

# **Appendix 1**

D £190 15.8.18  
KSK100006538



West Lindsey District Council  
17 SEP 2018  
POST ROOM

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 SATNAM SINGH AND MANDEEP KAUR  
~~MADEEP~~  
(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			
NO.1 CROOKED BILLET STREET MORTON GAWSBOROUGH DN21 3AG			
Post town	GAWSBOROUGH	Postcode	DN21 3AG

Telephone number at premises (if any)	[REDACTED]
Non-domestic rateable value of premises	£ 13,000.00

**Part 2 - Applicant details**

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

- a) an individual or individuals \*  please complete section (A)
- b) a person other than an individual \*
  - i as a limited company/limited liability partnership  please complete section (B)
  - ii as a partnership (other than limited liability)  please complete section (B)
  - iii as an unincorporated association or  please complete section (B)
  - iv other (for example a statutory corporation)  please complete section (B)
- c) a recognised club  please complete section (B)
- d) a charity  please complete section (B)
- 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
  - 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>SATNAM</b>		
Date of birth [REDACTED]					
Nationality [REDACTED]					
Current resider address if diffe premises addre [REDACTED]					
Post town		[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Daytime cont: [REDACTED]					
E-mail address (optional) [REDACTED]					

SECOND INDIVIDUAL APPLICANT (if applicable)

Mr <input type="checkbox"/>	Mrs <input checked="" type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
Surname <b>KAUR</b>			First names <b>MANDEEP</b>		
Date of birth [REDACTED]					
Nationality [REDACTED]					
Current postal if different fro premises addr [REDACTED]					
Post town		[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Daytime cont: [REDACTED]					
E-mail address (optional) [REDACTED]					

**(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?

DD	MM	YYYY
A	S	A P

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)

SALE OR SUPPLY by Retail of ALCOHOL  
Property being converted into off-licence  
house of business 6am to 11pm Mon-Sat

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)
- h) anything of a similar description to that falling within (e), (f) or (g) (if ticking yes, fill in box H)
- i) **Provision of late night refreshment** (if ticking yes, fill in box I)
- j) **Supply of alcohol** (if ticking yes, fill in box J)

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

**A**

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

**B**

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



C

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

**D**

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

**E**

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

**F**

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

**G**

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

# H

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

**I**

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

J

<b>Supply of alcohol</b> Standard days and timings (please read guidance note 7)			<b>Will the supply of alcohol be for consumption – please tick</b> (please read guidance note 8)	On the premises	<input type="checkbox"/>			
				Off the premises	<input checked="" type="checkbox"/>			
				Both	<input type="checkbox"/>			
Day	Start	Finish	<b>State any seasonal variations for the supply of alcohol</b> (please read guidance note 5)					
Mon	06:00	23:00						
	06:00	23:00						
Tue	06:00	23:00						
	06:00	23:00						
Wed	06:00	23:00						
	06:00	23:00						
Thur	06:00	23:00				<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)		
	06:00	23:00						
Fri	06:00	23:00						
	06:00	23:00						
Sat	06:00	23:00						
	06:00	23:00						
Sun	06:00	23:00						
	06:00	23:00						

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	SANTHAN SIVAKAN MANDIEP KAUR	
Date of birth	[REDACTED]	
Address	[REDACTED]	
Postcode	[REDACTED]	
Personal licence number (if known)	LIC: S406325 PER [REDACTED]	
Issuing licensing authority (if known)	SHEFFIELD CITY COUNCIL	

K



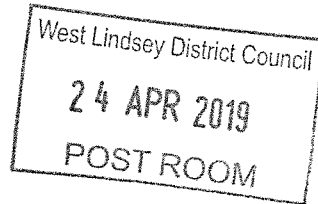
Please highlight any adult entertainment or services, activities, other entertainment or matters ancillary to the use of the premises that may give rise to concern in respect of children (please read guidance note 9).

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	06:00	23:00	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)
	06:00	23:00	
Tue	06:00	23:00	
	06:00	22:00	
Wed	06:00	23:00	
	06:00	23:00	
Thur	06:00	23:00	
	06:00	23:00	
Fri	06:00	23:00	
	06:00	23:00	
Sat	06:00	23:00	
	06:00	23:00	
Sun	06:00	23:00	
	06:00	23:00	

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)



Mr. Singh  
The Crooked Billet  
1 Crooked Billet Street  
Morton  
Gainsborough  
DN21 3AG

To Whom It May Concern (West Lindsey DC & Lincolnshire Police-Licensing,

Further to my application for an alcohol License for the above premises in August 2018, I have received from Lincolnshire Police (c/o PC 37 Nicola Seneschal) an email dated 18/4/19, in which the General requirements outlined below were mentioned by them as a requirement to assist in this application.

I hereby confirm my agreement to conform to the attached "General" conditions, and make my application if full cognizance of them.

Given the time it will take for the Alcohol License application, it is our intention to apply for a Temporary Event License for a period of 2 months, by which time our formal Alcohol license should have been processed.

