (for example, Rev)  Please tick * yes  Please tick * yes	e)	the propr	ietor of an educ	ational establishm	ent		please complete section (B)
Care Standards Act 2000 (c14) in respect of an independent hospital  h) the chief officer of police of a police force in England and Wales  *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  o statutory function or o a function discharged by virtue of Her Majesty's prerogative  (A) INDIVIDUAL APPLICANTS (fill in as applicable)  Mrs	f)	a health s	service body				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 o statutory function or o a function discharged by virtue of Her Majesty's prerogative  (A) INDIVIDUAL APPLICANTS (fill in as applicable)  Mr Mrs Miss Ms Other title (for example, Rev)  Please tick * yes  Please tick * yes * Ye	g)	Care Stan	dards Act 2000				please complete section (B)
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 o statutory function or o a function discharged by virtue of Her Majesty's prerogative  (A) INDIVIDUAL APPLICANTS (fill in as applicable)  Mrs	h)			of a police force	,		please complete section (B)
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   o statutory function or   o a function discharged by virtue of Her Majesty's prerogative   Other title (for example, Rev)	*If you	u are applyin	g as a person de	scribed in (a) or (b	) please confir	m:	
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   o statutory function or   o a function discharged by virtue of Her Majesty's prerogative   Other title (for example, Rev)							Please tick ♥ yes
which involves the use of the premises for licensable activities; or  I am making the application pursuant to a  o statutory function or o a function discharged by virtue of Her Majesty's prerogative  (A) INDIVIDUAL APPLICANTS (fill in as applicable)  Mr Mrs Miss Miss Ms Other title (for example, Rev)  First names  HANCAN  Please tick yes  Current postal address if different from premises address  Post Town  Postcode PEL 2 N D  Daytime contact telephone number  E-mail address		■ lam	carrying on or pi	roposing to carry o	n a business		
I am making the application pursuant to a   o statutory function or   o a function discharged by virtue of Her Majesty's prerogative							
o statutory function or o a function discharged by virtue of Her Majesty's prerogative  (A) INDIVIDUAL APPLICANTS (fill in as applicable)  Mr Mrs Miss Ms Other title (for example, Rev)  First names  HAKAN  Please tick yes  Current postal address if different from premises address  Post Town  Postcode  Postcode  Pet 2 N D  Daytime contact telephone number  E-mail address						CUVIL	ies; or
a function discharged by virtue of Her Majesty's prerogative  (A) INDIVIDUAL APPLICANTS (fill in as applicable)  Mr Mrs Miss Ms Other title (for example, Rev)  First names  HANCAN  Please tick  yes  Current postal address if different from premises address  Post Town  Postcode PEI 2ND  Daytime contact telephone number  E-mail address		- I am I			а		
(A) INDIVIDUAL APPLICANTS (fill in as applicable)  Mr Mrs Miss Ms Other title (for example, Rev)  First names  HANCAN  Please tick  yes  Current postal address if different from premises address  Post Town  Postcode PEL 2 ND  Daytime contact telephone number  E-mail address		C	statutory fu	nction or			
Mrs Miss Ms Other title (for example, Rev)  First names  HANCAN  Please tick  yes  Current postal address if different from premises address  Post Town  Postcode PEL 2 N D  Daytime contact telephone number  E-mail address		C	a function di	scharged by virtue	of Her Majest	y's pr	erogative
Surname  TAS  First names  HANCAN  Please tick  yes  Current postal address if different from premises address  Post Town  Postcode  Postcode  Postcode  Postcode  Per 2 ND  Daytime contact telephone number  E-mail address	(A) IN	7			Ms		Other title
First names  HAKAN  Please tick  yes  Current postal address if different from premises address  Post Town  Postcode  Postcode  Postcode  Percentage And Per	_			11135	1-13		
Please tick yes  Current postal address if different from premises address  Post Town  Postcode PEL 2ND  Daytime contact telephone number  E-mail address							
Current postal address if different from premises address Post Town  Post Town  Postcode PEI 2ND  Postcode PEI 2ND  Permail address	74	17			HAK	AN	
Current postal address if different from premises address Post Town  Post Town  Postcode PEI 2ND  Postcode PEI 2ND  Permail address							Please tick
Current postal address if different from premises address Post Town  Post Town  Postcode PEI 2ND  Postcode PEI 2ND  Permail address	I am 10	0 1 . 1					
Post Town  Postcode  Postcode  Percent (Percent		-	or over				
Post Town  Postcode PEI 2ND  Daytime contact telephone number  E-mail address			2:1	1 11 2	. 0.	. 0	
Post Town  Postcode PEI 2ND  Daytime contact telephone number  E-mail address			1			(D)	
Daytime contact telephone number  E-mail address			PETER	BORDIGH	+		
Daytime contact telephone number  E-mail address							
Daytime contact telephone number  E-mail address	Post To	own			Postco	de	PEI 2ND
	Daytim	ne contact to	elephone numb	er		L	
			NONE				

