

L2

PETERBOROUGH



Environmental Services

Peterborough City Council, Licensing Section, Bridge House,  
Town Bridge, Peterborough, PE1 1HU

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 HAKAN TAS ..... (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	
UNIT #1 SUGAR SQUARE (FORMERLY THE VOLUNTEER PUB) 160 PADHOLME ROAD	
Post town	Post code
PETERBOROUGH	PE1 5JB

Telephone number at premises (if any)

Non-domestic rateable value of premises £.

Part 2 - Applicant details

Please state whether you are applying for a premises licence as  
Please tick ✓ yes

a) an individual or individuals\*  please complete section (A)

- b) 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 (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  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:

I am carrying on or proposing to carry on a business which involves the use of the premises for licensable activities; or

Please tick  yes

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  Mrs  Miss  Ms  Other title   
(for example, Rev)

**Surname**

TAS

**First names**

HAKAN

I am 18 years old or over

Please tick  yes

**Current postal address if different from premises address**

51 BLANFORD ROAD  
HAMWORTHY POOL  
Bournemouth

**Post Town** Bournemouth

**Postcode** BH15 4AT

**Daytime contact telephone number**

**E-mail address (optional)**

NONE

**SECOND INDIVIDUAL APPLICANT (if applicable)**

Mr  Mrs  Miss  Ms  Other title

(for example, Rev)

**Surname**

**First names**

Please tick  yes

**I am 18 years old or over**

**Current postal 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
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**

AS SOON AS POSSIBLE

When do you want the premises licence to start?

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

If you wish the licence to be valid only for a limited period, when do you want it to end?

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

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)

UNIT 1 SUGAR SQUARE IS A SHOP UNIT WITH  
 BASEMENT STORAGE AREA  
 GROCERY & OFFICE 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)

Please tick  yes

**Provision of regulated entertainment**

- 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 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)

**Provision 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**

**A**

<b>Plays</b> Standard days and timings (please read guidance note 6)			<b>Will the performance of a play take place indoors or outdoors or both – please tick [Y]</b> (please read guidance note 2)	Indoors		
Day	Start	Finish		Outdoors		
Mon			<b>Please give further details here</b> (please read guidance note 3)	Both		
Tue						
Wed				<b>State any seasonal variations for performing plays</b> (please read guidance note 4)		
Thur						
Fri			<b>Non standard timings. Where you intend to use the premises for the performance of plays at different times to those listed in the column on the left, please list</b> (please read guidance note 5)			
Sat						
Sun						

# B

Films Standard days and timings (please read guidance note 6)			Will the exhibition of films take place indoors or outdoors or both – please tick [Y] (please read guidance note 2)	Indoors	
				Outdoors	
Day	Start	Finish		Both	
Mon			<b>Please give further details here</b> (please read guidance note 3)		
Tue					
Wed				<b>State any seasonal variations for the exhibition of films</b> (please read guidance note 4)	
Thur					
			<b>Non standard timings. Where you intend to use the premises for the exhibition of films at different times to those listed in the column on the left, please list</b> (please read guidance note 5)		
Fri					
Sat					
Sun					

C

Indoor sporting events Standard days and timings (please read guidance note 6)			Please give further details (please read guidance note 3)	
Day	Start	Finish		
Mon			<p><b>State any seasonal variations for indoor sporting events</b> (please read guidance note 4)</p>	
Tue				
Wed				<p><b>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</b> (please read guidance note 5)</p>
Thur				
Fri				
Sat				
Sun				

# D

<b>Boxing or wrestling entertainments</b> Standard days and timings (please read guidance note 6)			<b>Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick <input type="checkbox"/> (please read guidance note 2)</b>	Indoors
Day	Start	Finish		Outdoors
Mon			<b>Please give further details here</b> (please read guidance note 3)	Both
Tue				
Wed			<b>State any seasonal variations for boxing or wrestling entertainment</b> (please read guidance note 4)	
Thur				
Fri			<b>Non standard timings. Where you intend to use the premises for boxing or wrestling entertainment at different times to those listed in the column on the left, please list</b> (please read guidance note 5)	
Sat				
Sun				



