

# APPENDIX 2

## 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 **AKMS RETAIL LTD**

*(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			
<b>TODAY'S 4 OX CLOSE AVENUE KIMBERWORTH PARK</b>			
Post town	<b>ROTHERHAM</b>	Postcode	<b>S61 3QY</b>
Telephone number at premises (if any)			
Non-domestic rateable value of premises		<b>£0</b>	

#### Part 2 - Applicant details

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

- a) an individual or 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 (for example a statutory corporation)       please complete section (B)
- c) a recognised club       please complete section (B)
- d) a charity       please complete section (B)

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- 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)
- ga) 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

## (A) INDIVIDUAL APPLICANTS (fill in as applicable)

Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
<b>Surname</b>			<b>First names</b>		
<b>Date of birth</b>		I am 18 years old or over		<input type="checkbox"/>	Please tick yes
<b>Nationality</b>					
Current residential address if different from premises address					
Post town				Postcode	
<b>Daytime contact telephone number</b>					
<b>E-mail address (optional)</b>					

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## SECOND INDIVIDUAL APPLICANT (if applicable)

Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
Surname			First names		
Date of birth over		I am 18 years old or		<input type="checkbox"/>	Please tick yes
Nationality					
Current residential 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 AKMS RETAIL LTD
Address  80 WHITE LION ROAD AMERSHAM BUCKS HP7 9JS
Registered number (where applicable) 15003449
Description of applicant (for example, partnership, company, unincorporated association etc.) COMPANY
Telephone number (if any)
E-mail address (optional)

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## Part 3 Operating Schedule

When do you want the premises licence to start?

DD	MM	YYYY
1	5	022025

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

DD	MM	YYYY

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

This is a new business venture and the shop, currently empty, is to be refurbished with a major investment, as a new general convenience store.

The new shop will sell an extensive range of goods including newspapers, magazines, dairy, frozen goods, soft drinks, fruit and veg, bread, sweets, cigarettes, a wide variety of groceries, household goods, hot drinks, baby products, lottery tickets etc. The shop will also offer services such as paypoint.

The proposed hours (24 hours) would provide the greatest flexibility for the business, moving forward, to enable it to develop and operate to its full potential.

The clear focus of the shop will be as a general convenience store, with alcohol sales just being a part of the overall business.

The applicant has a personal licence and plenty of retail experience.

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

What licensable activities do you intend to carry on from the premises?

(please see sections 1 and 14 and Schedules 1 and 2 to the Licensing Act 2003)

Provision of regulated entertainment (please read guidance note 2)

Please tick all that apply

- 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)

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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 late night refreshment** (if ticking yes, fill in box I)

**Supply of alcohol** (if ticking yes, fill in box J)

**In all cases complete boxes K, L and M**

## A

<b>Plays</b> Standard days and timings (please read guidance note 7)			<b><u>Will the performance of a play take place indoors or outdoors or both – please tick</u></b> (please read guidance note 3)	Indoors	<input type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon	-----	-----	<b><u>Please give further details here</u></b> (please read guidance note 4)	Both	<input type="checkbox"/>
Tue	-----	-----		<b><u>State any seasonal variations for performing plays</u></b> (please read guidance note 5)	
Wed	-----	-----	<b><u>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</u></b> (please read guidance note 6)		
Thur	-----	-----			
Fri	-----	-----			
Sat	-----	-----			
Sun	-----	-----			

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## B

<b>Films</b> Standard days and timings (please read guidance note 7)			<b>Will the exhibition of films take place indoors or outdoors or both – please tick</b> (please read guidance note 3)	Indoors	<input type="checkbox"/>			
				Outdoors	<input type="checkbox"/>			
				Both	<input type="checkbox"/>			
Day	Start	Finish	<b>Please give further details here</b> (please read guidance note 4)					
Mon								
Tue								
Wed						<b>State any seasonal variations for the exhibition of films</b> (please read guidance note 5)		
Thur								
Fri						<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 6)		
Sat								
Sun								

## C

<b>Indoor sporting events</b> Standard days and timings (please read guidance note 7)			<b>Please give further details</b> (please read guidance note 4)		
Day	Start	Finish			
Mon			<b>State any seasonal variations for indoor sporting events</b> (please read guidance note 5)		
Tue					
Wed					
Thur			<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 6)		
Fri					
Sat					
Sun					

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## D

<b>Boxing or wrestling entertainments</b> Standard days and timings (please read guidance note 7)			<b>Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick</b> (please read guidance note 3)	Indoors <input type="checkbox"/>
Day	Start	Finish		Outdoors <input type="checkbox"/>
				Both <input type="checkbox"/>
Mon			<b>Please give further details here</b> (please read guidance note 4)	
Tue				
Wed			<b>State any seasonal variations for boxing or wrestling entertainment</b> (please read guidance note 5)	
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 6)	
Sat				
Sun				

