



This document was classified as: OFFICIAL

# DARLINGTON

Borough Council

**SERVICES GROUP**  
Town Hall, Darlington DL1 5QT  
DX69280 Darlington 6

## 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 JESBIR SINGH.  
(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			
40 ROSLYN ST DARLINGTON DL1 5DG.			
Post town	DARLINGTON	Postcode	DL1 5DG.
Telephone number at premises (if any)	01325 351075		
Non-domestic rateable value of premises	£ 2300		

### Part 2 - Applicant details

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 checked="" type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
Surname <b>SINGH</b>			First names <b>JESUR</b>		
Date of birth <b>24/02/1979</b>		I am 18 years old or over <input checked="" type="checkbox"/>		Please tick yes	
Nationality <b>BRITISH</b>					
Current residential address if different from premises address		<b>13 CARMEL ROAD SOUTH DARLINGTON</b>			
Post town <b>DARLINGTON</b>		Postcode <b>DL1 5DG</b>			
Daytime contact telephone number			<b>07861224018</b>		
E-mail address (optional)		<b>ELITE101@HOTMAIL.CO.UK</b>			
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 2 for information)					

**SECOND INDIVIDUAL APPLICANT** (if applicable)

When do you want the premises licence to start?

DD	MM	YYYY
30	04	2024

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) THE PREMISES HAS THE DOOR AT FRONT, THE SHOP HAS 3 ISLES AND SHELVES ALL AROUND THE SHOP, ALCOHOL IS ABOUT 30% OF THE SHOP. THE SHOP SIZE IS ABOUT 500 SQUARE FOOT.

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)
- f) recorded music (if ticking yes, fill in box F)
- g) performances of dance (if ticking yes, fill in box G)

anything of a similar description to that falling within (e), (f) or (g) (if ticking yes, fill in box H)

- 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

J

<b>Supply of alcohol</b> Standard days and timings (please read guidance note 7)			<b>Will the supply of alcohol be for consumption –</b> <u>please tick</u> (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	8AM	11PM			
Tue	8AM	11PM			
Wed	8AM	11PM			
Thur	8AM	11PM			
Fri	8AM	11PM			
Sat	10AM	10.30PM			
Sun			<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	MICHAEL BARWICK
Date of birth	22/3/1972
Address	95 CLIFTON ROAD, <del>AND SIX</del> DARLINGTON
Postcode	DL1 5DX
Personal licence number (if known)	
Issuing licensing authority (if known)	

**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)

WE WILL KEEP ON TRAINING AND SUPPORTING STAFF TO MAKE SURE, ALCOHOL IS NOT SOLD UNDER AGE INCLUDING VAPES + CIGARETTES. CLEAN THE PLACE TO A HIGH STANDARD, DAILY. PREVENT ANTI SOCIAL BEHAVIOUR BY MOVING ON YOUTHS. HELP THE POLICE.

b) The prevention of crime and disorder

WE ALREADY HAVE CCTV INCLUDING 16 CAMERAS LOCATED IN ALL AREAS. NOT TO SELL TO ANYONE WHO HAS ALREADY DRANK TOO MUCH. STAFF ISSUES CHALLENGE 25 TO CUSTOMER LOOKING UNDERAGE.

c) Public safety

THE USE OF C.C.T.V. AROUND THE SHOP. MAKING SURE THERE IS NO CROWDS HANGING AROUND THE SHOP. KEEP THE STREETS CLEAN + TIDY.

d) The prevention of public nuisance

TO NOT SELL TO UNDERAGE CHILDREN AND TO PREVENT THEM RETURNING, BY USING CHALLENGE 25. ANYONE TOO DRUNK WILL BE TURNED AWAY. ONCE AGAIN PREVENT BIG CROWDS FROM HANGING OUTSIDE THE SHOP

e) The protection of children from harm

TO MAKE SURE NO ADULTS ~~BUY~~ <sup>BUY</sup> ALCOHOL FOR CHILDREN OR VAPES + CIGARETTES. USING CHALLENGE 25 TO THE YOUNGER ADULTS. C.C.T.V. FOR ANY INCIDENTS ~~FO~~ AROUND THE SHOP. FOR PROTECTION OF CHILDREN WOULD NOT HESITATE PASSING CONCERNS ON TO AUTHORITIES.

