

APPENDIX 1



Application for a premises licence to be granted under the Licensing Act 2003

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 NAZLIYARIM LTD (Mr. Taner OZCAN)
(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

Name of premises	Gainsborough Grill		
Postal address of premises or, if none, ordnance survey map reference or 'what3words' reference or description			
168 Trinity Street, Gainsborough.			
Post town		Postcode	DN211JW
Phone number at premises (if any)	[REDACTED]		
Email address of premises (if any)	[REDACTED]		

Non-domestic rateable value of premises	£ 4000
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Part 2 - applicant details

Please state whether you are applying for a premises licence as

a)	an individual or individuals *	<input type="checkbox"/>	please complete section (A)
b)	a person other than an individual *		
i	as a limited company/limited liability partnership	<input checked="" type="checkbox"/>	please complete section (B)
ii	as a partnership (other than limited liability)	<input type="checkbox"/>	please complete section (B)
iii	as an unincorporated association	<input type="checkbox"/>	please complete section (B)
iv	other (for example a statutory corporation)	<input type="checkbox"/>	please complete section (B)
c)	a recognised club	<input type="checkbox"/>	please complete section (B)
d)	a charity	<input type="checkbox"/>	please complete section (B)
e)	the proprietor of an educational establishment	<input type="checkbox"/>	please complete section (B)
f)	a health service body	<input type="checkbox"/>	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	<input type="checkbox"/>	please complete section (B)
h)	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	<input type="checkbox"/>	please complete section (B)
i)	the chief officer of police of a police force in England and Wales	<input type="checkbox"/>	please complete section (B)

***If you are applying as a person described in (a) or (b) please confirm (by ticking yes to one box below):**

- I am carrying on or proposing to carry on a business which involves the use of the premises for licensable activities ☒
- or
- I am making the application pursuant to:
 - A statutory function ☐
 - or
 - A function discharged by virtue of Her Majesty's prerogative ☐

(A) INDIVIDUAL APPLICANT *(complete as applicable)*

Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <i>(please state)</i>			
Surname:			
Forenames:			
Your date of birth	Day:	Month:	Year:
Nationality:			
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 <i>(see note 6 for information)</i>			
Current residential address <i>(if different from premises address)</i>			
Post town:		Postcode:	
Phone number:			
Email address:			

SECOND INDIVIDUAL APPLICANT *(if applicable)*

Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <i>(please state)</i>			
Surname:			
Forenames:			
Your date of birth	Day:	Month:	Year:
Nationality:			
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 <i>(see note 6 for information)</i>			
Current residential address <i>(if different from premises address)</i>			
Post town:		Postcode:	
Phone number:			
Email address:			

(B) NON-INDIVIDUAL 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.

Company or organisation name
Norihonim ITO
Company or organisation registered address*
168 Trinity street ON21 1ZW
Registered number (where applicable)
14249503
Description of applicant (e.g. partnership, company, unincorporated association etc.)
ITO company
Company or organisation phone number (if any)
05 P1
Company or organisation email address (if any)
05 P1

* the registered address will be used to send annual fee reminder letters – if this is not an operational address please give alternative details below for us to set up as the correspondence address.

Correspondence address for the company or organisation
as above

Part 3 - operating schedule

When do you want the premises licence to start?

DD	MM	YYYY
<input type="text"/>	<input type="text"/>	<input type="text"/>

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

DD	MM	YYYY
<input type="text"/>	<input type="text"/>	<input type="text"/>

General description of premises (see note 1)

take away
brick building

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 (see note 2)

Please tick all that apply

- a) **plays** – if yes, complete box A ☐
- b) **films** – if yes, complete box B ☐
- c) **indoor sporting events** – if yes, complete box C ☐
- d) **boxing or wrestling entertainments** – if yes, complete box D ☐
- e) **live music** – if yes, complete box E ☐
- f) **recorded music** – if yes, complete box F ☐
- g) **performances of dance** – if yes, complete box G ☐
- h) anything of a similar description to that falling within (e), (f) or (g) – if yes, complete box H ☐

Provision of late night refreshment – if yes, complete box I

☒

Sale by retail of alcohol – if yes, complete box J

☐

In all cases complete boxes K, L and M

A

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

B

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

C

Indoor sporting events Standard days and timings (see note 7)			<u>Please give further details here</u> (see note 4)
Day	Start	Finish	
Mon			<u>State any seasonal variations for indoor sporting events</u> (see note 5)
Tue			
Wed			
Thur			<u>Non-standard timings - where you intend to use the premises for indoor sporting events at different times from those listed in the column on the left, please list</u> (see note 6)
Fri			
Sat			
Sun			

D

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

E

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

F

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

G

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

H

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

Late night refreshment Standard days and timings (see note 7)			Will the provision of late night refreshment take place indoors or outdoors or both - please tick (see note 3)	Indoors	<input checked="" type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon	15 23:00	1. Am.	Please give further details here (see note 4)	Both	<input type="checkbox"/>
Tue	15 23:00	1. A m.			
Wed	15 23:00	1a Am.	State any seasonal variations for the provision of late night refreshment (see note 5)		
Thur	15 23:00	1.0 AM.			
Fri	15 23:00	2.0 ^{am} Am.			
Sat	15 23:00	2. Am ^{am}	Non-standard timings - where you intend to use the premises for the provision of late night refreshment at different times from those listed in the column on the left, please list (see note 6)		
Sun	15 23:00	1.0 ^{gm} Am.			

