

**Donna Cope**

**From:** Tonya Hollinshead <[REDACTED]>  
**Sent:** 24 March 2017 15:39  
**To:** Licensing  
**Cc:** [REDACTED] Surinder Buray  
**Subject:** APPLICATION FOR A PREMISES LICENCE - NEWSTOP, 64 HIGH STREET, WEDNESFIELD, WOLVERHAMPTON, WV11 1SZ  
**Attachments:** 96623.12~Letter to Trading Standards & Licensing.pdf; WCC Premises License Application Form.pdf; WCC Notice of an Application of a Premises Licence.pdf; WCC DPS Consent Form (signed).pdf; 96623.01~Licensing Plan.pdf

**APPLICATION FOR A PREMISES LICENCE - NEWSTOP, 64 HIGH STREET, WEDNESFIELD, WOLVERHAMPTON, WV11 1SZ**

Please find attached our application for a Premises Licence.

Can you please confirm safe receipt.



Regards,

**Tonya Hollinshead**

**T** 0121 357 2275

**T** 01902 714 488

**E** [admin@readeburay.co.uk](mailto:admin@readeburay.co.uk)

**W** [www.readeburay.co.uk](http://www.readeburay.co.uk)

**Reade Buray Associates**

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Branch Office: 29 Waterloo Road, Wolverhampton, WV1 4DJ



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Architectural Technologists  
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WV1 4DJ  
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*Architectural, Civil & Structural Consultants, Project Managers, CDM Principal Designers & Party Wall Surveyors*

SSB.TH.96623.12

24 March 2017

**BY EMAIL: [Licensing@wolverhampton.gov.uk](mailto:Licensing@wolverhampton.gov.uk)**

Licensing Services  
Wolverhampton City Council  
1st Floor (Reception 14)  
Civic Centre  
St Peter's Square  
Wolverhampton  
WV1 1DA



Dear Sirs

**APPLICATION FOR A PREMISES LICENCE  
NEWSTOP, 64 HIGH STREET, WEDNESFIELD, WOLVERHAMPTON, WV11 1SZ**

Please find enclosed the following documents in support of our application for granting a premises licence:

1. Application for a premises licence form
2. Notice of Application for a Premises Licence
3. Consent of individual to being specified as premises supervisor
4. Drawing No. 96623.01 – Licensing Plan
5. Advert placed in the local newspaper (to follow)
6. Photograph of Notice displayed at premises (to follow)

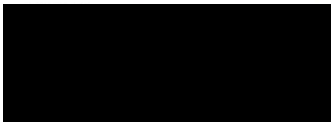
We confirm that the Client will make the fee payment of £190.00 by credit card by telephone.

We trust the above information is satisfactory and look forward to receiving your confirmation that the application has been accepted.

Please acknowledge safe receipt.

Yours faithfully

**READE BURAY ASSOCIATES**



**Surinder S Buray JP IEng MICE AMIStructE IMAPS FFPWS MCIAT**  
[admin@readeburay.co.uk](mailto:admin@readeburay.co.uk)

Enc

Copy to: Balbir Singh – Applicant

**Reade Buray Limited**  
Directors: A T Reade BSc CEng FICE FConsE FFB  
S S Buray JP IEng MICE AMIStructE IMAPS FFPWS MCIAT  
Registered in Cardiff no 3648716  
Registered Office 29 Waterloo Road Wolverhampton WV1 4DJ



*The Institution  
of  
Structural  
Engineers*



**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 BALBIR SINGH

*(Insert name(s) of applicant)*

apply for a premises licence under section 17 of the Licensing Act 2003 for the premises described in Part 1 below (the premises) and I/we are making this application to you as the relevant licensing authority in accordance with section 12 of the Licensing Act 2003

27/03/17  
£190.00  
PPG  
010948  
44/350128  
72

**Part 1 – Premises Details**

Postal address of premises or, if none, ordnance survey map reference or description NEWSTOP 64 HIGH STREET WEDNESFIELD			
<b>Post town</b>	WOLVERHAMPTON	<b>Postcode</b>	WV11 1SZ

Telephone number at premises (if any)	01902 597 939
Non-domestic rateable value of premises	£13,500

**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                         | <input type="checkbox"/>            | please complete section (B) |
| ii. as a partnership                            | <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  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 SINGH			First names BALBIR		
I am 18 years old or over				<input checked="" type="checkbox"/>	Please tick yes
Current postal address if different from premises address					
Post town				Postcode	
Daytime contact telephone number		[REDACTED]			
E-mail address (optional)	[REDACTED]				

