

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 HEWAD SHINWARI
(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			
21 MONKWOOD ROAD RAWMARSH			
Post town	ROTHERHAM	Postcode	S62 7JN

Telephone number at premises (if any)	
* Non-domestic rateable value of premises	£ 3,600

Part 2 - Applicant details

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

a)	an individual or individuals *	<input checked="" type="checkbox"/>	please complete section (A)
b)	a person other than an individual *	<input type="checkbox"/>	
	i as a limited company/limited liability partnership	<input type="checkbox"/>	please complete section (B)
	ii as a partnership (other than limited liability)	<input type="checkbox"/>	please complete section (B)
	iii as an unincorporated association or	<input type="checkbox"/>	please complete section (B)
	iv other (for example a statutory corporation)	<input type="checkbox"/>	please complete section (B)
c)	a recognised club	<input type="checkbox"/>	please complete section (B)
d)	a charity	<input type="checkbox"/>	please complete section (B)


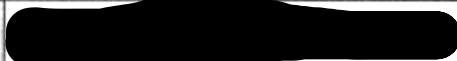
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e)	the proprietor of an educational establishment		please complete section (B)
f)	a health service body		please complete section (B)
g)	a person who is registered under Part 2 of the Care Standards Act 2000 (c14) in respect of an independent hospital 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)

<input checked="" type="radio"/> Mr	<input type="radio"/> Mrs	<input type="radio"/> Miss	<input type="radio"/> Ms	Other Title (for example, Rev)	
Surname SHINWARI		First names HEWAD			
Date of birth 28/03/1998 am 18 years old or over YES Please tick yes					
Nationality AFGHAN					
Current residential address if different from premises address					
Post town	ROTHERHAM		Postcode	S65 1HE	
Daytime contact telephone number					
E-mail address (optional)		Hewadshinwari42@gmail.com			
Where applicable (if demonstrating a right to work via the Home Office online right to work checking service), the 'share code' provided to the applicant by that service (please see note 15 for information)					
<u>W</u><u>B</u><u>W</u><u>W</u><u>Y</u><u>5</u><u>7</u><u>B</u><u>D</u>					

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Second individual applicant (if applicable)

Mr	Mrs	Miss	Ms	Other Title (for example, Rev)	
Surname			First names		
Date of birth over		I am 18 years old or		Please tick yes	
Nationality					
Current residential address if different from premises address					
Post town				Postcode	
Daytime contact telephone number					
E-mail address (optional)					
Where applicable (if demonstrating a right to work via the Home Office online right to work checking service), the 'share code' provided to the applicant by that service: (please see note 15 for information)					

(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)

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E-mail address (optional)

Part 3 Operating Schedule

When do you want the premises licence to start?

DD MM YYYY

2	5	0	3	2	0	2	6
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If you wish the licence to be valid only for a limited period, when do you want it to end?

DD MM YYYY

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

CONVENIENCE STORE
 SELLING ALCOHOL, MILK, BREAD, CRISP
 SWEETS, HOUSEHOLD, ~~BTC~~ NEWSPAPER
 LOTTERY, ETC

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

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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)	
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)

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Supply of alcohol (if ticking yes, fill in box J)	YES
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In all cases complete boxes K, L and M

A

Plays Standard days and timings (please read guidance note 7)			Will the performance of a play take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors	
Day	Start	Finis h		Outdoors	
Mon	Please give further details here (please read guidance note 4)		
Tue			
Wed		State any seasonal variations for performing plays (please read guidance note 5)	
Thur			
Fri	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 (please read guidance note 6)		
Sat			
Sun			
			

B

Films Standard days and timings (please read guidance note 7)			Will the exhibition of films take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors	
Day	Start	Finis h		Outdoors	
Mon	Please give further details here (please read guidance note 4)		
Tue			
Wed	State any seasonal variations for the exhibition of films (please read guidance note 5)		
Thur			
Fri	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 (please read guidance note 6)		
Sat			
Sun			
			

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C

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

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D

Boxing or wrestling entertainments Standard days and timings (please read guidance note 7)			Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors	
Day	Start	Finish		Outdoors	
Mon	-----	-----	Please give further details here (please read guidance note 4)		
Tue	-----	-----			
Wed	-----	-----	State any seasonal variations for boxing or wrestling entertainment (please read guidance note 5)		
Thur	-----	-----			
Fri	-----	-----	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 (please read guidance note 6)		
Sat	-----	-----			
Sun	-----	-----			

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E

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

F

Recorded music Standard days and timings (please read guidance note 7)			Will the playing of recorded music take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors	
Day	Start	Finish		Outdoors	
Mon	Please give further details here (please read guidance note 4)		
Tue			
Wed			
Thur	State any seasonal variations for the playing of recorded music (please read guidance note 5)		
Fri			
Sat	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 (please read guidance note 6)		
Sun			

