

Application for a Premises Licence under the Licensing Act 2003

Please read the following instructions first –

- Use the extra page at the end of the form to provide further details if necessary
- When it is complete you can submit the form directly to us – use the submit button. You may wish to print and keep a copy of the completed form for your records. For information about filling in this type of electronic form, use the help button
- For any applications which include the sale of alcohol, you will need to ensure the Designated Premises Supervisor has completed the consent form and upload it to validate your application
- Before you complete this form -
 - [Please read the available information on the Licensing Act 2003 \(opens in a new tab\)](#)
 - [Please read the application specific guidance notes \(opens in a new tab\)](#)
 - [Please read the Home Office guidance and refer to it while completing your application \(opens in a new tab\)](#)

What district/local area are you applying to?

I / We (premises licence holder name)

apply for a premises licence under section 17 of the Licensing Act 2003 for the premises described 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.

Premises Details

Postal address of premises or, if none, ordinance survey map reference or description

Postcode

Telephone number of premises

What is the non-domestic rateable value of the premises?

Trading name of the business

Applicant Details

Please state whether you are applying for a premises licence as

Please confirm:

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 His Majesty's prerogative

INDIVIDUAL APPLICANTS (fill in as applicable)

Note, names provided in this section must match the premises licence holder names given earlier.

Title

Forename(s)

Surname

Are you 18 years or older? Yes No

Date of birth

Current postal address if different from premises address

Postcode

Telephone number

Email address

Confirm email address

Right to Work - where applicable (if demonstrating a right to work via the [Home Office online right to work checking service \(opens in a new tab\)](#)), the 'share code' provided to the applicant by that service.

Input share code if applicable

SECOND INDIVIDUAL APPLICANT (IF APPLICABLE)

Title

Forename(s)

Surname

Date of birth (you must be 18 years old or over)

Current postal address if different from premises address

Postcode

Telephone number

Email address

Confirm email address

Right to Work - where applicable (if demonstrating a right to work via the [Home Office online right to work checking service \(opens in a new tab\)](#)), the 'share code' provided to the applicant by that service.

Input share code if applicable

OTHER APPLICANTS

Please provide name and registered address of applicant in full. Where appropriate please give any registered number. In case of a partnership or other joint nature (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)

Email address (optional)

Confirm email address (optional)

Agent details

Title

Forename(s)

Surname

Address

Postcode

Telephone number

Email address

Confirm email address

Operating Schedule

When do you want the premises licence to start?

15/04/2026

Please note, your application for a premises licence may take up to two months to determine.

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

Are more than 5,000 people to attend the premises at any one time?

Yes No

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

General description of premises [\(please read guidance note 1 \(opens in a new tab\)\)](#)

The Premises Is A Retail Convenience Store Operating Primarily For The Sale Of Groceries
Soft Drinks
Snacks And Household Goods.

The Layout Consists Of A Main Entrance/exit Leading Into A Customer Area With Shelving And Display Units. A Sales Counter Is Located Towards The Front Of The Premises
Which Is Staffed At All Times During Trading Hours.

Alcohol Will Be Displayed In A Designated Area Within The Premises Positioned To Allow Clear Supervision By Staff. A Challenge 25 Policy Will Be Operated At All Times.

The Premises Is Fitted With A Cctv System Covering The Entrance/exit
Sales Counter And Alcohol Display Area
With Recordings Retained For A Minimum Of 31 Days.

The Premises Will Operate In A Safe And Controlled Manner With Clear Visibility Across The Shop Floor And Staff Supervision At All Times.

Operating Schedule Continued

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

(Please see [section 1 of the Licensing Act 2003 \(opens in a new tab\)](#) and [Schedule 1 and 2 to the Licensing Act \(opens in a new tab\)](#)).

Provision of regulated entertainment

- a) plays
- b) films
- c) indoor sporting events
- d) boxing or wrestling entertainment
- e) live music
- f) recorded music
- g) performance of dance
- h) anything of a similar description to that falling within e, f or g

i) Provision of late night refreshment (hot food and, or drink 11pm-5am)

j) Supply of alcohol

Is the premises exclusively or primarily selling alcohol for consumption on the premises?

