

WEST LINDSEY DISTRICT COUNCIL

LICENSING ACT 2003

Reference Number: TBC

Application type: Application for the Grant of Premises Licence

Premise: Alina – 100 Trinity Street, Gainsborough, Lincolnshire DN21 1HS.

Applicant: Mr Kaife HUSSAIN

1 The Application

- 1.1 The application made is for the grant of a new premises licence under section 17 of the Licensing Act 2003.
- 1.2 The application submitted is requesting authorisation for the retail sale of alcohol (for consumption off the premises only). The full application with all the relevant details is attached as **Appendix 2** complete with plans.

2 Background

- 2.1.1 This premise was originally issued a premises licence in the name of New Baltica in October 2011 however the premises licence was surrendered in November 2013 at which point it had changed its trading name to Alina.

3 Promotion of the Licensing Objectives

- 3.1 In submitting the application the applicant is required to describe any steps intended to be taken in order to promote the following 4 licensing objectives, which are:
- The Prevention of Crime and Disorder
 - Public Safety
 - The Prevention of Public Nuisance
 - The Protection of Children from Harm

- 3.2 The steps the applicant intends to take are detailed in section P, a to e, of the application form at **Appendix 2**.

4 Representations – Responsible Authorities

- 4.1 Two representations have been received from Responsible Authorities. The representations are in relation to The Prevention of Crime and Disorder and Public Safety licensing objectives and have been submitted by Lincolnshire Police and Lincolnshire Safer Communities Trading Standards.
- 4.2 The representations are attached as Appendix A1 and A2 and B1 and B2 for Members perusal. Unusually, the information contained within the representations have been split from both responsible authorities, as noted for

the reasons given in A1 and B1. This process allows for the Hearing to go ahead in the public domain but will restrict the elements of information that will be made available to the public. Therefore only the relevant parties concerned will have access to all the information attached as A1, A2, B1 and B2.

5 Representations – Other Persons (previously known as Interested Parties)

5.1 None

6 Considerations

6.1 Each application must be considered on its own merits, **standardised conditions cannot be applied across the board** to all licences of a similar type.

6.2 Each representation must be considered and in each case the committee must satisfy themselves whether or not the licensing objectives are being met by the applicant with respect to each matter.

6.3.1 Therefore, before any conditions can be imposed on a licence, they have to be *appropriate for the promotion of the licensing objectives*. The S182 guidance is clear that there should be *no duplication with other statutory provisions*. Conditions must be *appropriate, proportionate, reasonable, and* capable of being directly complied with by the licensee. Further, conditions should be clear and understandable, not be imposed to achieve an ulterior motive outside the scope of the legislation, not over generalised and cannot override primary legislation. If the Sub-Committee are minded that a condition is not appropriate for the promotion of the licensing objectives, then it should not be imposed.

6.3.2 Clearly, the Sub-Committee have to *consider extremely carefully* whether or not additional conditions need to be attached in order for the promotion of the licensing objectives?

6.4 In making its decision the committee must consider the application in line with the following:

- The Licensing Act 2003
- The Section 182 Guidance made under the Act
- The Licensing Authority's Licensing Policy Statement
- Decisions handed down from any relevant case law by the Courts where relevant

6.5 Policy Considerations

6.5.1 When considering the application and representations received, attention is drawn to the Licensing Authority's Policy which can be found at the link below by clicking on the Download Tab, then downloading the Policy:

<http://www.west-lindsey.gov.uk/businesses/licensing/licensing-and-gambling-policies/licensing-policy/104810.article>

6.6 Statutory Guidance

6.6.1 Attention is also drawn to the contents of the section 182 statutory guidance which can be found at the link below:

<https://www.google.co.uk/url?sa=t&rct=j&q=&esrc=s&frm=1&source=web&cd=3&cad=rja&ved=0CDcQFjAC&url=https%3A%2F%2Fwww.gov.uk%2Fgovernment%2Fpublications%2Flicensing-act-2003-amended-guidance-issued-under-section-182&ei=mSIWUuGLE9S10QWe84GoAQ&usq=AFQjCNGob4ojK3AcNC29WG01m0R5utwVaA&sig2=C86djujKYgMx0PqXbzBGiw&bvm=bv.51156542,d.d2k>

7 Options

7.1 Licensing Act 18(2) Subject to subsection (3) below, the authority must grant the licence in accordance with the application subject only to-

- (a) such conditions as are consistent with the operating schedule accompanying the application, and
- (b) any conditions which must under section 19, 20 or 21 be included in the licence.

