

# Lancaster City Council

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 Mr Hawbash Shorsh HAMZA

*(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 Lancaster Mini Market 71 Bowerham Road			
Post town	Lancaster	Postcode	LA1 4AQ
Telephone number at premises (if any)			
Non-domestic rateable value of premises		£3,850	

### Part 2 - Applicant details

Please state whether you are applying for a premises licence as

Please tick as appropriate

- |    |  |                                     |                             |
|----|--|-------------------------------------|-----------------------------|
| a) | an individual or individuals *                       | <input checked="" type="checkbox"/> | please complete section (A) |
| b) | a person other than an individual *                  |                                     |                             |
|    | i as a limited company/limited liability partnership | <input 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 or              | <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 ☐ 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 ☐  
 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)	
<b>Surname</b> HAMZA			<b>First names</b> Hawbash Shorsh		
<b>Date of birth:</b> <input type="text"/>		I am 18 years old or over <input checked="" type="checkbox"/>		Please tick yes	
<div style="background-color: black; height: 40px;"></div>					
Current residential address if different from premises address		<div style="background-color: black; height: 40px;"></div>			
Post town	<div style="background-color: black; height: 40px;"></div>				
<b>Daytime contact telephone number</b>		<div style="background-color: black; height: 40px;"></div>			
<b>E-mail address (optional)</b>	<div style="background-color: black; height: 80px;"></div>				

**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)	
<b>Surname</b>			<b>First names</b>		
<b>Date of birth</b>		I am 18 years old or over <input type="checkbox"/>		Please tick yes	
<b>Nationality</b>					

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?

DD

M

YYY

0	4	0	9	2	0	2	5
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If you wish the licence to be valid only for a limited period, when do you want it to end?

DD

M

YYYY

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Please give a general description of the premises (please read guidance note 1)

An established small grocery store situated in a row of retail premises in a residential area on a main road.

The current owner has been trading at the premises for 6 months without incident.

Our client will have all the necessary tools in place that will allow him to reinforce and underpin all 4 the Licensing Objectives.

The premises will be operating a bespoke full set of Compliance log books that we have designed and are have successfully been used by hundreds of licensed premises all over the country since 2007.

Many premises are forced to accept robust conditions and very often have no means of supporting them.

The Management and staff at the premises will be operating a set of Compliance books consisting of:

- 1: CCTV log book
- 2: Refusals Register log
- 3: Incident Log
- 4: Staff Induction Log – to include the conditions of the licence, the use of the Compliance Books and signage and the 4 licensing objectives. It also has a section on the written alcohol authorisation for all persons
- 5: Age Product Verification Training Book -this is Q & A self test training book. It has 3 sections
  - 1: Alcohol, Challenge 25, Conflict Management
  - 2: The sale of Cigarettes both legal and illegal
  - 3: 30 products that have age restriction upon them

All the log books are bound and tamperproof and will be kept on the premises for a minimum of 12 months.

The premises will also display in prominent positions the following:

Challenge 25 A4 posters  
Proxy signs  
Quiet Notices  
Customer alcohol Refusal Policy  
Age Verification Policy and Scheme

Staff will be expected to be trained at the beginning of employment and at least a minimum of 6 months.

The DPS works on the premises full time.

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)  | <input type="checkbox"/> |
| b) films (if ticking yes, fill in box B)  | <input type="checkbox"/> |
| c) indoor sporting events (if ticking yes, fill in box C)   | <input type="checkbox"/> |
| d) boxing or wrestling entertainment (if ticking yes, fill in box D)  | <input type="checkbox"/> |
| e) live music (if ticking yes, fill in box E)   | <input type="checkbox"/> |
| f) recorded music (if ticking yes, fill in box F)   | <input type="checkbox"/> |
| g) performances of dance (if ticking yes, fill in box G)  | <input type="checkbox"/> |
| h) anything of a similar description to that falling within (e), (f) or (g) (if ticking yes, fill in box H) | <input type="checkbox"/> |

**Provision of late night refreshment** (if ticking yes, fill in box I) ☐

**Supply of alcohol** (if ticking yes, fill in box J) X

**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"/>
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 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

<b>Films</b> Standard days and timings (please read guidance note 7)			<b><u>Will the exhibition of films take place indoors or outdoors or both – please tick</u></b> (please read guidance note 3)		Indoors <input type="checkbox"/>
					Outdoors <input type="checkbox"/>
Day	Start	Finish			Both <input type="checkbox"/>
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 exhibition of films</u></b> (please read guidance note 5)		
Thur					
Fri			<b><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></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			
Thur			<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)
Fri			
Sat			
Sun			