Do you want to remove the requirement to name a Designated Premises Supervisor (DPS)? Yes No

A

Plays Standard days and timings (please read guidance note 6 (opens in a new tab))		Will the performance of a play take place indoors or outdoors or both? (Please read guidance note 2 (opens in a new tab))		Indoors	<input type="checkbox"/>			
				Outdoors	<input type="checkbox"/>			
				Both	<input type="checkbox"/>			
Do you intend to apply for ONLY seasonal or non-standard timings for your activities or opening hours?				Yes	<input type="checkbox"/>			
				No	<input type="checkbox"/>			
Day	Start time	Finish time	Please give further details here (please read guidance note 3 (opens in a new tab))					
Mon	<input type="text"/>	<input type="text"/>						
	<input type="text"/>	<input type="text"/>						
Tues	<input type="text"/>	<input type="text"/>						
	<input type="text"/>	<input type="text"/>						
Wed	<input type="text"/>	<input type="text"/>				State any seasonal variations for performing play: (please read guidance note 4 (opens in a new tab))		
	<input type="text"/>	<input type="text"/>						
Thur	<input type="text"/>	<input type="text"/>						
	<input type="text"/>	<input type="text"/>						
Fri	<input type="text"/>	<input type="text"/>	Non standard timings. Where you intend to use the premises for the performance of a play at different times than those listed, please list (please read guidance note 5 (opens in a new tab))					
	<input type="text"/>	<input type="text"/>						
Sat	<input type="text"/>	<input type="text"/>						
	<input type="text"/>	<input type="text"/>						
Sun	<input type="text"/>	<input type="text"/>						
	<input type="text"/>	<input type="text"/>						

B

Films Standard days and timings (please read guidance note 6 (opens in a new tab))		Will the exhibition of films take place indoors or outdoors or both? (Please read guidance note 2 (opens in a new tab))		Indoors	<input type="checkbox"/>			
				Outdoors	<input type="checkbox"/>			
				Both	<input type="checkbox"/>			
Do you intend to apply for ONLY seasonal or non-standard timings for your activities or opening hours?				Yes	<input type="checkbox"/>			
				No	<input type="checkbox"/>			
Day	Start time	Finish time	Please give further details here (please read guidance note 3 (opens in a new tab))					
Mon	<input type="text"/>	<input type="text"/>						
	<input type="text"/>	<input type="text"/>						
Tues	<input type="text"/>	<input type="text"/>						
	<input type="text"/>	<input type="text"/>						
Wed	<input type="text"/>	<input type="text"/>				State any seasonal variations for the exhibition of films (please read guidance note 4 (opens in a new tab))		
	<input type="text"/>	<input type="text"/>						
Thur	<input type="text"/>	<input type="text"/>						
	<input type="text"/>	<input type="text"/>						
Fri	<input type="text"/>	<input type="text"/>	Non standard timings. Where you intend to use the premises for the exhibition of films at different times than those listed, please list (please read guidance note 5 (opens in a new tab))					
	<input type="text"/>	<input type="text"/>						
Sat	<input type="text"/>	<input type="text"/>						
	<input type="text"/>	<input type="text"/>						
Sun	<input type="text"/>	<input type="text"/>						
	<input type="text"/>	<input type="text"/>						

C

Indoor Sporting Events Standard days and timings (please read guidance note 6 (opens in a new tab))				
Do you intend to apply for ONLY seasonal or non-standard timings for your activities or opening hours?			Yes <input type="checkbox"/>	
			No <input type="checkbox"/>	
Day	Start time	Finish time	Please give further details here (please read guidance note 3 (opens in a new tab))	
Mon	<input type="text"/>	<input type="text"/>		
	<input type="text"/>	<input type="text"/>		
Tues	<input type="text"/>	<input type="text"/>		
	<input type="text"/>	<input type="text"/>		
Wed	<input type="text"/>	<input type="text"/>		State any seasonal variations for indoor sporting events (please read guidance note 4 (opens in a new tab))
	<input type="text"/>	<input type="text"/>		
Thur	<input type="text"/>	<input type="text"/>		
	<input type="text"/>	<input type="text"/>		
Fri	<input type="text"/>	<input type="text"/>	Non standard timings. Where you intend to use the premises for indoor sporting events at different times than those listed, please list (please read guidance note 5 (opens in a new tab))	
	<input type="text"/>	<input type="text"/>		
Sat	<input type="text"/>	<input type="text"/>		
	<input type="text"/>	<input type="text"/>		
Sun	<input type="text"/>	<input type="text"/>		
	<input type="text"/>	<input type="text"/>		