Kindly provide us with the appropriate application forms.

**General- Conditional requirements as informed by Lincolnshire Police**

A CCTV system shall be installed, recording and maintained in working order and operated at the premises to the satisfaction of Lincolnshire Police, specifically:

- a) There shall be a minimum of one high resolution colour camera, fitted in a weatherproof housing, for external coverage of the entrance.
- b) There shall be a minimum of one high-resolution colour camera fitted to each public entrance/exit. To provide a quality head and shoulder image for facial recognition/identification purposes of all persons entering the premises.
- c) There shall be sufficient cameras able to cope with the normal operating illumination to reasonably cover all licensed public areas.
- d) Recordings must be kept for a minimum of 31 days and endorsed with the accurate, correct time/date (BST/GMT adjusted).
- e) Police and/or Authorised Licensing Officers shall be able on attendance to view immediate playback of any incident without the necessity for download.
- f) Recordings of incidents at the premises must be provided to the police following lawful request.
- g) A member of staff shall be on the premises at all times they are open to the public who is capable of operating the CCTV system in its entirety and providing recordings on request. When this is not possible recordings shall be provided within 24 hours of the original request.
- h) Recording equipment shall be housed in a secure room/cabinet where access and operation is strictly limited to authorised persons.

- i) All equipment shall have constant time/date generation, which must be checked for accuracy on a daily basis.
- j) The CCTV system should be maintained and checked every 12 months, with the installing company, or if this is not possible another reputable company, producing a letter of compliance.
- k) In the event of a system malfunction, the Designated Premises Supervisor or the Premises Licence Holder must immediately notify the Licensing Authority and the Police Licensing Department **Tel 01522 558448** or email [countylicensinggroup@lincs.pnn.police.uk](mailto:countylicensinggroup@lincs.pnn.police.uk). Details of this malfunction must be recorded in the premises refusals/incident book. Arrangements for its repair must be made without delay. The Licensing Authority and Police Licensing must be notified when the system is again operational.
- l) Police and/or Authorised Licensing Officers shall be able on attendance to view immediate playback of any incident without the necessity for download.

CCTV system must comply and be registered with the CCTV Code of Conduct published by the Information Commissioner's Office (ICO). The ICO must be annually notified that CCTV images are being recorded on your premises, with a named individual who is responsible for operation and maintenance of the equipment. Register through <https://ico.org.uk/for-organisations/data-protection-fee/> or telephone 0303 123 1113.

### **Prevention of Crime and Disorder**

No super-strength beer, lagers or ciders of above 6.5ABV (alcohol by volume) shall be sold at the premises.

The sale of cans and bottles of beers, lagers and ciders shall only be in packs of 4 or multiples thereof, unless the volume of the contents of the can or bottle is more than 570 millilitres.

Alcohol will not be permitted in open containers on the premises.

Clear, prominent and unobstructed signage informing customers of the Proof of Age scheme in operation and the age restrictions on products, will be clearly displayed at: all entry points to the premises, adjacent to the age restricted products, and all points of sale.

All point of sale staff shall undergo periodic training in the above policy with a record kept of the date of training, signed by the member of staff and the trainer. Each entry shall be retained for a period of 24 months from date of completion. This record shall be made available for inspection by Lincolnshire Police Officers or other parties acting on their behalf.

No persons shall sell or supply alcohol at the premises without the written authority of the premises licence holder and all such written records shall be kept securely and made available for inspection to the responsible authorities at their request.

Staff and management shall receive refresher training at least every twelve months in relation to licensing legislation, underage sales and shall be fully conversant with the conditions contained therein the Premises Licence. The training shall be under constant review.

All staff shall be suitably trained for their job function in the operating standards for the premises and the contents of the premises licence.

The staff training will include the identification and recognition of drunks and the correct procedure to be followed when refusing sale.

All alcohol & tobacco products will be purchased from established and bona fide wholesale traders and orders / purchases shall only be made by the Licence Holder or the Designated Premises Supervisor.

All receipts and invoices (or copies) will be held on the premises and made available for inspection by the authorities on reasonable request. These records will be kept for a period of no less than 24 months.

Any medication sold at the premises will only be purchased from a UK wholesaler and have the necessary English labelling and usage information and that appropriate receipts will be kept and made available for inspection by a Council Officer, Police Officer or Trading Standards Officer upon request.

Customer notices to be displayed at all exits asking patrons to please leave the premises quietly and to respect the needs of the local residents.

A refusal register will be maintained on the premises in the following format:

- The register shall be in a bound page format with each page consecutively numbered.
- Each entry to be timed dated and signed by staff member making the refusal.
- Any CCTV evidence to be retained and cross-referenced to the specific refusal.
- Description and/or name of refused person.
- Each entry to be dated and signed by the DPS.
- The item attempted to purchase will be recorded.
- Reason for refusal will be recorded.
- Register to be retained for period of 24 months.
- Register to be produced upon request by Police, Trading Standards or Authorised Licensing Officer.
- Each entry signed by the DPS or other responsible person employed at the premises and so authorised by the DPS.