SECOND INDIVID	UAL APPLICAN	NT_(if applicable)			
Mr Surname	Mrs	Miss	Ms First names	Other title (for example, Rev)	
L				N.	41-1
					ase tick yes
I am 18 years old	or over				
Current postal address if different from premises address					
Post Town			Postcode		
Daytime contact	telephone num	iber			
E-mail address (optional)					
corporate), please	mber. In the ca	se of a partnership	or other joint ven	re appropriate pleas ture (other than a b d	se give oody
Name					
Address					
Registered numbe	r (where applic	able)			
Description of app	licant (for exan	nple partnership, co	mpany, unincorpor	ated association etc	)
Telephone number	r (if any)				
E-mail address (op	tional)				

# Part 3 Operating Schedule SOON AS POSSIBLE AS Day Month Year When do you want the premises licence to start? Day Month Year If you wish the licence to be valid only for a limited period, when do you want it to end? If 5,000 or more people are expected to attend the premises at any one time, please state the number expected to attend. Please give a general description of the premises (please read guidance note1) GROCERY & OFF LICENCE

What licensable activities do you intend to carry on from the premises? (Please see sections 1 and 14 of the Licensing Act 2003 and Schedule 1 and 2 to the Licensing Act 2003)

Provision	on of regulated entertainment	Please tick ♥ yes
a)	plays (if ticking yes, fill in box A)	
ь)	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)	
Provisio	on of entertainment facilities for:	
i)	making music (if ticking yes, fill in box I)	
j)	dancing (if ticking yes, fill in box J)	
k)	entertainment of a similar description to that falling within (i) or (j)	
	(if ticking yes, fill in box K)	Ц
Provisio	on of late night refreshment (if ticking yes, fill in box L)	
Supply	of alcohol (if ticking yes, fill in box M)	

In all cases complete boxes N, O and P

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Play		nd timings	Will the performance of a play take place indoors or outdoors or both – please tick	Indoors
Standard days and timings (please read guidance note 6)			[Y] (please read guidance note 2)	Outdoors
Day	Start	Finish		Both
Mon			Please give further details here (please read	guidance note 3)
Tue				
Wed			State any seasonal variations for performing guidance note 4)	g plays (please read
Thur				
Fri			Non standard timings. Where you intend to for the performance of plays at different tim the column on the left, please list (please rea	nes to those listed in
Sat				
Sun				

### B

Films Standard days and timings (please read guidance note 6)		Will the exhibition of films take place	Indoors
		[Y] (please read guidance note 2)	Outdoors
Start	Finish	1	Both
		Please give further details here (please read	guidance note 3)
		State any seasonal variations for the exhibit read guidance note 4)	ion of films (please
and a strong and a strong a photocols			
		for the exhibition of films at different times	to those listed in
		(piedae rea	Saldance Hote 3)
	ard days e read gu	ard days and timings e read guidance note	indoors or outdoors or both – please tick [Y] (please read guidance note 2)  Start Finish  Please give further details here (please read guidance note 2)  State any seasonal variations for the exhibit