D

Boxing or wrestling entertainment Standard days and timings (please read guidance note 6 (opens in a new tab))		Will the boxing or wrestling entertainment take place indoors or outdoors or both? (Please read guidance note 2 (opens in a new tab))		Indoors	<input type="checkbox"/>			
				Outdoors	<input type="checkbox"/>			
				Both	<input type="checkbox"/>			
Do you intend to apply for ONLY seasonal or non-standard timings for your activities or opening hours?				Yes	<input type="checkbox"/>			
				No	<input type="checkbox"/>			
Day	Start time	Finish time	Please give further details here (please read guidance note 3 (opens in a new tab))					
Mon	<input type="text"/>	<input type="text"/>						
	<input type="text"/>	<input type="text"/>						
Tues	<input type="text"/>	<input type="text"/>						
	<input type="text"/>	<input type="text"/>						
Wed	<input type="text"/>	<input type="text"/>				State any seasonal variations for boxing or wrestling entertainment (please read guidance note 4 (opens in a new tab))		
	<input type="text"/>	<input type="text"/>						
Thur	<input type="text"/>	<input type="text"/>						
	<input type="text"/>	<input type="text"/>						
Fri	<input type="text"/>	<input type="text"/>	Non standard timings. Where you intend to use the premises for boxing or wrestling entertainment at different times than those listed, please list (please read guidance note 5 (opens in a new tab))					
	<input type="text"/>	<input type="text"/>						
Sat	<input type="text"/>	<input type="text"/>						
	<input type="text"/>	<input type="text"/>						
Sun	<input type="text"/>	<input type="text"/>						
	<input type="text"/>	<input type="text"/>						

E

Live music Standard days and timings (please read guidance note 6 (opens in a new tab))		Will the performance of live music take place indoors or outdoors or both? (Please read guidance note 2 (opens in a new tab))		Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Do you intend to apply for ONLY seasonal or non-standard timings for your activities or opening hours?				Yes	<input type="checkbox"/>
				No	<input type="checkbox"/>
Day	Start time	Finish time	Please give further details here (please read guidance note 3 (opens in a new tab))		
Mon	<input type="text"/>	<input type="text"/>			
	<input type="text"/>	<input type="text"/>			
Tues	<input type="text"/>	<input type="text"/>			
	<input type="text"/>	<input type="text"/>			
Wed	<input type="text"/>	<input type="text"/>	State any seasonal variations for performance of live music (please read guidance note 4 (opens in a new tab))		
	<input type="text"/>	<input type="text"/>			
Thur	<input type="text"/>	<input type="text"/>			
	<input type="text"/>	<input type="text"/>			
Fri	<input type="text"/>	<input type="text"/>			
	<input type="text"/>	<input type="text"/>			
Sat	<input type="text"/>	<input type="text"/>			
	<input type="text"/>	<input type="text"/>			
Sun	<input type="text"/>	<input type="text"/>			
	<input type="text"/>	<input type="text"/>			

F

Recorded music Standard days and timings (please read guidance note 6 (opens in a new tab))		Will the playing of recorded music take place indoors or outdoors or both? (Please read guidance note 2 (opens in a new tab))		Indoors	<input type="checkbox"/>			
				Outdoors	<input type="checkbox"/>			
				Both	<input type="checkbox"/>			
Do you intend to apply for ONLY seasonal or non-standard timings for your activities or opening hours?				Yes	<input type="checkbox"/>			
				No	<input type="checkbox"/>			
Day	Start time	Finish time	Please give further details here (please read guidance note 3 (opens in a new tab))					
Mon	<input type="text"/>	<input type="text"/>						
	<input type="text"/>	<input type="text"/>						
Tues	<input type="text"/>	<input type="text"/>						
	<input type="text"/>	<input type="text"/>						
Wed	<input type="text"/>	<input type="text"/>				State any seasonal variations for playing recorded music (please read guidance note 4 (opens in a new tab))		
	<input type="text"/>	<input type="text"/>						
Thur	<input type="text"/>	<input type="text"/>						
	<input type="text"/>	<input type="text"/>						
Fri	<input type="text"/>	<input type="text"/>	Non standard timings. Where you intend to use the premises for the playing of recorded music at different times than those listed, please list (please read guidance note 5 (opens in a new tab))					
	<input type="text"/>	<input type="text"/>						
Sat	<input type="text"/>	<input type="text"/>						
	<input type="text"/>	<input type="text"/>						
Sun	<input type="text"/>	<input type="text"/>						
	<input type="text"/>	<input type="text"/>						