# E

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

# F

Recorded music Standard days and timings (please read guidance note 6)			Will the playing of recorded music take place indoors or outdoors or both – please tick [Y] (please read guidance note 2)	Indoors	
				Outdoors	
Day	Start	Finish		Both	
Mon			<b>Please give further details here</b> (please read guidance note 3)		
Tue					
Wed			<b>State any seasonal variations for playing recorded music</b> (please read guidance note 4)		
Thur					
Fri			<b>Non standard timings. Where you intend to use the premises for the playing of recorded music entertainment at different times to those listed in the column on the left, please list</b> (please read guidance note 5)		
Sat					
Sun					

# G

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

# H

<b>Anything of a similar description to that falling within (e), (f) or (g)</b> Standard days and timings (please read guidance note 6)			<b><u>Please give a description of the type of entertainment you will be providing</u></b>		
Day	Start	Finish	<b>Will this entertainment take place indoors or outdoors or both – please tick [Y] (please read guidance note 2)</b>	Indoors	
Mon				Outdoors	
				Both	
Tue			<b><u>Please give further details here</u></b> (please read guidance note 3)		
Wed					
Thur			<b><u>State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g)</u></b> (please read guidance note 4)		
Fri					
Sat			<b><u>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</u></b> (please read guidance note 5)		
Sun					

<b>Provision of facilities for making music</b> Standard days and timings (please read guidance note 6)			<b>Please give a description of the facilities for making music you will be providing</b>		
			<b>Will the facilities for making music be indoors or outdoors or both – please tick [Y] (please read guidance note 2)</b>		Indoors <input type="checkbox"/>
					Outdoors <input type="checkbox"/>
					Both <input type="checkbox"/>
<b>Day</b>	<b>Start</b>	<b>Finish</b>	<b>Please give further details here (please read guidance note 3)</b>		
Mon					
Tue					
Wed					
			<b>State any seasonal variations for the provision of facilities for making music (please read guidance note 4)</b>		
Thur					
Fri					
Sat					
Sun					

L

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

# M

Supply of alcohol Standard days and timings (please read guidance note 6)			Will the sale of alcohol be for consumption (Please tick box Y) (please read guidance note 7)	On the premises		
Day	Start	Finish		Off the premises	<input checked="" type="checkbox"/>	
			Both			
Mon	6:00am	12:00pm	State any seasonal variations for the supply of alcohol (please read guidance note 4)			
Tue	6:00am	12:00pm				
Wed	6:00am	12:00pm				
Thur	6:00am	12:00pm		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 5)		
Fri	6:00am	1:00am				
Sat	6:00am	1:00am				
Sun	7:00am	12:00pm				

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

**Name**.....

**Address**.....

.....

.....

**Postcode**.....

**Personal Licence number(if known)** .....

**Issuing licensing authority (if known)**.....

## N

**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)**

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O

Hours premises are open to the public Standard timings (please read guidance note 6)		State any seasonal variation (please read guidance note 4)
Day	Start	Finish
Mon	6:00am	
		00:00 12:00pm
Tue	6:00am	
		12:00pm
Wed	6:00am	
		12:00pm
Thur	6:00am	
		12:00pm
Fri	6:00am	
		1:00AM
Sat	6:00am	
		1:00AM
Sun	7:00am	
		12:00pm

**Non standard timings. Where you intend to use 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 5)**

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)

SEE ATTACHED

**b) The prevention of crime and disorder**

Day	Start	End
Mon		
Tue		
Wed		
Thu		
Fri		
Sat		
Sun		

**c) Public safety**

Day	Start	End
Mon		
Tue		
Wed		
Thu		
Fri		
Sat		
Sun		

**d) The prevention of public nuisance**

Day	Start	End
Mon		
Tue		
Wed		
Thu		
Fri		
Sat		
Sun		

**e) The protection of children from harm**

Day	Start	End
Mon		
Tue		
Wed		
Thu		
Fri		
Sat		
Sun		

**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 available 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**

The 'Challenge 25' initiative to prevent sales of alcohol to persons under 18 years of age will be implemented at the premises.  
 Signage will be prominently placed within the premises advertising the fact that the premises operates the 'Challenge 25' initiative.