## E

<b>Live music</b> Standard days and timings (please read guidance note 7)			<b>Will the performance of live music take place indoors or outdoors or both – please tick</b> (please read guidance note 3)	Indoors <input type="checkbox"/>
Day	Start	Finish		Outdoors <input type="checkbox"/>
				Both <input type="checkbox"/>
Mon			<b>Please give further details here</b> (please read guidance note 4)	
Tue				
Wed			<b>State any seasonal variations for the performance of live music</b> (please read guidance note 5)	
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 6)	
Sat				
Sun				

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## F

<b>Recorded music</b> Standard days and timings (please read guidance note 7)			<b>Will the playing of recorded music take place indoors or outdoors or both – please tick</b> (please read guidance note 3)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<b>Please give further details here</b> (please read guidance note 4)		
Mon					
Tue			<b>State any seasonal variations for the playing of recorded music</b> (please read guidance note 5)		
Wed					
Thur			<b>Non standard timings. Where you intend to use the premises for the playing of recorded music at different times to those listed in the column on the left, please list</b> (please read guidance note 6)		
Fri					
Sat					
Sun					

## G

<b>Performances of dance</b> Standard days and timings (please read guidance note 7)			<b>Will the performance of dance take place indoors or outdoors or both – please tick</b> (please read guidance note 3)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<b>Please give further details here</b> (please read guidance note 4)		
Mon					
Tue			<b>State any seasonal variations for the performance of dance</b> (please read guidance note 5)		
Wed					
Thur			<b>Non standard timings. Where you intend to use the premises for the performance of dance at different times to those listed in the column on the left, please list</b> (please read guidance note 6)		
Fri					
Sat					
Sun					



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## H

<b>Anything of a similar description to that falling within (e), (f) or (g)</b> Standard days and timings (please read guidance note 7)			Please give a description of the type of entertainment you will be providing		
Day	Start	Finish	<b><u>Will this entertainment take place indoors or outdoors or both – please tick</u></b> (please read guidance note 3)	Indoors	<input type="checkbox"/>
Mon				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Tue			<b><u>Please give further details here</u></b> (please read guidance note 4)		
Wed					
Thur					
Fri			<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 5)		
Sat					
Sun			<b><u>Non standard timings. Where you intend to use the premises for the entertainment of a 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 6)		

## I

<b>Late night refreshment</b> Standard days and timings (please read guidance note 7)			<b><u>Will the provision of late night refreshment take place indoors or outdoors or both – please tick</u></b> (please read guidance note 3)		Indoors	<input checked="" type="checkbox"/>
Day	Start	Finish			Outdoors	<input type="checkbox"/>
					Both	<input type="checkbox"/>
Mon	2300	0500	<b><u>Please give further details here</u></b> (please read guidance note 4)			
Tue	2300	0500				
Wed	2300	0500	HOT DRINKS/SNACKS – FOR CUSTOMERS TO TAKE AWAY			
Thur	2300	0500				
Fri	2300	0500	<b><u>State any seasonal variations for the provision of late night refreshment</u></b> (please read guidance note 5)			
Sat	2300	0500				
Sun	2300	0500				
			<b><u>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</u></b> (please read guidance note 6)			

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**J**

<b>Supply of alcohol</b> Standard days and timings (please read guidance note 7)			<b>Will the supply of alcohol be for consumption – please tick</b> (please read guidance note 8)	On the premises <input type="checkbox"/>
				Off the premises <input checked="" type="checkbox"/>
				Both <input type="checkbox"/>
Day	Start	Finish	<b>State any seasonal variations for the supply of alcohol</b> (please read guidance note 5)	
Mon	0000	2359		
Tue	0000	2359		
Wed	0000	2359		
Thur	0000	2359		
Fri	0000	2359		
Sat	0000	2359		
Sun	0000	2359		
			<b>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</b> (please read guidance note 6)	

**State the name and details of the individual whom you wish to specify on the licence as designated premises supervisor (Please see declaration about the entitlement to work in the checklist at the end of the form):**

Name AKMEEMANA MADDUMA ACHARIGE CHAMINDA SILVA	
Date of birth 6/1/1978	
Address <div style="background-color: black; width: 100%; height: 20px; margin-top: 5px;"></div>	
Postcode	S64 8JL
Personal licence number (if known) RM3416	
Issuing licensing authority (if known) ROTHERHAM	

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K

**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 9).

NONE

L

<b>Hours premises are open to the public</b> Standard days and timings (please read guidance note 7)			<b>State any seasonal variations</b> (please read guidance note 5)
Day	Start	Finish	
Mon	0000	2359	<p><b><u>Non standard timings. Where you intend the premises to be open to the public at different times from those listed in the column on the left, please list</u></b> (please read guidance note 6)</p>
Tue	0000	2359	
Wed	0000	2359	
Thur	0000	2359	
Fri	0000	2359	
Sat	0000	2359	
Sun	0000	2359	