G

Performance of dance Standard days and timings (please read guidance note 6 (opens in a new tab))		Will the performance of dance take place indoors or outdoors or both? (Please read guidance note 2 (opens in a new tab))		Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Do you intend to apply for ONLY seasonal or non-standard timings for your activities or opening hours?				Yes	<input type="checkbox"/>
				No	<input type="checkbox"/>
Day	Start time	Finish time	Please give further details here (please read guidance note 3 (opens in a new tab))		
Mon	<input type="text"/>	<input type="text"/>			
	<input type="text"/>	<input type="text"/>			
Tues	<input type="text"/>	<input type="text"/>			
	<input type="text"/>	<input type="text"/>			
Wed	<input type="text"/>	<input type="text"/>	State any seasonal variations for the performance of dance (please read guidance note 4 (opens in a new tab))		
	<input type="text"/>	<input type="text"/>			
Thur	<input type="text"/>	<input type="text"/>			
	<input type="text"/>	<input type="text"/>			
Fri	<input type="text"/>	<input type="text"/>			
	<input type="text"/>	<input type="text"/>			
Sat	<input type="text"/>	<input type="text"/>			
	<input type="text"/>	<input type="text"/>			
Sun	<input type="text"/>	<input type="text"/>			
	<input type="text"/>	<input type="text"/>			

H

<p>Anything of a similar description to that falling within (e), (f) or (g) Standard days and timings (please read guidance note 6 (opens in a new tab))</p>			<p>Please give a description of the type of entertainment you will be providing</p> <div style="border: 1px solid black; height: 80px; width: 100%;"></div>					
			<p>Will the entertainment take place indoors or outdoors or both? (Please read guidance note 2 (opens in a new tab))</p>		Indoors	<input type="checkbox"/>	Outdoors	<input type="checkbox"/>
			Both	<input type="checkbox"/>				
<p>Do you intend to apply for ONLY seasonal or non-standard timings for your activities or opening hours?</p>					Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Day	Start time	Finish time	<p>Please give further details here (please read guidance note 3 (opens in a new tab))</p>					
Mon	<input type="text"/>	<input type="text"/>	<p>State any seasonal variations for entertainment of a similar description to that falling within (e), (f) and (g) (please read guidance note 4 (opens in a new tab))</p>					
	<input type="text"/>	<input type="text"/>						
Tues	<input type="text"/>	<input type="text"/>						
	<input type="text"/>	<input type="text"/>						
Wed	<input type="text"/>	<input type="text"/>						
	<input type="text"/>	<input type="text"/>						
Thur	<input type="text"/>	<input type="text"/>						
	<input type="text"/>	<input type="text"/>						
Fri	<input type="text"/>	<input type="text"/>	<p>Non standard timings. Where you intend to use the premises for entertainment of a similar description to that falling within (e), (f) or (g) at different times than those listed, please list (please read guidance note 5 (opens in a new tab))</p>					
	<input type="text"/>	<input type="text"/>						
Sat	<input type="text"/>	<input type="text"/>						
	<input type="text"/>	<input type="text"/>						
Sun	<input type="text"/>	<input type="text"/>						
	<input type="text"/>	<input type="text"/>						