(3) Where relevant representations are made, the licensing authority must –

- (a) hold a hearing to consider them, unless the authority, the applicant and each person who has made such representations agree that a hearing is unnecessary, and
- (b) having regard to the representations, take such of the steps mentioned in subsection (4) (if any) as it considers necessary for the promotion of the licensing objectives.

(4) The steps are –

- (a) to grant the licence subject to-
 - (i) the conditions mentioned in subsection (2)(a) modified to such extent as the authority considers appropriate for the promotion of the licensing objectives, and
 - (ii) any condition which must under section 19, 20 or 21 be included in the licence;
- (b) to exclude from the scope of the licence any of the licensable activities to which the application relates;
- (c) to refuse to specify a person in the licence as the premises supervisor;
- (d) to reject the application;

(5) For the purposes of subsection (4)(a)(i) the conditions mentioned in subsection (2)(a) are modified if any of them is altered or omitted or any new condition is added.

Conditions cannot be attached with respect to any part of the application on which no representations have been received.

This is a matter for the committee to determine in light of the above matters and any others it considers relevant.

N.B. Whatever decision the Members of the Licensing Sub-Committee arrive at, they are reminded about the comments made in a recent court case, known as Hope and Glory, in relation to reasons for their decision making. The comments noted from this case stated: “*The fuller and clearer the reasons, the more force they are likely to carry*”. Therefore taking these comments into account, Members are strongly advised to give good, clear,

justifiable reasons in relation to their decision, which will have more chance of being upheld, should the decision be appealed against.

8 List of Appendices

Appendix 1 - Representations from Responsible Authorities (A1, A2, B1 and B2)

Appendix 2 - Application form including plans

9 Background Papers

Licensing Act 2003.

WLDC Policy

Statutory Guidance made under section 182 of the Licensing Act 2003



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 KAIFE HUSSAIN
(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			
ALINA STORE 100 TRINITY STREET GAINSBOROUGH LINCOLNSHIRE			
Post town	DN21 7HS	Post code	

Telephone number at premises (if any)	07446858615
Non-domestic rateable value of premises	£

Part 2 - Applicant Details

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

- a) an individual or individuals * please complete section (A)
- b) a person other than an individual *
 - i. as a limited company please complete section (B)
 - ii. as a partnership 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)
- 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:

Please tick yes

- 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 HUSSAIN			First names KAIFE		
I am 18 years old or over				<input checked="" type="checkbox"/> Please tick yes	
Current postal address if different from premises address		100 TRINITY ST GAINSBOROUGH LINCOLNSHIRE			
Post Town			Postcode		LN21 1HS
Daytime contact telephone number			077446858615		
E-mail address (optional)		na			

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		
I am 18 years old or over					<input type="checkbox"/> Please tick yes
Current postal 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
Address
Registered number (where applicable)
Description of applicant (for example, partnership, company, unincorporated association etc.)
Telephone number (if any)
E-mail address (optional)

Part 3 Operating Schedule

When do you want the premises licence to start?

Day Month Year
10 01 2014

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

Day Month Year
1 1 1 1 1 1 1 1

Please give a general description of the premises (please read guidance note1)

Shop - retail - convenience store.
off license.
No alcohol consumption on premises. ~~etc~~

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 of the Licensing Act 2003 and Schedules 1 and 2 to the Licensing Act 2003)

Provision of regulated entertainment

Please tick yes

- 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 entertainment facilities:

- i) making music (if ticking yes, fill in box I)
- j) dancing (if ticking yes, fill in box J)

~~k) entertainment of a similar description to that falling within (i) or (j)
(if ticking yes, fill in box K)~~

~~**Provision of late night refreshment** (if ticking yes, fill in box L)~~

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

In all cases complete boxes N, O and P

A

Plays Standard days and timings (please read guidance note 6)			Will the performance of a play take place indoors or outdoors or both – please tick (please read guidance note 2)	Indoors <input type="checkbox"/>
				Outdoors <input type="checkbox"/>
Day	Start	Finish		Both <input type="checkbox"/>
Mon			Please give further details here (please read guidance note 3)	
Tue			State any seasonal variations for performing plays (please read guidance note 4)	
Wed			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 5)	
Thur				
Fri				
Sat				
Sun				