C

ard days	and timings uidance note 6)	Please give further details (please read guidance note 3)
Start	Finish	
		State any seasonal variations for indoor sporting events (please read guidance note 4)
		Non standard timings. Where you intend to use the premises for indoor sporting events at different times to those listed in the column on the left, please list (please read guidance note 5)
	ard days e read gu	or sporting events ard days and timings e read guidance note 6)  Start Finish

D

Boxing or wrestling entertainments			Will the boxing or wrestling entertainment take place indoors or	Indoors
		and timings idance note 6)	outdoors or both – please tick [Y](please read guidance note 2)	Outdoors
Day	Start	Finish	1	Both
Mon			Please give further details here (please read	guidance note 3)
Tue				
Wed			State any seasonal variations for boxing or entertainment (please read guidance note 4	wrestling
Thur				
Fri			Non standard timings. Where you intend to for boxing or wrestling entertainment at dithose listed in the column on the left, please	fferent times to
Sat			guidance note 5)	V
Sun		***************************************		

E

Live music Standard days and timings (please read guidance note 6)			Will the performance of live music take	Indoors
			place indoors or outdoors or both – please tick [Y] (please read guidance note	Outdoors
Day	Start	Finish	2)	Both
Mon			Please give further details here (please read	guidance note 3)
Tue				
Wed	and the spiritual state of the spiritual stat		State any seasonal variations for the performusic (please read guidance note 4)	rmance of live
Thur				
Fri			Non standard timings. Where you intend to for the performance of live music at different listed in the column on the left, please list	ent times to those
Sat	×5-00-01-01-01-01-01-01-01-01-01-01-01-01-		guidance note 5)	(F13335 F335
Sun				

F

Recorded music Standard days and timings			Will the playing of recorded music take place indoors or outdoors or both -	Indoors
(pleas	e read gu	idance note 6)	please tick [Y] (please read guidance note	Outdoors
Day	Start	Finish	2)	Both
Mon	A-10-00-00-00-00-00-00-00-00-00-00-00-00-		Please give further details here (please read	guidance note 3)
Tue				
Wed			State any seasonal variations for playing recorded music (please read guidance note 4)	
Thur				
Fri			Non standard timings. Where you intend to for the playing of recorded music entertain times to those listed in the column on the l	ment at different
Sat			(please read guidance note 5)	
Sun				

G

Performances of dance Standard days and timings			Will the performance of dance take place indoors or outdoors or both – please tick	Indoors
(pleas	(please read guidance note 6)		[Y] (please read guidance note 2)	Outdoors
Day	Start	Finish		Both
Mon			Please give further details here (please read	guidance note 3)
Tue				
Wed			State any seasonal variations for the performance (please read guidance note 4)	rmance of dance
Thur				
Fri			Non standard timings. Where you intend to for the performance of dance entertainmen to those listed in the column on the left, ple	t at different times
Sat			guidance note 5)	
Sun				

H

Anything of a similar description to that falling within (e), (f) or (g) Standard days and timings (please read guidance note 6)		to that in (e), (f) or and timings	Please give a description of the type of entert be providing	ainment you will
Day	Start	Finish	Will this entertainment take place indoors or	Indoor
			outdoors or both – please tick [Y] (please read guidance note 2)	Outdoor
Mon				Both
Tue			Please give further details here (please read gui	idance note 3)
Wed				
Thur			State any seasonal variations for entertainment description to that falling within (e), (f) or (g) (guidance note 4)	nt of a similar (please read
Fri			,	