Late night refreshment Standard days and timings (please read guidance note 6 (opens in a new tab))		Will the provision of late night refreshment take place indoors or outdoors or both? (Please read guidance note 2 (opens in a new tab))		Indoors	<input type="checkbox"/>			
				Outdoors	<input type="checkbox"/>			
				Both	<input type="checkbox"/>			
Do you intend to apply for ONLY seasonal or non-standard timings for your activities or opening hours?				Yes	<input type="checkbox"/>			
				No	<input type="checkbox"/>			
Day	Start time	Finish time	Please give further details here (please read guidance note 3 (opens in a new tab))					
Mon	<input type="text"/>	<input type="text"/>						
	<input type="text"/>	<input type="text"/>						
Tues	<input type="text"/>	<input type="text"/>						
	<input type="text"/>	<input type="text"/>						
Wed	<input type="text"/>	<input type="text"/>				State any seasonal variations for the provision of late night refreshment (please read guidance note 4 (opens in a new tab))		
	<input type="text"/>	<input type="text"/>						
Thur	<input type="text"/>	<input type="text"/>						
	<input type="text"/>	<input type="text"/>						
Fri	<input type="text"/>	<input type="text"/>	Non standard timings. Where you intend to use the premises for the provision of late night refreshment at different times than those listed, please list (please read guidance note 5 (opens in a new tab))					
	<input type="text"/>	<input type="text"/>						
Sat	<input type="text"/>	<input type="text"/>						
	<input type="text"/>	<input type="text"/>						
Sun	<input type="text"/>	<input type="text"/>						
	<input type="text"/>	<input type="text"/>						

J

Supply of alcohol Standard days and timings (please read guidance note 6 (opens in a new tab))		Will the supply of alcohol be for consumption: (please read guidance note 2 (opens in a new tab))		On the premises	<input type="checkbox"/>
				Off the premises	<input checked="" type="checkbox"/>
				Both	<input type="checkbox"/>
Do you intend to apply for ONLY seasonal or non-standard timings for your activities or opening hours?				Yes	<input type="checkbox"/>
				No	<input checked="" type="checkbox"/>
Day	Start time	Finish time	State any seasonal variations for the supply of alcohol (please read guidance note 4 (opens in a new tab))		
Mon	<input type="text" value="07:00"/>	<input type="text" value="23:00"/>	<div style="border: 1px solid black; height: 150px; width: 100%;"></div>		
	<input type="text"/>	<input type="text"/>			
Tues	<input type="text" value="07:00"/>	<input type="text" value="23:00"/>			
	<input type="text"/>	<input type="text"/>			
Wed	<input type="text" value="07:00"/>	<input type="text" value="23:00"/>			
	<input type="text"/>	<input type="text"/>			
Thur	<input type="text" value="07:00"/>	<input type="text" value="23:00"/>			
	<input type="text"/>	<input type="text"/>	<div style="border: 1px solid black; height: 150px; width: 100%;"></div>		
Fri	<input type="text" value="07:00"/>	<input type="text" value="23:00"/>			
	<input type="text"/>	<input type="text"/>			
Sat	<input type="text" value="07:00"/>	<input type="text" value="00:00"/>			
	<input type="text"/>	<input type="text"/>			
Sun	<input type="text" value="07:00"/>	<input type="text" value="18:00"/>			
	<input type="text"/>	<input type="text"/>			

State the name and details of the individual whom you wish to specify on the licence as Designated Premises Supervisor (DPS).

Title	Mr
Forename(s)	David James
Surname	Cassidy
Date of birth	12/11/1972
Home address	2 st Martin close
Postcode	NR3 3BH
Personal licence number	24/00717/PERS
Issuing licensing authority	Norwich city council

Please complete the 'Consent of individual to being specified as designated premises supervisor' form and have the person specified above confirm the details given.

Consent to being specified as Designated Premises Supervisor

I,

[Full name of designated premises supervisor]

of

[Home address of designated premises supervisor]

Hereby confirm that I give my consent to be specified as the designated premises supervisor in relation to the application for:

Type of application

by

[Name of premises licence holder/s]

Relating to a premises licence

[Number of existing licence, if any]

For
Name of premises

Address of premises

Postcode

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

Name of premises licence holder/s

Concerning the supply of alcohol at
Name of premises

Address of the premises

Postcode

Consent of individual to being specified as premises supervisor (cont.)

I confirm that I am entitled to work in the United Kingdom and am applying for, intend to apply for or currently hold a personal licence, details of which I have set out on this form.