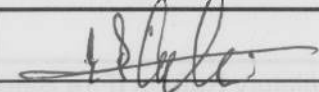
Please tick yes

- 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 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

**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**

**Part 4 – Signatures** (please read guidance note 10)

**Signature of applicant or applicant's solicitor or other duly authorised agent** (See guidance note 11). If signing on behalf of the applicant please state in what capacity.

Signature	
Date	<del>25th January 2011</del> 19th APRIL 2011
Capacity	<del>Owner</del> TENANT / PERSONAL LICENSE HOLDER

**For joint applications signature of 2<sup>nd</sup> applicant or 2<sup>nd</sup> applicant's solicitor or other authorised agent.** (please read guidance note 12). If signing on behalf of the applicant please state in what capacity.

Signature	
Date	
Capacity	

**CHECKLIST:-**

Please tick ✓ yes

- 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 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

**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**

**Part 4 – Signatures** (please read guidance note 10)

**Signature of applicant or applicant’s solicitor or other duly authorised agent.** (See guidance note 11) **If signing on behalf of the applicant please state in what capacity.**

Signature *[Handwritten Signature]*  
Date 19.14.11  
Capacity PERSONAL LICENCE HOLDER

**For joint applications signature of 2<sup>nd</sup> applicant or 2<sup>nd</sup> applicant’s solicitor or other authorised agent.** (please read guidance note 12) **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 13)

*MELISSA SUGAR PROPERTIES LTD*  
*57 PARK ROAD*  
*PETERBOROUGH*  
*PE1 2TH*

Post town	Post code
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Telephone number (if any)

If you would prefer us to correspond with you by e-mail your e-mail address (optional)

### Notes for Guidance

1. 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.
2. Where taking place in a building or other structure please tick as appropriate. Indoors may include a tent.
3. 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.
4. For example (but not exclusively), where the activity will occur on additional days during the summer months.
5. For example (but not exclusively), where you wish the activity to go on longer on a particular day, e.g. Christmas Eve.
6. 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.
9. Please list here steps you will take to promote all four licensing objectives together.
10. The application form must be signed.
11. An applicant's agent (for example solicitor) may sign the form on their behalf provided that they have actual authority to do so.
12. Where there is more than one applicant, both applicants or their respective agents must sign the application form.
13. This is the address which we shall use to correspond with you about this application.

and any premises licence to be granted or varied in respect of this application made by

MR HAKAN TAS

[name of applicant]

concerning the supply of alcohol at

UNIT 1, SUGAR SQUARE, 160 PADHOLME RD, PE15 7JB

[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.

Personal licence number

TBC

[insert personal licence number, if any]

Personal licence issuing authority

[insert name and address and telephone number of personal licence issuing authority, if any]

Signed



Name (please print)

Hakan Tas

Date

19/4/11

**Consent of individual to being specified as premises supervisor**

I MR HAKAN TAS  
[full name of prospective premises supervisor]

of 51 BLANFORD ROAD  
HAMWORTHY POOL  
BORNEMOUTH  
BH15 4AT

[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

PREMISE LICENCE  
[type of application]

by

My SELF HAKAN TAS  
[name of applicant]