**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>		
I am 18 years old or over <input type="checkbox"/> Please tick yes					
Current postal address if different from premises address					
Post town		Postcode			
<b>Daytime contact telephone number</b>					
<b>E-mail address (optional)</b>					

**(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
0	1	052017

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)  
**GROUND FLOOR LOCK-UP RETAIL SHOP FOR THE SALE OF INTOXICATING BEER AND ALCOHOL BUT OFF PREMISES. NO ALCOHOL TO BE CONSUMED ON SITE.**

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 any 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)

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

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

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

**A**

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

**B**

<b>Films</b> Standard days and timings (please read guidance note 6)			<b>Will the exhibition of films take place indoors or outdoors or both – please tick</b> (please read guidance note 2)		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 3)			
Mon						
Tue						
Wed			<b>State any seasonal variations for the exhibition of films</b> (please read guidance note 4)			
Thur						
Fri						
Sat						
Sun						



**C**

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

**D**

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

**E**

<b>Live music</b> Standard days and timings (please read guidance note 6)			<b>Will the performance of live music take place indoors or outdoors or both – please tick</b> (please read guidance note 2)	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 3)					
Mon								
Tue								
Wed						<b>State any seasonal variations for the performance of live music</b> (please read guidance note 4)		
Thur								
Fri						<b>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</b> (please read guidance note 5)		
Sat								
Sun								

**F**

<b>Recorded music</b> Standard days and timings (please read guidance note 6)			<b>Will the playing of recorded music take place indoors or outdoors or both – please tick</b> (please read guidance note 2)	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 3)		
Mon					
Tue					
Wed					
			<b>State any seasonal variations for the playing of recorded music</b> (please read guidance note 4)		
Thur			<b>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</b> (please read guidance note 5)		
Fri					
Sat					
Sun					

**G**

<b>Performances of dance</b> Standard days and timings (please read guidance note 6)			<b><u>Will the performance of dance take place indoors or outdoors or both – please tick</u></b> (please read guidance note 2)		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 3)			
Mon						
Tue			<b><u>State any seasonal variations for the performance of dance</u></b> (please read guidance note 4)			
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 5)			
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 6)			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 2)	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 3)		
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 4)		
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 5)		
Sun					

**I**

<b>Late night refreshment</b> Standard days and timings (please read guidance note 6)			<b>Will the provision of late night refreshment take place indoors or outdoors or both – please tick</b> (please read guidance note 2)		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 3)			
Mon						
Tue			<b><u>State any seasonal variations for the provision of late night refreshment</u></b> (please read guidance note 4)			
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 5)			
Fri						
Sat						
Sun						

**J**

<b>Supply of alcohol</b> Standard days and timings (please read guidance note 6)			<b>Will the supply of alcohol be for consumption – please tick</b> (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	<b>State any seasonal variations for the supply of alcohol</b> (please read guidance note 4)		
Mon	08:00	20:00			
Tue	08:00	20:00			
Wed	08:00	20:00			
Thur	08:00	20:00			
Fri	08:00	20:00			
Sat	08:00	20:00			
Sun	CLOSED				
			<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 5)		

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

Name BALBIR SINGH	
Address NEWSTOP 64 HIGH STREET WEDNESFIELD WOLVERHAMPTON	
Postcode	WV11 1SZ
Personal licence number (if known) 008698 (expired on 01/10/15)	
Issuing licensing authority (if known) THE LICENSING SECTION ENVIRONMENTAL HEALTH AND TRADING STANDARDS SANDWELL METROPOLITAN BOROUGH 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 8).

NONE

**L**

Hours premises are open to the public Standard days and timings (please read guidance note 6)			State any seasonal variations (please read guidance note 4)
Day	Start	Finish	
Mon	08:00	20:00	<p><b>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</b> (please read guidance note 5)</p>
Tue	08:00	20:00	
Wed	08:00	20:00	
Thur	08:00	20:00	
Fri	08:00	20:00	
Sat	08:00	20:00	
Sun	CLOSED		