Personal licence number

[insert personal licence number, if any]

Personal licence issuing authority (if any)

Name of authority

Address of authority

Postcode

Telephone number of authority

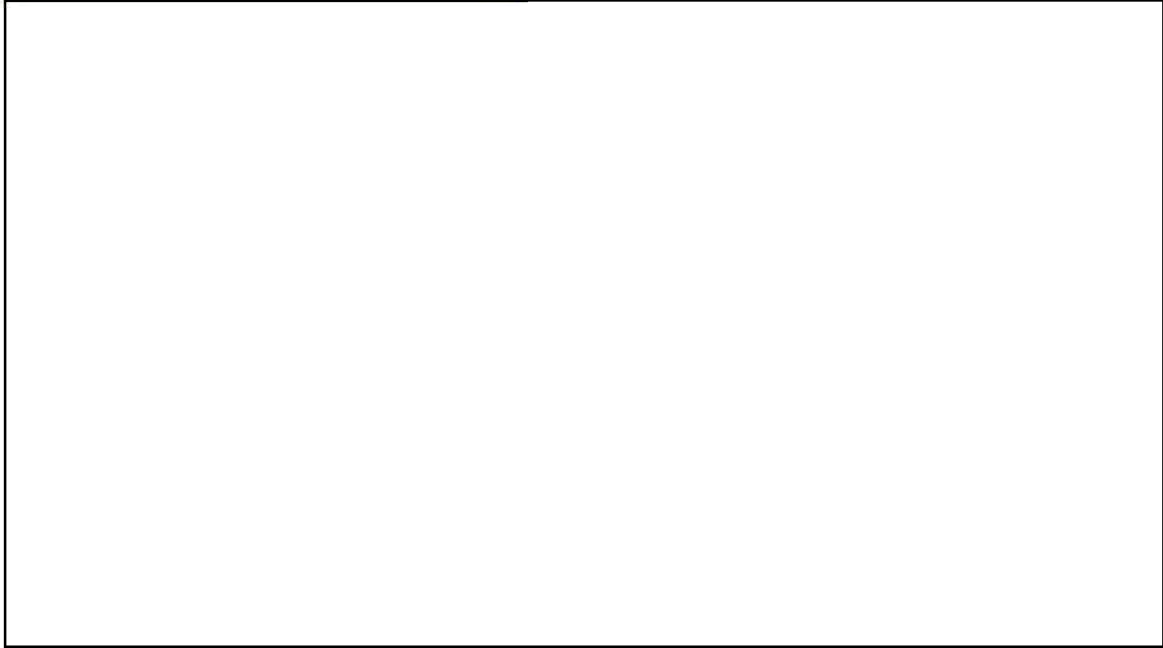
Confirmation

Name

Date

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 8 \(opens in a new tab\)](#))

A large, empty rectangular box with a thin black border, intended for the user to provide details about adult entertainment or services on the premises.

L

Do you intend to apply for ONLY seasonal or non-standard timings for your activities or opening hours?			Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
Hours premises are open to the public Standard days and timings (please read guidance note 6 (opens in a new tab))			State any seasonal variations (please read guidance note 4 (opens in a new tab))			
Day	Start time	Finish time				
Mon	07:00	23:00				
Tues	07:00	23:00				
Wed	07:00	23:00				
Thur	07:00	23:00				
Fri	07:00	23:00				
Sat	07:00	00:00				
Sun	07:00	18:00				
			Non standard timings. Where you intend to use the premises to be open to the public at different times than those listed, please list (please read guidance note 5 (opens in a new tab))			

M – 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 \(opens in a new tab\)\)](#)

The premises will operate as a well-managed retail convenience store. All four licensing objectives will be actively promoted through staff training, effective supervision and clear operational procedures.

A Challenge 25 policy will be implemented and enforced at all times. Staff will be trained to request valid photographic identification (passport, driving licence or PASS card) from anyone who appears under 25.

A refusals register will be maintained and regularly reviewed. Staff will receive initial training and refresher training every 3 months.

The premises will be fitted with a comprehensive CCTV system covering the entrance/exit, sales counter and alcohol display areas. Recordings will be retained for a minimum of 31 days and made available to authorities upon request.

The premises will be operated in a safe, controlled and responsible manner at all times.

b) The prevention of crime and disorder

Clear signage will be displayed requesting customers to respect local residents and leave the area quietly.

The premises will be managed to prevent loitering outside. Staff will monitor the area immediately outside the premises.

Waste will be properly stored and disposed of at appropriate times to minimise disturbance.

c) Public safety

The premises will be maintained in a safe condition at all times with clear and unobstructed walkways for customers.

All staff will receive appropriate training to ensure the safe operation of the premises and to deal with any incidents effectively.

Adequate lighting will be provided throughout the premises to ensure good visibility.

Appropriate fire safety equipment will be installed and maintained. Health and safety procedures will be followed at all times.