B

Films Standard days and timings (please read guidance note 6)			<u>Will the exhibition of films take place indoors or outdoors or both – please tick</u> (please read guidance note 2)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<u>Please give further details here</u> (please read guidance note 3)		
Mon					
Tue					
Wed			<u>State any seasonal variations for the exhibition of films</u> (please read guidance note 4)		
Thur					
Fri					
Sat			<u>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</u> (please read guidance note 5)		
Sun					

C

Indoor sporting events Standard days and timings (please read guidance note 6)			<u>Please give further details</u> (please read guidance note 3)
Day	Start	Finish	
Mon			
Tue			<u>State any seasonal variations for indoor sporting events</u> (please read guidance note 4)
Wed			
Thur			<u>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</u> (please read guidance note 5)
Fri			
Sat			
Sun			

D

Boxing or wrestling entertainments Standard days and timings (please read guidance note 6)			<u>Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick</u> (please read guidance note 2)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish			
Mon			<u>Please give further details here</u> (please read guidance note 3)		
Tue					
Wed			<u>State any seasonal variations for boxing or wrestling entertainment</u> (please read guidance note 4)		
Thur					
Fri			<u>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</u> (please read guidance note 5)		
Sat					
Sun					

E

Live music Standard days and timings (please read guidance note 6)			<u>Will the performance of live music take place indoors or outdoors or both – please tick</u> (please read guidance note 2)		Indoors	<input type="checkbox"/>
					Outdoors	<input type="checkbox"/>
					Both	<input type="checkbox"/>
Day	Start	Finish	<u>Please give further details here</u> (please read guidance note 3)			
Mon						
Tue						
Wed			<u>State any seasonal variations for the performance of live music</u> (please read guidance note 4)			
Thur						
Fri			<u>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</u> (please read guidance note 5)			
Sat						
Sun						

F

Recorded music Standard days and timings (please read guidance note 6)			<u>Will the playing of recorded music take place indoors or outdoors or both – please tick</u> (please read guidance note 2)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<u>Please give further details here</u> (please read guidance note 3)		
Mon					
Tue					
Wed			<u>State any seasonal variations for the playing of recorded music</u> (please read guidance note 4)		
Thur			<u>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</u> (please read guidance note 5)		
Fri					
Sat					
Sun					

G

Performances of dance Standard days and timings (please read guidance note 6)			<u>Will the performance of dance take place indoors or outdoors or both – please tick</u> (please read guidance note 2)		Indoors	<input type="checkbox"/>
					Outdoors	<input type="checkbox"/>
					Both	<input type="checkbox"/>
Day	Start	Finish	<u>Please give further details here</u> (please read guidance note 3)			
Mon						
Tue						
Wed			<u>State any seasonal variations for the performance of dance</u> (please read guidance note 4)			
Thur						
Fri						
Sat			<u>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</u> (please read guidance note 5)			
Sun						

H

Anything of a similar description to that falling within (e), (f) or (g) Standard days and timings (please read guidance note 6)			<u>Please give a description of the type of entertainment you will be providing</u>		
Day	Start	Finish	<u>Will this entertainment take place indoors or outdoors or both – please tick</u> (please read guidance note 2)	Indoors	<input type="checkbox"/>
Mon				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Tue			<u>Please give further details here</u> (please read guidance note 3)		
Wed					
Thur			<u>State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g)</u> (please read guidance note 4)		
Fri					
Sat			<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> (please read guidance note 5)		
Sun					

I

Provision of facilities for making music Standard days and timings (please read guidance note 6)			<u>Please give a description of the facilities for making music you will be providing</u>		
			<u>Will the facilities for making music be indoors or outdoors or both – please tick</u> (please read guidance note 2)		Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Both <input type="checkbox"/>
Day	Start	Finish	<u>Please give further details here</u> (please read guidance note 3)		
Mon					
Tue			<u>State any seasonal variations for the provision of facilities for making music</u> (please read guidance note 4)		
Wed					
Thur			<u>Non standard timings. Where you intend to use the premises for provision of facilities for making music at different times to those listed in the column on the left, please list</u> (please read guidance note 5)		
Fri					
Sat					
Sun					

J

Provision of facilities for dancing Standard days and timings (please read guidance note 6)			<u>Will the facilities for dancing be indoors or outdoors or both – please tick</u> (see guidance note 2)	Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Both <input type="checkbox"/>
			<u>Please give a description of the facilities for dancing you will be providing</u>	
Day	Start	Finish	<u>Please give further details here</u> (please read guidance note 3)	
Mon				
Tue				
Wed				
Thur				
Fri				
Sat				
Sun				
			<u>State any seasonal variations for providing dancing facilities</u> (please read guidance note 4)	
			<u>Non standard timings. Where you intend to use the premises for the provision of facilities for dancing entertainment at different times to those listed in the column on the left, please list</u> (please read guidance note 5)	