Sat			Non standard timings. Where you intend to use the premises for the entertainment of similar description to that falling within (e), (f) or (g) at different times to those listed in the column on the left, please list (please read guidance note 5)			
Sun						
ı						
for n	naking lard days	f facilities music and timings uidance note 6)	Please give a description of the facilities for will be providing	or making music	you	
			Will the facilities for making music be	Indoors		
			indoors or outdoors or both – please tick [Y] (please read guidance note 2)	Outdoors	+	
Day	Start	Finish	[1] (please read guidance note 2)	Both		
Mon			Please give further details here (please read	guidance note	3)	
Wed	3-76-78-14-10-10-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-		State any seasonal variations for the provi- making music (please read guidance note 4)	sion of facilities	for	
Fri			Non standard timings. Where you intend to for provision of facilities for making music different times to those listed in the column list (please read guidance note 5)	entertainment.	at	
Sun						
W. Committee		facilities	Will the facilities for dancing be indoors or outdoors or both – please tick [Y] (see	Indoors		
for dancing Standard days and timings(please read guidance note 6)			guidance note 2)	Outdoors		
Day	Start	Finish		Both		
			Please give a description of the facilities for be providing	dancing you w	ill	

Mon	Please give further details here (please read guidance note 3)
Tue	
Wed	State any seasonal variations for providing dancing facilities (please read guidance note 4)
Thur	
Fri	Non standard timings. Where you intend to use the premises for the provision of facilities for dancing entertainment at different times to those listed in the column on the left, please
Sat	list (please read guidance note 5)
Sun	

K

Provision of facilities for entertainment of a similar description to that falling within I or J Standard days and timings (please read guidance note 6)		nment of a ription to within I or J and timings	Please give a description of the type of entertainment facility you will be providing	
Day	Start	Finish	Will the entertainment facility be indoors or outdoors or both – please tick [Y] (please read	Indoor
			guidance note 2)	Outdoor
Mon				Both
Tue			Please give further details here (please read guid	dance note 3)
Wed				
Thur			State any seasonal variations for the provision entertainment of a similar description to that for k (please read guidance note 4)	of facilities for alling within j
Fri			S. A. (presse read gardance riote 4)	
Sat			Non standard timings. Where you intend to use for the provision of facilities for entertainment description to that falling within I or J at differe	of a similar
Sun			those listed in the column on the left, please list guidance note 5)	(please read

L

Late night refreshment Standard days and timings (please read guidance note 6)			Will the provision of late night refreshment	Indoors
		and read	take place indoors or outdoors or both – please tick [Y] (please read guidance note 2)	Outdoors
Day	Start	Finish	1	Both
Mon			Please give further details here (please read guida	nce note 3)
Tue				
Wed			State any seasonal variations for the provision of refreshment (please read guidance note 4)	f late night
Thur				
Fri			Non standard timings. Where you intend to use the provision of late night refreshment at differe listed in the column on the left, please list (please	nt times, to those
Sat			5)	read galdance Hote
Sun				

M

Supply of alcohol			Will the sale of alcohol be for	On the premises	
Standard days and timings (please read guidance note 6)		read	consumption (Please tick box Y) (please read guidance note 7)	Off the premises	
Day	Start	Finish		Both	
Mon	8.00an	1 22.00pm	State any seasonal variations for the guidance note 4)	e supply of alcohol (please read	
Tue	Q.00A		n		
11/. 1		22.00	n		
Wed	\$.00A				
		22.009			
Thur	Q.00 /	m	Non-standard timings. Where you in the supply of alcohol at different times.	ntend to use the premises for	
		22000	on the left, please list (please read gu	idance note 5)	
Fri	9.00p	1			
6.		22,00%	m		
Sat 1	Ø U Don				
		22009	M		

Sun 1000AM			
102.00	PM.		

State the premises	e name and details of the individual whom you wish to specify on the licence as s supervisor
Name	HARRAN TAS
Address	316 LINCOLN ROAD
	REFERORNEM
Postcode	PEI 2ND
Personal	Licence number(if known) LN 1200712641
Issuing lie	censing authority (if known) BARNET, LOWDON ROROWS
V	

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)

0

Sun

9,000

200

Hours premises are State any seasonal variation (please read guidance note 4) open to the public Standard timings (please read guidance note 6) Day Start Finish Mon 12.00 21 Tue 2200 Wed Non standard timings. Where you intend to use the premises to be open to the public at different times from those listed in the 2200 Thur column on the left, please list (please read guidance note 5) 8.00a 2200 Fri 2280 Sat