The layout of the premises allows for clear visibility across the shop floor, with staff supervision at all times.

d) The prevention of public nuisance

The premises is located within a commercial area in the city centre and is not situated within a primarily residential location.

The premises will be operated in a responsible manner to ensure that no public nuisance is caused.

Clear signage will be displayed requesting customers to respect the surrounding area and behave responsibly.

Staff will monitor the area immediately outside the premises to prevent loitering or anti-social behaviour.

Deliveries and waste collection will be managed appropriately to minimise any disturbance to neighbouring businesses.

e) The protection of children from harm

A strict Challenge 25 policy will be enforced at all times.

Only accepted forms of ID such as a passport, driving licence or PASS card will be accepted.

All staff will be trained in age-restricted sales and refresher training will be carried out regularly.

The premises will operate a refusals register and maintain strict supervision of alcohol sales at all times.

Custom Process Configuration

XML Specific

Application type

Licence Case Type

Licence Status

XML Template

CAPS Reference

Payments request

CallingAppID

CallingAppRef

PaymentSourceCode

Response response

PaymentAuthorisationCode

IncomeManagementReceiptNumber

Originators Reference

CardScheme

CardType

PaymentAmount

ResponseCode

ResponseDescription

Number of payment lines

Payment 1

Receipt Number

DueDate

PaymentType

Pay Description

XML Description

PaymentDue

Paid

Payment Date

Fund

Reference

Form Calculations

Title Casing

Sentence Casing

UPRN for address lookup

Boolean to hide this page

Field for email (Bath or Brom)

Field for fee array

WRS custodian initials

Enable Personal Licence La list

Enable Priv Pol

Section M Mand

DPSCon Form

DPS PLN

DPS DOB

Agent Email

Agent D Tel

Capacity

Personal Licence issuer code

Other Custom Calculations

Calculation for licensable activities

Subject Line for Email Out

Body for Internal Email

Body for External Email

Start Date in XML format

End Date in XML Format

Hours the TEN covers

DOB

Customer Email Acknowledgment

Premise Activities Complete

Premise Activities Part 1

Premise Activities Part 2

Premise Address

TP Address

TP DOB

App Day Tel

App Email

App Address

App DOB

App 2 D Tel

App 2 Email

App 2 Add

App 2 DOB

Corr D Tel

Corr Add

Corr Email

Open Hours

App 3 D Tel

App 3 Email

Ext Pty Email

I am providing / attaching a the plan of the premises [\(See section 2.9 \(opens in a new tab\) of this guidance\)](#) **X**

Please upload your plan of the premises [premises_plan.pdf](#)

The nominated Designated Premises Supervisor has completed the consent form contained within this application **X**