K

Provision of facilities for entertainment of a similar description to that falling within i or j Standard days and timings (please read guidance note 6)			Please give a description of the type of entertainment facility you will be providing		
Day	Start	Finish	Will the entertainment facility be indoors or outdoors or both – please tick (please read guidance note 2)	Indoors	<input type="checkbox"/>
Mon				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Tue			Please give further details here (please read guidance note 3)		
Wed					
Thur			State any seasonal variations for the provision of facilities for entertainment of a similar description to that falling within i or j (please read guidance note 4)		
Fri					
Sat			Non standard timings. Where you intend to use the premises for the provision of facilities for entertainment of a similar description to that falling within i or j at different times to those listed in the column on the left, please list (please read guidance note 5)		
Sun					

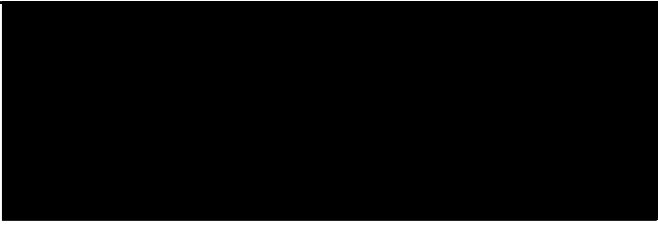
M

Supply of alcohol Standard days and timings (please read guidance note 6)			Will the supply of alcohol be for consumption (Please tick box) (please read guidance note 7)	On the premises	<input type="checkbox"/>
				Off the premises	<input checked="" type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	State any seasonal variations for the supply of alcohol (please read guidance note 4)		
Mon	08:00	22:00			
Tue	08:00	22:00			
Wed	08:00	22:00			
Thur	08:00	22:00			
Fri	08:00	00:00			
Sat	08:00	00:00			
Sun	08:00	22:00			
			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 5)		

N/A

N/A

State the name and details of the individual whom you wish to specify on the licence as premises supervisor

Name	KAIFE HUSSAIN		
Address			
Postcode			
Personal Licence number (if known)	82UD/A/01112/111013		
Issuing licensing authority (if known)	City of Lincoln Council.		

L

Late night refreshment Standard days and timings (please read guidance note 6)			Will the provision of late night refreshment take place indoors or outdoors or both – please tick (please read guidance note 2)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish			
Mon			Please give further details here (please read guidance note 3)		
Tue					
Wed			State any seasonal variations for the provision of late night refreshment (please read guidance note 4)		
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 5)		
Sat					
Sun					

P 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)

Ensuring the selling of alcohol is in accordance with the Licensing Act 2003.

b) The prevention of crime and disorder

Communication with the police where necessary - unlawful ads/people beyond our control.
Alarms are fitted to premises.

c) Public safety

We have CCTV cameras in operation.
Trained staff for selling alcohol.
Fire trained staff - signs - fire door exit.

d) The prevention of public nuisance

Not selling to people under the influence of alcohol or appear to be.

e) The protection of children from harm

Proof of over 18 buying alcohol - Asking for ID.
Proof if under 25 years old. So children are not buying or being bought alcohol.

N

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)

O

Hours premises are open to the public
Standard days and timings (please read guidance note 6)

Day	Start	Finish
Mon	08:00	22:00
Tue	08:00	22:00
Wed	08:00	22:00
Thur	08:00	22:00
Fri	08:00	00:00
Sat	08:00	00:00
Sun	08:00	22:00

State any seasonal variations (please read guidance note 4)

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 5)

KAIFE HUSSAIN
[name of applicant]

concerning the supply of alcohol at

ALINA STORE
100 TRINITY STREET
GAINSBOROUGH
DN21 1HS

[name and address of premises to which application relates]

I also confirm that I am applying for, intend to apply for or currently hold a personal licence, details of which I set out below.