SEE AMARTO

P	
Describe the steps you intend to take to promote the four licensing objectives:  a) General – all four licensing objectives (b,c,d,e) (please read guidance note 9)	
at 1941 decising objectives (b,c,d,e) (please read guidance note 9)	
b) The prevention of crime and disorder	
c) Public safety	
d) The prevention of public nuisance	
e) The protection of children from harm	

P Describe the steps you intend to take to promote the four licensing objectives:
a) General – all four licensing objectives (b,c,d,e) (please read guidance note 9)
The business will run responsibly
b) The prevention of crime and disorder
Video/CCTV equipment shall be installed inside the premises and maintained in working order. Video/CCTV equipment will be set to record from the time that the premises open to the public until the premises close and all members of the public have left. Digital images shall be retained for at least one month and shall be produced to an authorised officer on demand. Notices advising that CCTV has been installed on the premises shall be posted up so that they are clearly visible to the public within the licensed premises. The Designated Premises Supervisor will ensure that staff receive training and supervision to ensure that they fully understand their responsibilities in relation to age restricted products, in particular to the sale of alcohol so as to prevent sales to persons under the age of 18. This training will be documented and avaliable to an authorised officer on request. The Designated Premises Supervisor will ensure that all staff training is ongoing. The Designated Premises Supervisor will provide a book for all staff to record instances where sales are refused. This book will be available to any authorised officer upon request. Any person selling or supplying alcoholic drink under the authority of a personal licence holder must ask for a photo ID proof of age where they have reason to suspect that the individual may be under 25 years of age.
c) Public safety
A fire risk assessment required under the Regulatory Reform (Fire Safety) Order 2005 (as amended) will be completed and be available for inspection by an authorised officer. First aid kit will be available on the premises.
d) The prevention of public nuisance
Receptacles for refuse storage shall be maintained in a clean condition.  Litter shall be prevented at all times and where identified regularly cleared from the vicinity of the premises.