If suitable, you can upload the completed designated supervisor consent form

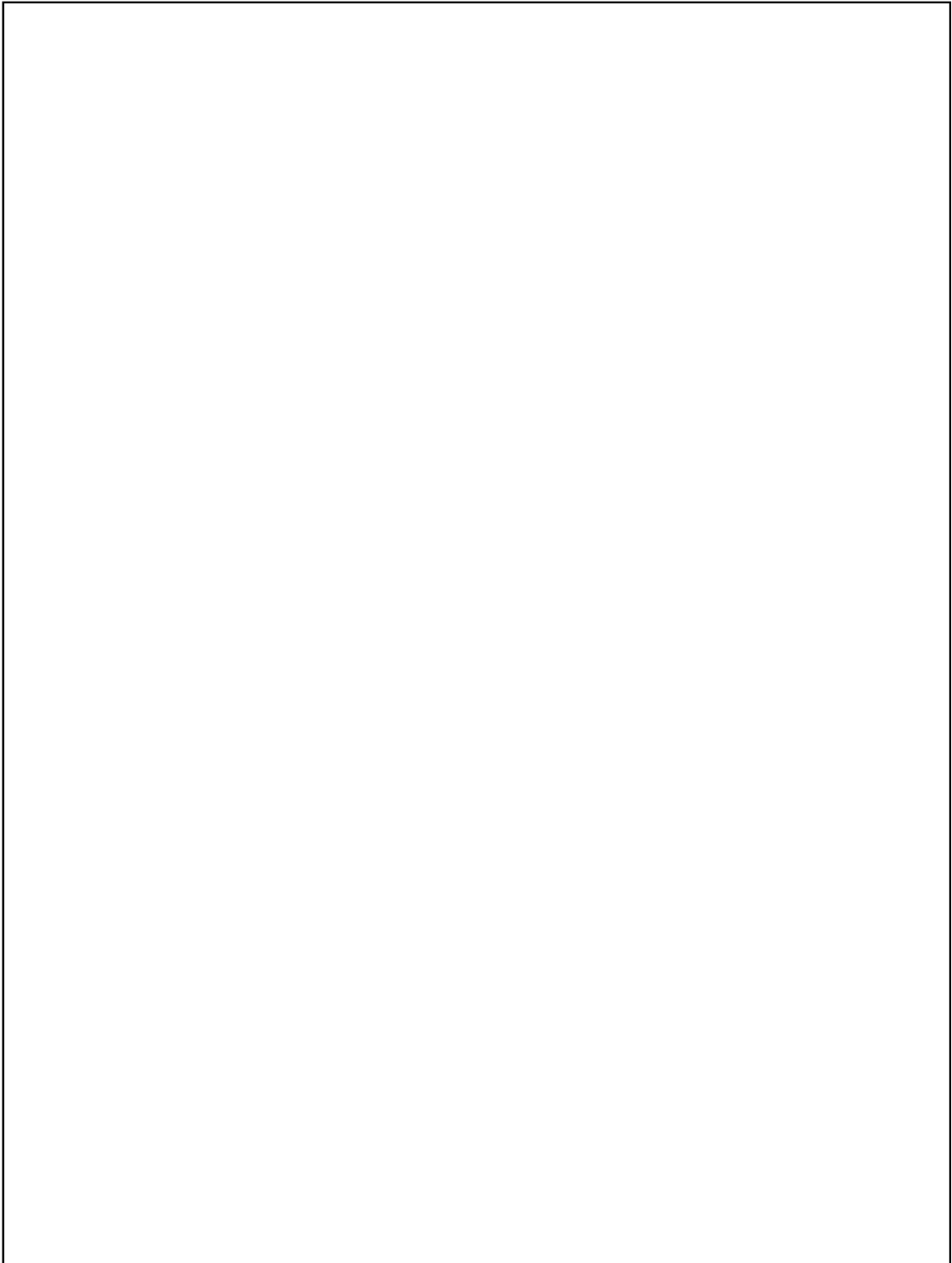
I am applying as an individual rather than a business / limited company and have provided proof of my entitlement to work in the UK (for information on what you can provide as evidence, [please reference our evidence guidance notes \(opens in a new tab\)](#)) **X**

Please upload proof of your entitlement to work in the UK (if you have not provided a share code) [49829881-8d6d-491b-b9f3-30f4f721e...](#)

I understand that if I do not comply with the above requirements my application will be rejected **X**

I understand that once my application has been formally accepted, I must advertise my application. Please note you should not arrange the advertising of your application until you have specifically received confirmation from the Licensing Authority that your application has been formally accepted and is being processed **X**

Use this page if there is any other information that you think we should know about.

A large, empty rectangular box with a thin black border, intended for providing additional information. The box is currently blank.

Declaration ([please read guidance note 10 \(opens in a new tab\)](#))

[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.

The Designated Premises Supervisor named in this application form is entitled to work in the UK (and is not subject to conditions preventing them from doing work relating to a licensable activity) and I have seen a copy of their proof of entitlement to work, if appropriate.

A person commits an offence if they knowingly or recklessly makes a false statement in or in connection with an application for a premises licence.

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.

Confirmation of applicant or applicant's solicitor or other duly authorised agent ([please see guidance note 11 \(opens in a new tab\)](#)). If confirming on behalf of the applicant please state in what capacity.

Confirmation
Name
Date
Capacity (owner, director etc.)

For joint applications, confirmation of 2nd applicant or 2nd applicant's solicitor or other authorised agent ([please see guidance note 12 \(opens in a new tab\)](#)). If confirming on behalf of the applicant please state in what capacity.

Confirmation
Name
Date
Capacity (owner, director etc.)

Contact name (where not previously given) and postal address for correspondence associated with this application ([please see guidance note 11 \(opens in a new tab\)](#))

Name
Address
Postcode
Telephone number (if any)
Email address
Confirm email address