Checklist:  
agreement

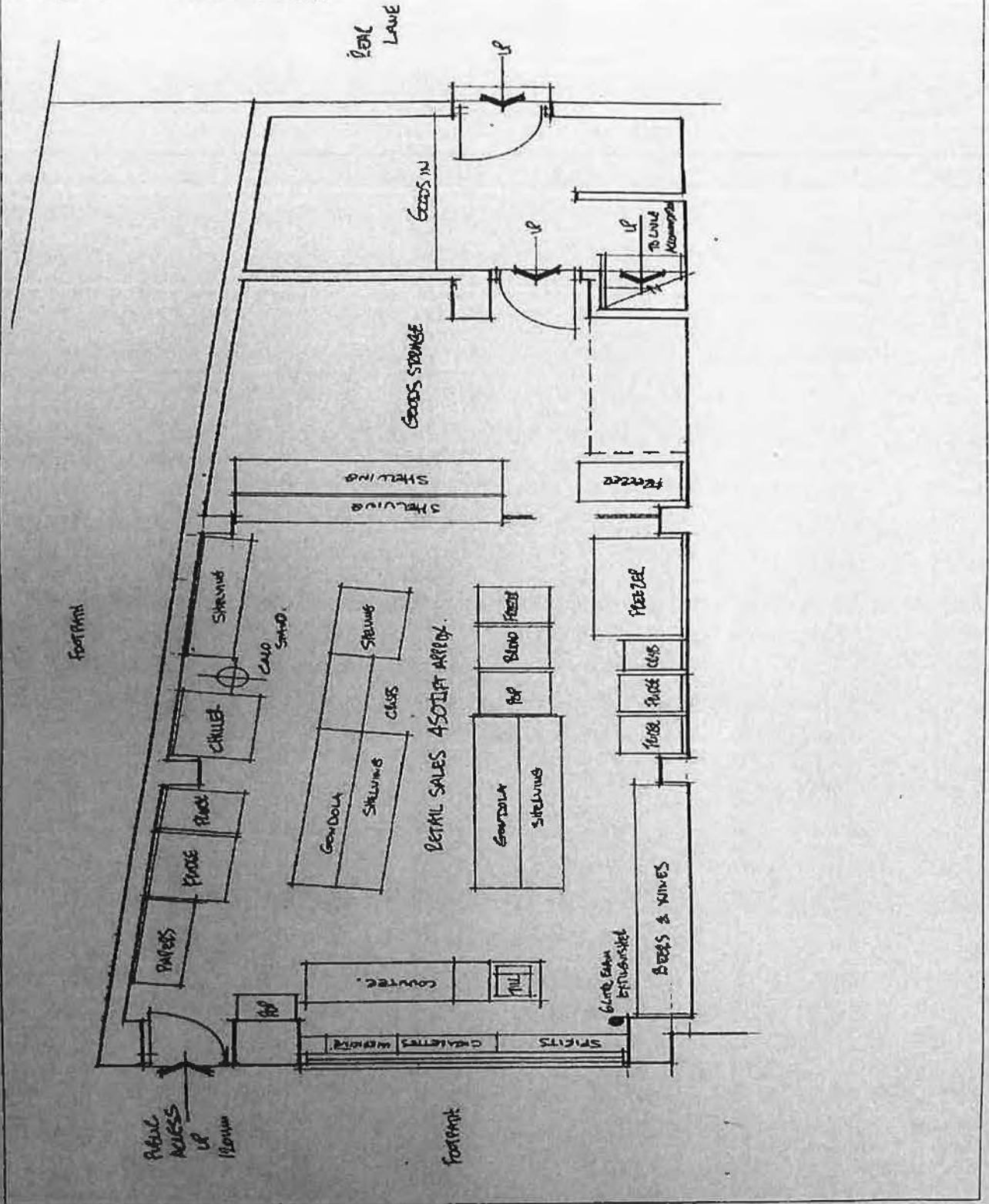
Please tick to indicate

- 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 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 (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.**

Annex 4 Premises Plan




*P. M. [Signature]*  
 Authorised Officer

Date of Issue: 13 January 2012

**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"><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 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).</li></ul>
Signature	
Date	30/4/2024
Capacity	BUSINESS OWNER

**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)

JESBIR SINGH  
13 CARMEL ROAD SOUTH.

Post town DARLINGTON Postcode DL3 8DG

Telephone number (if any) 07861224018

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

ELITE101@HOTMAIL.CO.UK