## 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 9)**

ANY PERSON WHO APPEARS TO BE DRUNK/AGGRESSIVE WILL NOT BE PERMITTED ON THE PREMISES  
NOTICES TO BE PLACED IN PROMINENT POSITIONS TO ASK CUSTOMERS TO LEAVE THE PREMISES QUIETLY  
A SUITABLE EVACUATION PLAN IN CASE OF EMERGENCY  
ALWAYS ASK FOR IDENTIFICATION FOR SUSPECTED UNDER AGE PURCHASERS

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

DO NOT SERVE CUSTOMERS WHO APPEAR TO BE INTOXICATED  
REGISTRATION WITH CRIME PREVENTION INITIATIVES RUN BY THE POLICE

**c) Public safety**

STAFF WILL BE FULLY AWARE OF THE LICENCING LAWS  
FULLY SUPPORT ANY DIRECTIVES RECEIVED FROM THE AUTHORITIES  
MAINTENANCE OF FULL RISK ASSESSMENTS APPROPRIATE FOR PROPOSED PREMISES OPERATION  
REGULAR ELECTRICAL SAFETY CHECKS (WHERE RELEVANT) BY A COMPETENT PERSON E.G. BY A NATIONAL INSPECTION COUNCIL FOR ELECTRICAL INSTALLATION CONTRACTING (NICEIC) OR ELECTRICAL CONTRACTORS ASSOCIATION (ECA) APPROVED ELECTRICIAN

**d) The prevention of public nuisance**

APPROPRIATE SIGNAGE WILL BE ERECTED REGARDING LITTER  
DOORS AND WINDOWS WILL BE KEPT CLOSED AT ALL TIMES  
REFUGE BIN WILL BE INSTALLED OUTSIDE THE PREMISES

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

TRAINING OF STAFF TO ENSURE COMPLIANCE WITH THE LAW IN RELATION TO THE CONSUMPTION OF ALCOHOL BY PERSONS UNDER 18 OF AGE, INCLUDING PREVENTION OF ADULTS BUYING ALCOHOL FOR CHILDREN UNDER 18  
PROOF OF AGE WILL BE ASKED FOR IF SOMEONE APPEARS UNDER AGE  
TRAINING OF STAFF TO ENSURE COMPLIANCE WITH THE LAW IN RELATION TO SALE OF ALCOHOL FOR CONSUMPTION OFF THE PREMISES  
ENSURE THAT ALL ALCOHOL WILL BE CONSUMED OFF THE PREMISES

**Checklist:**

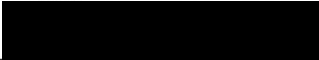
**Please tick to indicate agreement**

- 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. ✓

**IT IS AN OFFENCE, LIABLE ON SUMMARY CONVICTION TO A FINE NOT EXCEEDING 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	 MR SURINDER BURAY
Date	24 MARCH 2017
Capacity	AGENT TO MR BALBIR SINGH

**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 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)

**MR SURINDER BURAY  
READE BURAY ASSOCIATES  
PEAK HOUSE  
FARM HOUSE WAY  
GREAT BARR**

Post town	<b>BIRMINGHAM</b>	Postcode	<b>B43 7SE</b>
Telephone number (if any)	<b>0121 357 2275</b>		

If you would prefer us to correspond with you by e-mail, your e-mail address (optional)  
**admin@readeburay.co.uk**

Consent of individual to being specified as premises supervisor

I BALBIR SINGH  
[full name of prospective premises supervisor]

of [REDACTED]

[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

PREMISES LICENCE [type of application]

by BALBIR SINGH [name of applicant]

relating to a premises licence [number of existing licence, if any]

for NEWSTOP, 64 HIGH STREET, WEDNESFIELD, WOLVERHAMPTON  
WEST MIDLANDS, WV11 1SZ

[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 BALBIR SINGH [name of applicant]

concerning the supply of alcohol at NEWSTOP, 64 HIGH STREET, WEDNESFIELD,  
WOLVERHAMPTON, WEST MIDLANDS, WV11 1SZ

[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 008698 (EXPIRED)  
[insert personal licence number, if any] THE LICENSING SECTION, ENVIRONMENTAL HEALTH AND TRADING  
STANDARDS, SANDWELL MBC, ENVIRONMENT HOUSE, PO BOX 42  
LOMBARD STREET, WEST BROMWICH, B70 8RU. T: 0121 569 6628

Personal licence issuing authority  
[insert name and address and telephone number of personal licence issuing authority, if any]

[REDACTED] signed

BALBIR SINGH name (please print)

24-3-2017 dated

RECEIVED  
27 MAR 2017