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G

Performances of dance Standard days and timings (please read guidance note 7)			Will the performance of dance take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors	
Day	Start	Finish		Outdoors	
Mon			Please give further details here (please read guidance note 4)	Both	
Tue					
Wed				State any seasonal variations for the performance of dance (please read guidance note 5)	
Thur					
Fri			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 (please read guidance note 6)		
Sat					
Sun					

H

Anything of a similar description to that falling within (e), (f) or (g) 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	Will this entertainment take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors	
Mon			Please give further details here (please read guidance note 4)	Outdoors	
Tue					
Wed				State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g) (please read guidance note 5)	
Thur					
Fri			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 (please read guidance note 6)		
Sat					
Sun					

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Late night refreshment Standard days and timings (please read guidance note 7)			Will the provision of late night refreshment take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors		
Day	Start	Finis h		Outdoors		
Mon			Please give further details here (please read guidance note 4)	Both		
Tue						
Wed				State any seasonal variations for the provision of late night refreshment (please read guidance note 5)		
Thur						
Fri				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 6)		
Sat						
Sun						

J

Supply of alcohol Standard days and timings (please read guidance note 7)			Will the supply of alcohol be for consumption – please tick (please read guidance note 8)	On the premises	
Day	Start	Finis h		Off the premises	X
07:00 to 23:00	Mon	07:00 AM 11:00 PM	State any seasonal variations for the supply of alcohol (please read guidance note 5)	Both	
07:00 to 23:00	Tue	07:00 AM 11:00 PM			
07:00 to 23:00	Wed	07:00 AM 11:00 PM			
07:00 to 23:00	Thur	07:00 AM 11:00 PM	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 6)		
07:00 to 23:00	Fri	07:00 AM 11:00 PM			
07:00 to 23:00	Sat	07:00 AM 11:00 PM	N/A		
08:00 to 22:00	Sun	08:00 AM 10:00 PM			

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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	HEWAD SHINWARI
Date of birth	28/03/1996
Address	[REDACTED] ROTHERHAM
Postcode	S65 1HE
Personal licence number (if known)	RM3995
Issuing licensing authority	Rotherham Council

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).

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L

Hours premises are 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	07:00	23:00	
Tue	07:00	23:00	
Wed	07:00	23:00	
Thur	07:00	23:00	
Fri	07:00	23:00	
Sat	07:00	23:00	
Sun	08:00	22:00	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 (please read guidance note 6)

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)

I will operate the premises in full compliance with Licensing Act 2003 and All Four Licensing objectives at all times, staff will be properly trained, policies will be implemented and regularly reviewed and we will work closely with responsible authorities, a safe and well managed premises.

b) The prevention of crime and disorder

A CCTV will be installed with record of at least 28 days, a refusal register will be kept, staff will receive regular training challenge 25 will be operated, accepting valid IDs clear signage will be displayed. The premises will cooperate fully with police and other authorities.

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c) Public safety

A FIRE risk assessment will be completed and Regularly reviewed, Fire Extinguishers will be installed and maintained, Emergency Exits will be clearly marked and kept free from obstruction. Maximum occupancy level will be observed at All time. Electrical and gas equipment will be regularly inspected.

d) The prevention of public nuisance

Clear signage will be displayed asking customers to respect neighbours and leave quietly. Litter outside the premises will be regularly cleared. Deliveries and waste collection will take place at Reasonable hours. Staff will monitor customers outside the premises to prevent noise disturbance.

e) The protection of children from harm

A strict challenge 25 age verification policy will be in place, Acceptable ID will be Passport, UK driving licence or PASS hologram Card. Staff will receive training on age-restricted sales. A Refusal register will be maintained. Children will not allowed to purchase Age restricted items.

Checklist: Safeguarding concern will be Reported to police.

Please tick to indicate agreement

<input checked="" type="checkbox"/>	I have made or enclosed payment of the fee.	✓	*
<input checked="" type="checkbox"/>	I have enclosed the plan of the premises.	✓	*
<input checked="" type="checkbox"/>	I have sent copies of this application and the plan to responsible authorities and others where applicable.	✓	*

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•	I have enclosed the consent form completed by the individual I wish to be designated 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.	✓	✓
•	[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 or my share code issued by the Home Office online right to work checking service (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.**

Declaration	<ul style="list-style-type: none"> [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). 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 her proof of entitlement to work, or have conducted an online right to work check using the Home Office online right to work checking service which confirmed their right to work (please see note 15)
Signature	[Redacted Signature]
Date	[Redacted Date] 25th March 2026
Capacity	OWNER

For joint applications, signature of 2nd applicant or 2nd applicant's solicitor or other authorised agent (please read guidance note 13). **If signing on behalf of the applicant, please state in what capacity.**

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Signature	
Date	
Capacity	

Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 14) HEWAD SHINWARI			
Post town		Postcode	
Telephone number (if any)			
If you would prefer us to correspond with you by e-mail, your e-mail address (optional)			