relating to a premises licence

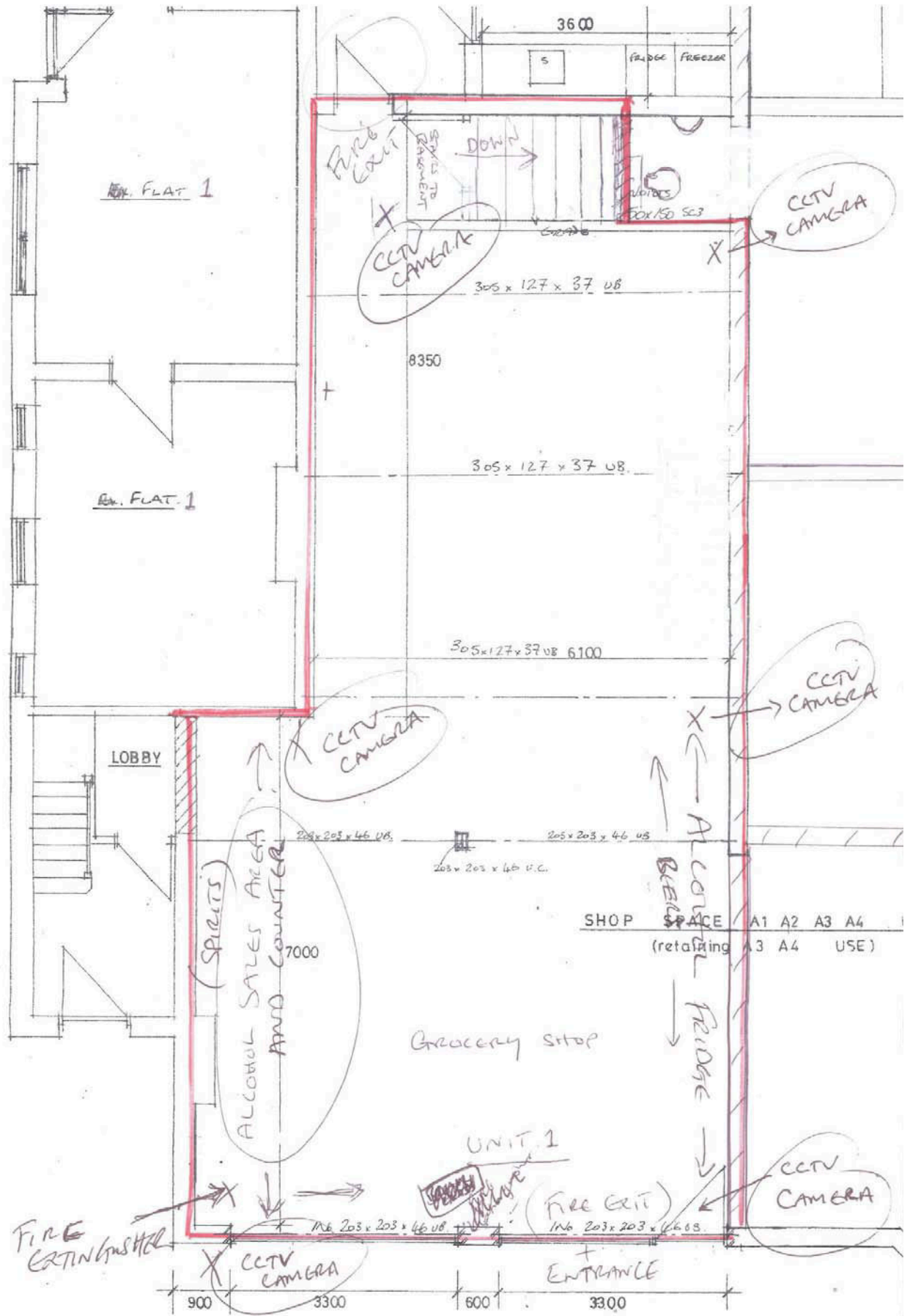
        
[number of existing licence, if any]

for

SUGAR SQUARE, UNIT 1, 160 RADHOLME ROAD  
[name and address of premises to which the application relates]

PETERBOROUGH  
PE1 5TB





Ground Floor Plan

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