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

**a) General – all four licensing objectives (b, c, d and e)** (please read guidance note 10)

See attached

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

See attached

**c) Public safety**

See attached

**d) The prevention of public nuisance**

See attached

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

See attached

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**Checklist:**

**Please tick to indicate agreement**

- 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. (APPLICATION SUBMITTED ELECTRONICALLY SO LICENSING AUTHORITY WILL CIRCULATE THE APPLICATION)
- I have enclosed the consent form completed by the individual I wish to be designated premises supervisor, if applicable. NOT 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.
- [Applicable to all individual applicants, including those in a partnership which is not a limited liability partnership, but not companies or limited liability partnerships] I have included documents demonstrating my entitlement to work in the United Kingdom (please read note 15).

**IT IS AN OFFENCE, UNDER SECTION 158 OF THE LICENSING ACT 2003, TO MAKE A FALSE STATEMENT IN OR IN CONNECTION WITH THIS APPLICATION. THOSE WHO MAKE A FALSE STATEMENT MAY BE LIABLE ON SUMMARY CONVICTION TO A FINE OF ANY AMOUNT.**

**IT IS AN OFFENCE UNDER SECTION 24B OF THE IMMIGRATION ACT 1971 FOR A PERSON TO WORK WHEN THEY KNOW, OR HAVE REASONABLE CAUSE TO BELIEVE, THAT THEY ARE DISQUALIFIED FROM DOING SO BY REASON OF THEIR IMMIGRATION STATUS. THOSE WHO EMPLOY AN ADULT WITHOUT LEAVE OR WHO IS SUBJECT TO CONDITIONS AS TO EMPLOYMENT WILL BE LIABLE TO A CIVIL PENALTY UNDER SECTION 15 OF THE IMMIGRATION, ASYLUM AND NATIONALITY ACT 2006 AND PURSUANT TO SECTION 21 OF THE SAME ACT, WILL BE COMMITTING AN OFFENCE WHERE THEY DO SO IN THE KNOWLEDGE, OR WITH REASONABLE CAUSE TO BELIEVE, THAT THE EMPLOYEE IS DISQUALIFIED.**

**Part 4 – Signatures** (please read guidance note 11)

**Signature of applicant or applicant’s solicitor or other duly authorised agent** (see guidance note 12). **If signing on behalf of the applicant, please state in what capacity.**

<b>Declaration</b>	<ul style="list-style-type: none"> <li>• [Applicable to individual applicants only, including those in a partnership which is not a limited liability partnership] I understand I am not entitled to be issued with a licence if I do not have the entitlement to live and work in the UK (or if I am subject to a condition preventing me from doing work relating to the carrying on of a licensable activity) and that my licence will become invalid if I cease to be entitled to live and work in the UK (please read guidance note 15).</li> <li>• The DPS named in this application form is entitled to work in the UK (and is not subject to conditions preventing him or her from doing work relating to a licensable activity) and I have seen a copy of his or</li> </ul>
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	her proof of entitlement to work, if appropriate (please see note 15)
Signature	<i>Ian Rushton</i>
Date	17/1/2025
Capacity	Agent


**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 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)

**Ian Rushton**  
**JL Licensing**  
**77 Womack Gardens**

Post town	<b>St Helens</b>	Postcode	<b>WA9 5UY</b>
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Telephone number (if any)	
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If you would prefer us to correspond with you by e-mail, your e-mail address (optional)	<b>ijrushy@hotmail.com</b>
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## **Application for a new premises licence**

**TODAYS, 4 OX CLOSE AVENUE,  
ROTHERHAM S60**

### **Operating schedule/proposed licence conditions**

This operating schedule has been drafted having regard to the current information and guidance including the Council's Statement of Licensing Policy and the Statutory Guidance.

This is a new business venture and the shop, currently empty, is to be refurbished with a big investment as a new general convenience store.

The new shop will sell an extensive range of goods including newspapers, magazines, dairy, frozen goods, soft drinks, fruit and veg, bread, sweets, cigarettes, a wide variety of groceries, household goods, hot drinks, baby products, lottery tickets etc. The shop will also offer services such as paypoint.

The proposed hours of operation (24 hours) would provide the greatest flexibility for the business, moving forward, to enable it to develop and operate to its full potential. The clear focus of the shop will be as a general convenience store, with alcohol sales just being a part of the overall business. The applicant has a personal licence and plenty of retail experience.

The proposed operating schedule/conditions are shown below and we would welcome and consider any comments on the proposals during the consultation period.