## D

<b>Boxing or wrestling entertainments</b> Standard days and timings (please read guidance note 7)			<b><u>Will the boxing or wrestling entertainment 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 boxing or wrestling entertainment</u></b> (please read guidance note 5)		
Wed					
Thur					
			<b><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></b> (please read guidance note 6)		
Fri					
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			<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)		
Thur					
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	<b><u>Please give further details here</u></b> (please read guidance note 4)		
Mon					
Tue					
			<b><u>State any seasonal variations for the playing of recorded music</u></b> (please read guidance note 5)		
Wed					
Thur					
			<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)		
Fri					
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	<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 dance</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 dance at different times to those listed in the column on the left, please list</u></b> (please read guidance note 6)		
Fri					
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	
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 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><u>Will the supply of alcohol be for consumption – please tick</u></b> (please read guidance note 8)	On the premises	<input type="checkbox"/>
				Off the premises	X
				Both	<input type="checkbox"/>
Day	Start	Finish	<b><u>State any seasonal variations for the supply of alcohol</u></b> (please read guidance note 5)		
Mon	07.00				
		00.00			
Tue	07.00				
		00.00			
Wed	07.00				
		00.00			
Thur	07.00				
		00.00			
Fri	07.00				
		00.00			
Sat	07.00				
		00.00			
Sun	07.00				
		00.00			
			<b><u>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</u></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
Mr Hawbash Shorsh HAMZA

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).**

None

L

<b>Hours premises are open to the public</b> Standard days and timings (please read guidance note 7)			<b><u>State any seasonal variations</u></b> (please read guidance note 5)
Day	Start	Finish	
Mon	07.00		
		00.00	
Tue	07.00		
		00.00	
Wed	07.00		
		00.00	
Thur	07.00		
		00.00	
Fri	07.00		
		00.00	
Sat	07.00		
		00.00	
Sun	07.00		
		00.00	

**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)

**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)



## CCTV

1.1 The premises are to operate an effective CCTV system which is to be maintained in good working order and operating at all times the premises is open for business.

1.2 The recording medium (e.g. disks / tapes / hard drive, etc.) and associated images are to be retained and securely stored for a minimum period of 31 days and are to be made available to the police / authorised officers of the Licensing Authority upon request.

1.3 The premises licence holder or designated premises supervisor is to provide the police with the contact details of at least one other member of staff (or other person(s) who is trained and familiar with the operation of the equipment so that, at the expense of the premises licence holder, they are able to check that the equipment is operating properly and that they are able to provide copies of recorded data within 12 hours from the time of the request.

1.4 A CCTV log book will be operated and completed at least once a week to record the checks made by a responsible person for any malfunctions in the hard-drive, recording, downloading and time/date recording of footage.

1.5 In the case of a breakdown or malfunction of the CCTV system, the premises licence holder / designated premises supervisor will ensure that the CCTV is in working order as soon as practicable and a record of the malfunction will be recorded in the CCTV log book.

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

### **As above plus**

2. A written sale of alcohol authorized log will be completed for all non Personal Licence holders employed on the premises. This log can be found in the Staff Induction training manual, records to be retained on the premises for 12 months.

3. Staff training shall take place on the following subject matters

Challenge 25,  
Types of ID and how to check ID,  
how to refuse age restricted products  
Test Purchases and the penalties for failure  
Licensing objectives  
Cigarette sales  
Illegal cigarettes and vapes  
Age Verification Policy and Scheme  
30 age restricted products  
Proxy sales

The legal Rights of Trading Standards

All staff will also be trained to complete the following compliance logs

- 1: CCTV Log book
- 2: Refusal Log Book
- 3: Incident log Book
- 4: Age Verification Training Log
- 5: Staff Induction Training Log

within 7 days of commencement of employment and a refresher exercise every six months thereafter. A written record of this training will be maintained and made available to a Police Constable and any other authorised officer for inspection on request.

4. The contact telephone number of Designated Premises Supervisor will be written on the cover of the Staff Induction Training Manual and made available to a Police Constable or other authorized officers at all times that alcohol is on sale.
5. An incident book/register will be maintained to record:
  - i. All incidents of crime and disorder occurring on or within the direct location directly outside the premises.
  - ii. Details of occasions when the police have been called to the premises.

6. This book/register shall be made available for inspection by a Police Constable or other authorised officer on request.
7. All spirits displayed for sale will be stored behind the counter.
8. There is a strong steel door at the rear entrance with a CCTV covering the area.

**c) Public safety**

No risk has been assessed

**d) The prevention of public nuisance**

9. Management and staff will use their best endeavours to observe the external area of the shop and any ex-customers suspected of loitering outside the premises and with no risk to their own safety will be asked to leave the vicinity of the premises quickly and quietly.
10. The Management will organise for all commercial refuse to be collected between the hours of 07.00 until 20.00

11. Prominent, clear and legible notices must be displayed at all exits requesting that customers respect the needs of any local residents and to leave the vicinity of the premises quickly and quietly.