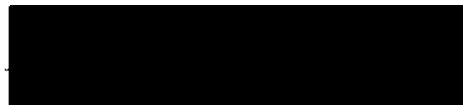
Personal licence number

32UD/A/0112/11013
[insert personal licence number, if any]

Personal licence issuing authority

CITY OF LINCOLN COUNCIL
[insert name and address and telephone number of personal licence issuing authority, if any]

Signed



Name (please print)

KAIFE HUSSAIN

Date

12/12/2013

Consent of individual to being specified as premises supervisor

I KAIFE HUSSAIN
[full name of prospective premises supervisor]

of



[home address of prospective premises supervisor]

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

Off License
[type of application]

by

KAIFE HUSSAIN
[name of applicant]

relating to a premises licence 320D/A/0112/111013
[number of existing licence, if any]

for

100 TRINITY STREET
GAINSBOROUGH
Lincs.
DN21 1HS.
[name and address of premises to which the application relates]

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


Please tick yes

- 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 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

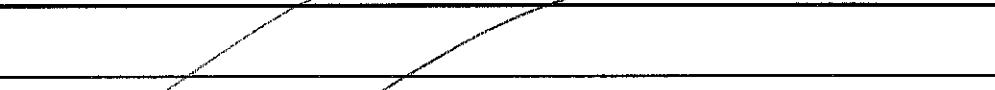
IT IS AN OFFENCE, LIABLE ON CONVICTION TO A FINE UP TO LEVEL 5 ON THE STANDARD SCALE, UNDER SECTION 158 OF THE LICENSING ACT 2003 TO MAKE A FALSE STATEMENT IN OR IN CONNECTION WITH THIS APPLICATION

Part 4 – Signatures (please read guidance note 10)


Signature of applicant or applicant's solicitor or other duly authorised agent (See guidance note 11). If signing on behalf of the applicant please state in what capacity.

Signature	
Date	12/12/2013
Capacity	

For joint applications signature of 2nd applicant or 2nd applicant's solicitor or other authorised agent. (please read guidance note 12). 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 13)

			
Post town		Post code	
Telephone number (if any)			
If you would prefer us to correspond with you by e-mail your e-mail address (optional)			

Notes for Guidance

1. Describe the premises. For example the type of premises, its general situation and layout and any other information which could be relevant to the licensing objectives. Where your application includes off-supplies of alcohol and you intend to provide a place for consumption of these off-supplies you must include a description of where the place will be and its proximity to the premises.
2. Where taking place in a building or other structure please tick as appropriate. Indoors may include a tent.
3. For example the type of activity to be authorised, if not already stated, and give relevant further details, for example (but not exclusively) whether or not music will be amplified or unamplified.
4. For example (but not exclusively), where the activity will occur on additional days during the summer months.
5. For example (but not exclusively), where you wish the activity to go on longer on a particular day e.g. Christmas Eve.
6. Please give timings in 24 hour clock (e.g. 16:00) and only give details for the days of the week when you intend the premises to be used for the activity.
7. If you wish people to be able to consume alcohol on the premises please tick on, if you wish people to be able to purchase alcohol to consume away from the premises please tick off. If you wish people to be able to do both please tick both.
8. Please give information about anything intended to occur at the premises or ancillary to the use of the premises which may give rise to concern in respect of children, regardless of whether you intend children to have access to the premises, for example (but not exclusively) nudity or semi-nudity, films for restricted age groups, the presence of gaming machines.
9. Please list here steps you will take to promote all four licensing objectives together.
10. The application form must be signed.
11. An applicant's agent (for example solicitor) may sign the form on their behalf provided that they have actual authority to do so.
12. Where there is more than one applicant, both applicants or their respective agents must sign the application form.
13. This is the address which we shall use to correspond with you about this application.

Information on the Licensing Act 2003 from The Licensing Team, West Lindsey District Council, Guildhall, Marshall's Yard, Gainsborough, Lincs, DN21 2NA Telephone: 01427 676676

Fax: 01427 675170

Email: licensing.2003@west-lindsey.gov.uk

Appendix A1



Licensing Act 2003

Representation by a Responsible Authority

Note: Please be aware that this form may be viewed by the Applicant or by a representative of the Applicant. It may also be read out in public at the sub-committee hearing.