J

Supply of alcohol Standard days and timings (see note 7)			Will the supply of alcohol be for consumption - please tick (see note 8)	On the premises	<input type="checkbox"/>
				Off the premises	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	State any seasonal variations for the supply of alcohol (see note 5)		
Mon					
Tue					
Wed					
Thur					
Fri					
Sat					
Sun			Non-standard timings. Where you intend to use the premises for the supply of alcohol at different times from those listed in the column on the left, please list (see 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:			
Date of birth:		Nationality:	
Home address			
Postcode:			
Personal licence number:		Application in process	<input type="checkbox"/>
Issuing licensing authority:			

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 (see note 9).

No entertainment, Basically
Extending the fast food Take
away from existing time to
Extend 2 more hours until 1am
in the morning

L

Hours premises is
open to the public
Standard days and
timings (see note 7)

Day	Start	Finish
Mon	3:00pm 23:00	1:00am 1:00am
Tue	3:00pm 23:00	1:00am 1:00am
Wed	3:00pm 23:00	1:00am 1:00am
Thur	3:00pm 23:00	1:00am 1:00am
Fri	3:00pm 23:00	1:00am 2:00am
Sat	23:00	2:00am
Sun	23:00	1:00am

State any seasonal variations (see note 5)

**Non-standard timings - when you intend the
premises to be open to the public at different times
from those listed in the column on the left, please
list** (see note 6)

M

Describe the steps you intend to take to promote the four licensing objectives:

a) General – all four licensing objectives (b, c, d and e) (see note 10)

Contact The Gainsborough
N/A Police Station and
they have no objection
for the 2 hours extension
to existing opening hours.

b) The prevention of crime and disorder

Delmar only, notifying police 3pm-1am.
Working with police and
cooperating.

c) Public safety

Take away delivery

d) The prevention of public nuisance

Take away delivery

e) The protection of children from harm

no children allowed

Checklist:

Please tick to confirm

- I have made or enclose payment of the fee (*see page 23*) ☒
- I have enclosed the outlined and labelled plan of the premises (*scale 1:100 unless otherwise agreed*) ☒
- I am sending copies of this application and the plan to responsible authorities today - **only applicable if submitting a paper form** ☒
- 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 ☒
- I have included documents demonstrating my entitlement to work in the United Kingdom or my share code issued by the Home Office online right to work checking service (*see note 15*) [Applicable to all individual applicants, including those in a partnership which is not a limited liability partnership, but not companies or limited liability partnerships] ☒

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.

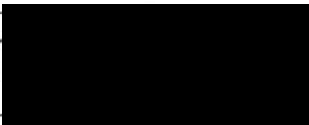
It is an offence under section 24b of the Immigration Act 1971 for a person to work when they know, or have reasonable cause to believe, that they are disqualified from doing so by reason of their immigration status. Those who employ an adult without leave or who is subject to conditions as to employment will be liable to 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.

Declarations:

- 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 (*see note 15*). [Applicable to individual applicants only, including those in a partnership which is not a limited liability partnership]
- 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 (*see note 15*)

Part 4 - signatures (see note 11)

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


Signature	
Date	20/02/2025
Capacity	DIRECTOR

For joint applicants - signature of second applicant, second applicant's solicitor or other authorised agent (see note 13). If signing on behalf of the applicant please state in what capacity.

Signature	
Date	
Capacity	

Please note, if you wish to have up to 2 gaming machines on the premises or there are already machines sited at the premises you will also need to complete an 'application to have gaming machines in a licensed premises' form which you can find at <https://www.west-lindsey.gov.uk/licensing/business-licences/gaming-machine-permit-licensed-premises>

Contact name and address for **correspondence** associated with this application (see note 5)

as Page 1			
Post town		Postcode	DN21 5W
Phone number:			
Mobile number:			
Email address:			

(F) - fire extinguisher

(FB) - fire Blanket

(FA) Fire Alarm

(CM) Carbon monoxide front door Alarm

Gate

Enclosed gas box

Enclosed electric boxes

CUSTOMER AREA

(F)

Safety Hatch

(F)

(CM)

Back door

open doorway

(FB)

FA

open doorway

Boiler

WC

licensed Area

Back of shop