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

12. The premises will operate a "Challenge 25" proof of age policy and scheme. These 2 policies can be found in the Staff Induction Training book. Signage for Challenge 25 will be prominently displayed within the premises at the entrance and at the point of sale. Persons who appear to be under the age of 25 must produce proof of identity/age before being sold alcohol. It is recommended that only a passport, photo-card driving licence or a proof of age card bearing the official 'PASS' accreditation hologram to be accepted as proof of age.

13. The premises is to maintain a refusals to record the details of incidents / descriptions of individuals whenever a member of staff has refused to sell alcohol to a person suspected of being under the age of 18 and record this in the refusals book. The book must be made available to a Police Constable or other authorised officers of the Licensing Authority on request.

**Checklist:**

**Please tick to indicate agreement**

- I have made or enclosed payment of the fee. X
- I have enclosed the plan of the premises. X
- I have sent copies of this application and the plan to responsible authorities and others where applicable. X  
*Electronic application*
- I have enclosed the consent form completed by the individual I wish to be designated premises supervisor, if applicable. X
- I understand that I must now advertise my application. X
- I understand that if I do not comply with the above requirements my application will be rejected. X
- [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). X

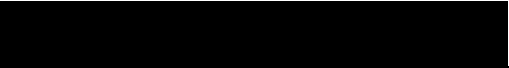
*It is an offence, under section 158 of the licensing act 2003, to make a false statement in or in connection with this application. Those who make a false statement may be liable on summary conviction to a fine of any amount.*

*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)

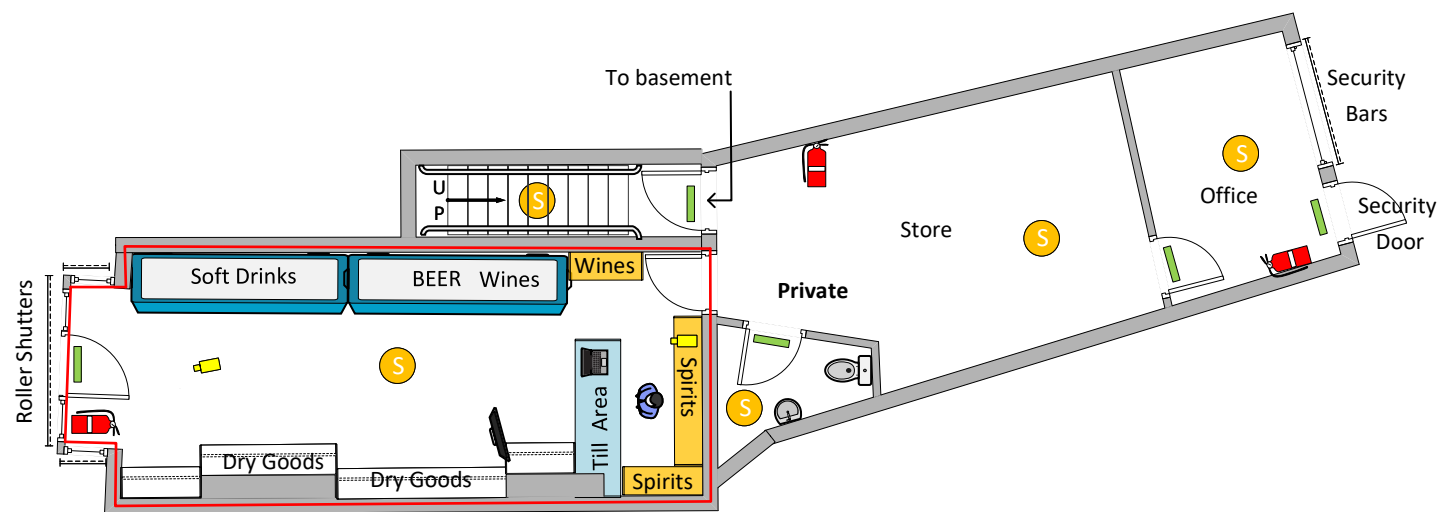
**Signature of applicant or applicant's solicitor or other duly authorised agent** (see guidance note 12). **If signing on behalf of the applicant, please state in what capacity.**

<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	
Date	6th August 2025
Capacity	Agent on behalf of the applicant

**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) June Clarke Licensing Consultant JMC Licensing Consultants




LEGEND

Licensable Area	
Smoke Detector	
Fire Sounder	
Fire Exit	
Camera	
Fire Extinguisher	
Monitor	

Drawing Purpose	<b>PREMISES LICENCE APPLICATION</b>
Drawing Details	The purpose of this drawing is for the submission of a Premises Licence Application. All Measurements have been drawn in millimetres. This drawing is not be used for the intention of any building, shop fitting or construction purposes.

Name of Premises	<b>Lancaster Mini Market &amp; Off Licence</b>
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Premises Address	<b>71 Bowerham Road Lancaster LA1 4AQ</b>
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SCALE	<b>1 : 100</b>
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