Representations may be made at any time during a period of 28 consecutive days starting on the day after the application was given to the Licensing Authority

Representations are only relevant to an application if they relate to at least one of the four Licensing Objectives listed below:

- 1. The Prevention of Crime and Disorder**
- 2. Public Safety**
- 3. Prevention of Public Nuisance**
- 4. The Protection of Children from Harm**

Please enter your details below:

Responsible Authority:	Lincolnshire Safer Communities Trading Standards
Contact Officer:	Emma Milligan
Address:	Witham Park House, Waterside South, Lincoln LN5 7JN
Telephone Number:	01522 552408
E-Mail:	Emma.milligan@lincolnshire.gov.uk

Please provide details of the application to which your representation refers:

Name:	Alina Store
Address:	100 Trinity Street, Gainsborough.
Application Details:	New premises licence
Date Application Received:	13/12/13

Please provide details of your representation in the box below. Indicate which of the Licensing Objectives your representation refers to by ticking the relevant box/es:

- **The Prevention of Crime and Disorder**
- **Public Safety**
- **Prevention of Public Nuisance**
- **The Protection Children from Harm**

Representation:

This representation is submitted in relation to an application for a new premise licence for the shop located at 100 Trinity Street, Gainsborough.

Safer Communities Trading Standards wish to object to the application as we believe it would undermine the crime and disorder and public safety objectives. We currently have an on-going criminal investigation linked to several criminal offences. Therefore we provide full details of our objection in Appendix A. Appendix A is a restricted document and must not be disclosed to the public or press.

If possible, please suggest alterations to the application that would resolve the problem mentioned above, again paying attention to the **Licensing Objectives**:

N/A

Have you contacted the applicant to discuss this representation?

Yes No

Have you contacted the Licensing Section to discuss this representation?

Yes No

Do you consider further discussion could resolve the issue?

Yes No

Do you intend to attend or be represented at any sub-committee hearing?

Yes No

Please tick this box if you consent to any notice of any hearing being sent to you to the e-mail address provided by you above.
(please note if any notice is sent to you by electronic means, you will also receive confirmation of the same in writing).

Please return this form to the following address:

**Licensing Team
West Lindsey District Council
Marshall's Yard
Gainsborough
Lincolnshire
DN21 2NA**

Phone: 01427 676676 or fax 01427 675159
or e-mail to:-

licensing.2003@west-lindsey.gov.uk



Licensing Act 2003

Representation by a Responsible Authority

Note: Please be aware that this form may be viewed by the Applicant or by a representative of the Applicant. It may also be read out in public at the sub-committee hearing.

Representations may be made at any time during a period of 28 consecutive days starting on the day after the application was given to the Licensing Authority

Representations are only relevant to an application if they relate to at least one of the four Licensing Objectives listed below:

1. **The Prevention of Crime and Disorder**
2. **Public Safety**
3. **Prevention of Public Nuisance**
4. **The Protection of Children from Harm**

Please enter your details below:

Responsible Authority:	Lincolnshire Police
Contact Officer:	PC 519 Magson
Address:	Lincolnshire Police Headquarters, Nettleham, Lincoln.
Telephone Number:	01522 558380
E-Mail:	Laura.magson@lincs.pnn.police.uk

Please provide details of the application to which your representation refers:

Name:	Alina Store
Address:	100 Trinity Street, Gainsborough.
Application Details:	New premises licence
Date Application Received:	13/12/13

Please provide details of your representation in the box below. Indicate which of the Licensing Objectives your representation refers to by ticking the relevant box/es:

- **The Prevention of Crime and Disorder**
- **Public Safety**
- **Prevention of Public Nuisance**
- **The Protection Children from Harm**

Representation:

This representation is submitted in relation to an application for a new premise licence for the shop located at 100 Trinity Street, Gainsborough.

Lincolnshire Police object to the proposed application as we believe it would undermine crime and disorder and public safety objectives. Safer Communities Trading Standards have an on-going criminal investigation linked to associated criminal offences. Full details of our objection have been submitted in a witness statement provided by Pc 519 Magson. The statement is a restricted document and must not be disclosed to the public or press.

If possible, please suggest alterations to the application that would resolve the problem mentioned above, again paying attention to the **Licensing Objectives**:

Lincolnshire Police submit that the granting of this licence would serve to severally undermine the licensing objectives, there is therefore no appropriate resolution.

Have you contacted the applicant to discuss this representation?

Yes No

Have you contacted the Licensing Section to discuss this representation?

Yes No

Do you consider further discussion could resolve the issue?

Yes No

Do you intend to attend or be represented at any sub-committee hearing?

Yes No

Please tick this box if you consent to any notice of any hearing being sent to you to the e-mail address provided by you above.
(please note if any notice is sent to you by electronic means, you will also receive confirmation of the same in writing).

Please return this form to the following address:

**Licensing Team
West Lindsey District Council
Marshall's Yard
Gainsborough
Lincolnshire
DN21 2NA**

Phone: 01427 676676 or fax 01427 675159
or e-mail to:-

licensing.2003@west-lindsey.gov.uk