

APPENDIX 1



LICENSING ACT 2003

APPLICATION FOR A PREMISES LICENCE

Before completing this application form, please read the following instructions and the guidance notes at the end of the form.

If you are completing this form by hand, please use black ink and write legibly in block capitals. In all cases, ensure that your answers are kept inside the boxes. Use additional sheets if necessary. You may wish to keep a copy for your records.

I/we TRIMATHESB WADAN THEVAORDA 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 description	
58 GILYN TERRACE TREDEGAR NP22 4JA	
Post town	Post code
TREDEGAR	NP22 4JA
Telephone number of premises if any	Non domestic rateable value of premises
[REDACTED]	£ 0

Part 2 – Applicant details

Please state whether you are applying for a licence as

Please tick

- (a) an individual/individuals* please complete section A
- (b) a person other than an individual*
 - i. as a limited company/limited liability partnership please complete section B
 - ii. as a partnership (other than limited liability) please complete section B
 - iii. as an unincorporated association or please complete section B
 - iv. other (eg. statutory corporation) please complete section B
- (c) a recognised club please complete section B
- (d) a charity please complete section B
- (e) the proprietor of an educational establishment please complete section B
- (f) a health service body please complete section B

- (g) a person who is registered under Part 2 of the Care Standards Act 2000 (c14) in respect of an independent hospital in Wales please complete section B
- (g)(a) a person who is registered under Chapter 2 of Part 1 of the Health and Social Care Act 2008 (within the meaning of that Part) in an independent hospital in England please complete section B
- (h) the chief officer of police of a police force in England and Wales please complete section B

*If you are applying as a person described in (a) or (b) please confirm by ticking yes to one box below

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

Section A – Individual Applicants

Mr Mrs Miss Ms Other Title (please specify) _____

Surname THEVARASA		First Names JECIATHEESWARAN	
Date of Birth [REDACTED]		I am over 18 years old <input checked="" type="checkbox"/>	
Nationality [REDACTED]			
Postal address if different from premises address [REDACTED]			
Post town [REDACTED]		Post code [REDACTED]	
Daytime telephone number [REDACTED]			
E-mail address (optional) [REDACTED]			
Where applicable (if demonstrating a right to work via the Home Office online right to work checking service), the 9 digit 'share code' provided to the applicant by that service (please see note 15 for information)			

Second Individual Applicant (if applicable)

What date do you want the licence to start? 01/07/2021

If you wish the licence to be valid for a limited period, what date do you want it to end? _____

If 5000 or more people are expected to attend the premises at any one time, please state number expected 1 or 2.

Please give a general description of the premises (please read guidance note 1)

IT IS A SMALL RETAIL SHOP, SOLD CHOCOLATS
TOBACCO, ALCOHOLS, CHILLED FOOD, SOFT DRINKS
AND PAYPOINT, LOTTERY, HOUSEHOLD.
OPEN 6.00 AM CLOSE 23.00 PM.

What licensable activities do you intend to carry on at 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

Provision of regulated entertainment

- (a) plays (if yes, fill in box A)
- (b) films (if ticking yes, fill in box B)
- (c) indoor sporting events (if yes, fill in box C)
- (d) boxing or wrestling entertainment (if yes, fill in box D)
- (e) live music (if yes, fill in box E)
- (f) recorded music (if yes, fill in box F)
- (g) performances of dance (if yes, fill in box G)
- (h) anything of a similar description to that falling within (e), (f) and (g) (if yes, fill in box H)

Provision of late night refreshment (if yes, fill in box I)

Late night refreshment Standard days and timings (please read guidance note 7)			Will the late night refreshment be indoors or outdoors or both? (please read guidance note 3)	Indoors	
				Outdoors	
				Both	
Day	Start	Finish	Please give further details here (please read guidance note 4)		
Mon					
Tues					
Wed			State any seasonal variations (please read guidance note 5)		
Thurs					
Fri			Non-standard timings. Where you intend to use the premises for the provision of late night refreshment at a different time to those listed in the column on the left, please list (please read guidance note 6)		
Sat					
Sun					

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Supply of alcohol Standard days and timings (please read guidance note 7)			Will the sale of alcohol be for consumption on the premises, off the premises or both? (please read guidance note 8)	On the premises	
				Off the premises	<input checked="" type="checkbox"/>
				Both	
Day	Start	Finish	State any seasonal variations (please read guidance note 5)		
Mon	7.00	23.00			
Tues	7.00	23.00			
Wed	7.00	23.00			
Thurs	7.00	23.00	Non-standard timings. Where you intend to use the premises for the supply of alcohol at a different time to those listed in the column on the left, please list (please read guidance note 6)		
Fri	7.00	23.00			
Sat	7.00	23.00			
Sun	7.00	23.00			

State the name and details of the person whom you wish to specify as premises supervisor (Please see declaration about the entitlement to work in the checklist at the end of the form)

Name..... JECATHERB NARAN THEVARASA

Date of Birth..... [REDACTED]

Address..... [REDACTED]

..... [REDACTED]

Postcode..... [REDACTED]

Personal licence no. if known..... [REDACTED]

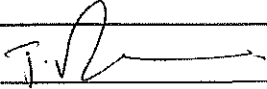
Personal licence issuing authority if known..... [REDACTED]

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Please highlight any adult entertainment or services, other entertainment or matters ancillary to the use of the premises that may give rise to concern in respect of children (please see guidance note 9)

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Hours the premises will be open to the public Standard days and timings (please read guidance note 7)			State any seasonal variations (please read guidance note 5)
Day	Start	Finish	
Mon	6.00	23.00	Non-standard timings. Where you intend to open the premises to the public at a different time to those listed in the column on the left, please list (please read guidance note 6)
Tues	6.00	23.00	
Wed	6.00	23.00	
Thurs	6.00	23.00	
Fri	6.00	23.00	
Sat	6.00	23.00	
Sun	6.00	23.00	

Signature	
Date	02/06/2021
Capacity	

For Joint applications, signature of second applicant or second applicant's solicitor or other duly appointed agent (please read guidance note 13) If signing on behalf of the applicant, please state in what capacity

Signature.....
Date.....
Capacity.....

Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 14)	
Post town	Postcode
Telephone number (if any)	
E-mail address (optional)	