e) The protection of children from harm

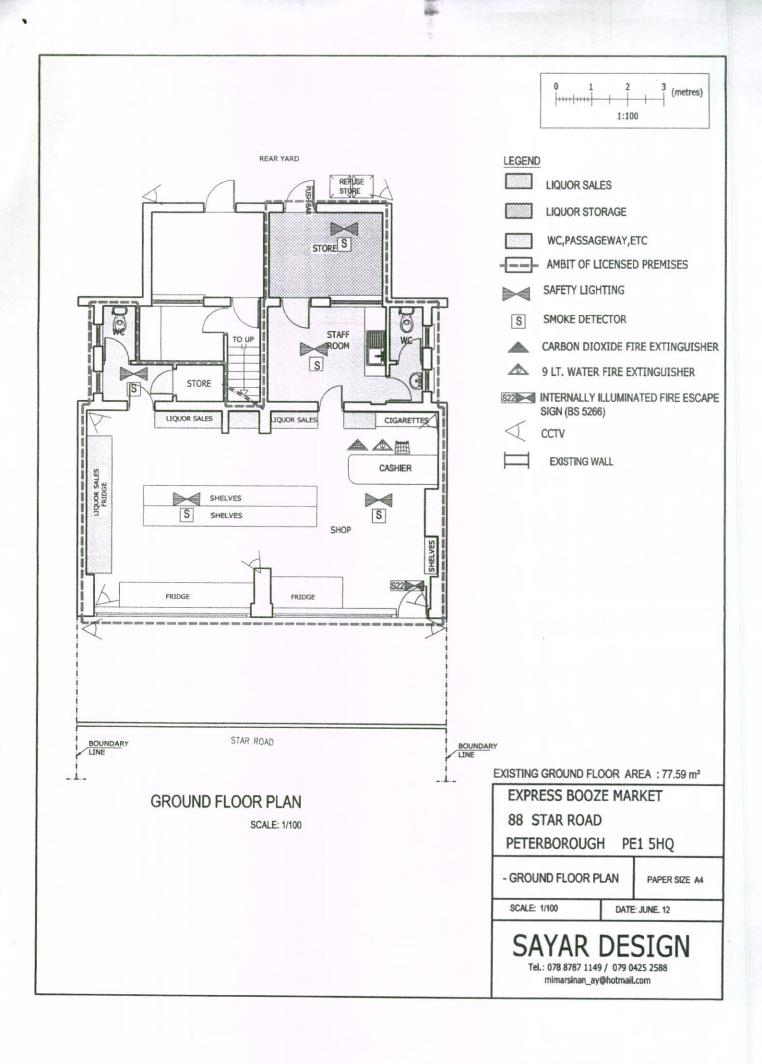
Please tick *	yes
<ul> <li>I have made or enclosed payment of the fee</li> </ul>	
<ul> <li>I have enclosed the plan of the premises</li> <li>I have sent copies of this application and the plan to responsible outbacking and</li> </ul>	
<ul> <li>I have sent copies of this application and the plan to responsible authorities and others where applicable</li> </ul>	
<ul> <li>I have enclosed the consent form completed by the individual I wish to be premises supervisor, if applicable</li> </ul>	
<ul> <li>I understand that I must now advertise my application</li> </ul>	
<ul> <li>I understand that if I do not comply with the above requirements my application will</li> </ul>	
be rejected	Ш
IT IS AN OFFENCE, LIABLE ON CONVICTION TO A FINE UP TO LEVEL 5 ON TH 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 name of 11) If signing on behalf of the applicant please state in what capacity.	ote
Signature	
,	
Date 2 11 2012	
Date 2/11/2012 Capacity Premises Licente Horder	
for joint applications signature of 2 <sup>nd</sup> applicant or 2 <sup>nd</sup> applicant's solicitor or other authorise agent. (please read guidance note 12) If signing on behalf of the applicant please state in what appacity.	ıt
ignature	
Pate	• • • • • • • • • • • • • • • • • • • •
apacity	
Contact name (where not previously given) and postal address for correspondence associat with this application (please read guidance note 13)	ed
SHOKAT ALI	
57 Park Road	
Post town Pedelsorough Post code PET 2714	$\dashv$
Telephone number (if any)	$\dashv$
if you would profes up to common to the	
If you would prefer us to correspond with you by e-mail your e-mail address (optional)	

#### **Notes for Guidance**

- Describe 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.
- Where taking place in a building or other structure please tick as appropriate. Indoors may include a tent.
- For example the type of activity to be authorised, if not already stated, and give relevant further details, for example (but not exclusively) whether or not music will be amplified or unamplified.
- For example (but not exclusively), where the activity will occur on additional days during the summer months.
- For example (but not exclusively), where you wish the activity to go on longer on a particular day, e.g. Christmas Eve.
- Please 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.
- 7. If you wish people to be able to consume alcohol on the premises please tick on, if you wish people to be able to purchase alcohol to consume away from the premises please tick off. If you wish people to be able to do both please tick both.
- 8. Please 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, the presence of gaming machines.
- Please list here steps you will take to promote all four licensing objectives together.
- The application form must be signed.
- An applicant's agent (for example solicitor) may sign the form on their behalf provided that they have actual authority to do so.
- Where there is more than one applicant, both applicants or their respective agents must sign the application form.
- This is the address which we shall use to correspond with you about this application.

# Consent of individual to being specified as premises supervisor -INCORN [home address of prospective premises supervisor] hereby confirm that I give my consent to be specified as the designated premises supervisor in relation to the application for Ransey Licence [type of application] My SELF [name of applicant] relating to a premises licence ......[number of existing licence, if any] for \$6-88 STAR ROAD [name and address of premises to which the application relates] and any premises licence to be granted or varied in respect of this application made by Hakan THS [name of applicant] concerning the supply of alcohol at ... \$6-88 STATE PETERBURDUATH, PET STAG [name and address of premises to which application relates]. 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. [insert personal licence number, if any] Personal licence issuing authority ..... linsert name and address and telephone number of personal licence issuing authority, if any -----signed MKAN THS \_\_\_\_\_name (please print)

1



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