### **NOTE TO RESPONSIBLE AUTHORITIES AND INTERESTED PARTIES**

**IF YOU HAVE ANY QUERIES OR COMMENTS ON THESE PROPOSALS,  
PLEASE CONTACT IAN RUSHTON ON 07909 511953 OR BY EMAIL  
ijrushy@hotmail.com TO DISCUSS FURTHER, PRIOR TO MAKING ANY  
REPRESENTATIONS.**

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## PROPOSED OPERATING SCHEDULE / CONDITIONS

### **Prevention of crime and disorder**

A CCTV camera system capable of providing good quality images in all lighting conditions shall be used. Images will be retained for a period of at least 28 days and be made available with the minimum of delay to the Police and other Authorised Persons upon reasonable request for evidential purposes, in accordance with the relevant data protection legislation (currently GDPR 2018).

The CCTV recording equipment shall be kept in a secure environment under the control of the premises licence holder (PLH) and/or another named responsible individual.

There shall be sufficient members of trained staff available to be able to download or view CCTV evidence with the minimum of delay at the reasonable request of an authorised officer.

In the event of a breakdown of the CCTV equipment the PLH/DPS or another member of staff shall inform the Licensing Authority as soon as is reasonably practicable. This information shall be recorded in the incident report register and shall include the time, date and means this was reported. The breakdown shall be remedied as soon as possible.

The PLH/DPS will run the premises well as a responsible retailer and be a good neighbour to promote the licensing objectives.

An appropriate number of staff shall be on duty in the shop - the number of staff on duty will be assessed and determined on a regular basis by the PLH/DPS taking account of any peak periods in terms of sales, volume of customers, etc.

All staff selling alcohol will be authorised to sell alcohol in writing and a record of the authorisation will be made available for inspection.

The DPS and other staff will be vigilant and monitor the area immediately outside the shop to check that youths are not causing annoyance by congregating.



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Spirits will be kept behind the counter.

Any incidents of crime and disorder at or immediately outside the premises, witnessed by staff, will be recorded in an incident book kept at the shop. This book will be made available for inspection by the Police and other Authorised Persons upon request.

The shop shall operate an alcohol refusals policy as follows - alcohol will not be sold to;

(1) Any person recognised or identified as a street drinker (regardless of their level of inebriation at the time);

(2) Any person found to be drinking alcohol in the street;

(3) Any person who is drunk or appears to be drunk;

(4) Any person suspected of trying to buy alcohol for another person who is drunk or appears to be drunk;

(5) Any person unable to provide valid ID when requested by staff;

(6) Any person who is verbally or physically abusive towards staff or customers.

(7) To any person suspected of trying to buy alcohol for another person(s) who may be under age.

A notice advising customers of the refusals policy shall be on display.

A notice(s) shall be on display telling customers not to drink alcohol in the street.

The PLH and/or the DPS will seek regular contact with the Police and other parties as appropriate to receive updates on any relevant issues in connection with the promotion of the licensing objectives.

A 'Crimestoppers' notice will on display to promote the initiative;

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The premises shall comply with the Portman Group code of practice on rules for the naming, packaging and promotion of alcoholic drinks.

## **Public safety**

No specific risks have been identified under The Licensing Act 2003 (note – the applicant is aware of the need to comply with other legislative requirements to ensure that the shop is safe for customers and staff).

## **Prevention of public nuisance**

Notice(s) will be displayed asking customers to leave the shop quietly;

Notice(s) will be displayed asking customers not to drop any litter on the floor.

Staff will monitor the area immediately outside the shop on a regular basis to check for, and dispose of, any litter.

Deliveries to and from the shop will be conducted to ensure no public nuisance is caused.

## **Protection of children from harm**

Challenge 25 shall be used. Alcohol will only be sold to people who can satisfy or prove to the seller that they are 18 years old or over. The only acceptable form of ID will be a passport, photo driving licence, a PASS accredited proof of age card, or other form of photo ID as recommended by Trading Standards.

The premises shall display clear and prominent signage advising customers that a Challenge 25 policy is in operation.

An automatic till prompt system shall be used to assist staff carrying out age verification.

An alcohol refusals register will be kept and maintained. The register will include details of the date of the refusal, the time, and the reason(s) for refusing the sale. It

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will be checked on a regular basis by the DPS and be made available for inspection by responsible authorities.

A notice(s) shall be displayed in the premises where they can be seen clearly to advise customers that it is unlawful for persons under 18 to purchase alcohol or for any persons to purchase alcohol on behalf of a person under 18 years of age.

A due diligence checklist will be used to help prevent underage sales.

All staff to be trained prior to serving alcohol and other age restricted products. The training will cover matters such as preventing underage sales, proxy sales, and refusing service.

Staff training will be refreshed every 12 months, records will be kept and be made available to responsible authorities upon request.

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## Floor Plan