Customer notices to be displayed at all exits asking patrons to please leave the premises quietly and to respect the needs of the local residents.

Right to work checks shall be conducted on all potential employees prior to their employment in any capacity at the venue

Conduct those checks in accordance with the Home Office Code of Practice for employers as current at that time <https://www.gov.uk/view-right-to-work>

Retain written records of these checks to contain the following information; Date of the checks, identity of the individual (full name; date of birth, country of origin) documents checked and copied and identifying marks; result of the check; date for recheck if required according to the individual status.

## **Public Safety**

An incident book shall be kept at the premises, in which details of crime and/or disorder relating to the premises shall be recorded. The Incident book shall contain the following details;

- Time, date and location of incident/refusals.
- Nature of the Incident/refusal.
- Names, addresses and contact details of persons involved.
- Result of the incident/refusals.
- Action taken to prevent further such incidents.
- Each entry signed by the DPS or other responsible person employed at the premises and so authorised by the DPS; and
- Retained for a period of no less than 24 months and made available to Lincolnshire Police or Authorised Licensing Officers for inspection upon request.

## **The protection of children from harm**

A 'Challenge 25' Proof of Age scheme will be operated. Anyone attempting to purchase alcohol (or other minimum 18 restricted product) that appears under the age of 25 years will be asked for proof of age. Acceptable forms of identification will be a PASS-accredited proof of age card, photo driving licence or passport. Failure to produce satisfactory proof of age will result in a refused sale, be recorded and kept for 24 months.

Notices shall be prominently displayed advising customers of the "Challenge 25" policy.

A notice or notices shall be displayed in and at the entrance to the premises where they can be clearly seen and read and shall indicate:

- a) That it is unlawful for persons under 18 to purchase alcohol or for any person to purchase alcohol on behalf of a person under 18 years of age.
- b) That proof of age may be requested at the premises and those accepted means for proof of age listed as above.

Kind Regards

Mr Satnam Singh

A blacked-out signature, likely of Mr Satnam Singh, is present next to his name.

1 Crooked Billet Street  
Gainsborough  
DN21 3AG

7<sup>th</sup> June 2019

[REDACTED]

Licensing Team

I would like to confirm my opening hours as detailed below.

7am to 10pm 7 days a week.

If you need any further information please do not hesitate to contact me on the above telephone number.

Kind regards

Satnam Singh

[REDACTED]

West Lindsey District Council  
**07 JUN 2019**  
CUSTOMER SERVICES

**Application for No.1 Crooked Billet Street, Morton, Gainsborough, DN21 3AG**

I, Mr Satnam Singh would like to add the following condition and change the opening hours, as detailed below on my recent application for a Premises Licence (off sales), for the above address.

***“Deliveries shall only be carried out between the hours of 06:30 and 20:00 unless specifically agreed in writing by the local planning authority beforehand.***

***The shop shall only be open between the hours of 07:00 to 22:00 Monday to Sunday and Bank Holidays”***

I accept that my application will be treated as a new application from today's date (11 June 2019) and the last date for any representations will be 9 July 2019.

Signature: \_\_\_\_\_

A blacked-out redaction mark covering the signature of Mr S Singh.

\_\_\_\_\_ Date: 11-6-19

Mr S Singh

We have contacted West Lindsey Police (Lincolnshire Police) but have had no response.

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

We will install CCTV and have control of entry to be licensed by Sheffield City Council.

**c) Public safety**

We will not open after 23:00 we will not serve any one underage and control and serve all alcohol we will also have CCTV.

**d) The prevention of public nuisance**

Comply with all regulations of law. Comply with police noise rules. Camera's installed on exterior glasswork car park.

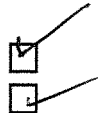
**e) The protection of children from harm**

No service to under age shopper, 18 check on purchasers of alcoholic and cigarettes.

**Checklist:**

Please tick to indicate agreement

- I have made or enclosed payment of the fee.
- I have enclosed the plan of the premises.





- I have sent copies of this application and the plan to responsible authorities and others where applicable.
- 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.**

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

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

<b>Declaration</b>	<ul style="list-style-type: none"> <li>[Applicable to individual applicants only, including those in a partnership which is not a limited liability partnership] I understand I am not entitled to be issued with a licence if I do not have the entitlement to live and work in the UK (or if I am subject to a condition preventing me from doing work relating to the carrying on of a licensable activity) and that my licence will become invalid if I cease to be entitled to live and work in the UK (please read guidance note 15).</li> <li>The DPS named in this application form is entitled to work in the UK (and is not subject to conditions preventing him or her from doing work relating to a licensable activity) and I have seen a copy of his or her proof of entitlement to work, if appropriate (please see note 15)</li> </ul>
Signature	 SATNAM SINGH
Date	23 AUGUST 2018
Capacity	

**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	 MANDEEP KAUR.
Date	23 / AUGUST 2018
Capacity	

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

