

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

I/We Rashid Hussain

(Insert name(s) of applicant)

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

Part 1 – Premises details

Postal address of premises or, if none, ordnance survey map reference or description			
One Stop 174 Stafford Street			
Post town	Wolverhampton	Postcode	WV1 1NA

Telephone number at premises (if any)	
Non-domestic rateable value of premises	£ 6400 Band B

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
- a function discharged by virtue of Her Majesty's prerogative

(A) INDIVIDUAL APPLICANTS (fill in as applicable)

Mr <input checked="" type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
Surname Hussain			First names Rashid		
Date of birth [REDACTED]		I am 18 years old or over <input checked="" type="checkbox"/> Please tick yes			
Nationality Pakistani					
Current residential address if different from premises address		24 Kenelm Road Small Heath			
Post town	Birmingham			Postcode	B10 9AJ
Daytime contact telephone number					
E-mail address (optional)					
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 (please see note 15 for information)					

SECOND INDIVIDUAL APPLICANT (if applicable)

Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
Surname			First names		
Date of birth I am 18 years old or over				<input type="checkbox"/>	Please tick yes
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: (please see note 15 for information)					
Current residential 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	MM	YYYY

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)

The premises will be a convenience store, serving the local community, with robust policies and procedures in place for the safe and efficient running of the premises, demonstrating due diligence to the licensing objectives, including:

- Staff training and operations manual
- Refusals log
- Challenge 25
- DPS Authorisations
- Signage to show respect for our neighbours

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)

In all cases complete boxes K, L and M

A

Plays Standard days and timings (please read guidance note 7)			<u>Will the performance of a play take place indoors or outdoors or both – please tick</u> (please read guidance 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> (please read guidance note 4)		
Tue					
Wed			<u>State any seasonal variations for performing plays</u> (please read guidance note 5)		
Thur					
Fri			<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> (please read guidance note 6)		
Sat					
Sun					

B

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

C

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

D

Boxing or wrestling entertainments Standard days and timings (please read guidance note 7)			<u>Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick</u> (please read guidance 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> (please read guidance note 4)		
Tue					
Wed			<u>State any seasonal variations for boxing or wrestling entertainment</u> (please read guidance note 5)		
Thur					
Fri			<u>Non-standard timings. Where you intend to use the premises for boxing or wrestling entertainment at different times to those listed in the column on the left, please list</u> (please read guidance note 6)		
Sat					
Sun					

E

Live music Standard days and timings (please read guidance note 7)			<u>Will the performance of live music take place indoors or outdoors or both – please tick</u> (please read guidance 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> (please read guidance note 4)		
Tue					
Wed			<u>State any seasonal variations for the performance of live music</u> (please read guidance note 5)		
Thur					
Fri			<u>Non-standard timings. Where you intend to use the premises for the performance of live music at different times to those listed in the column on the left, please list</u> (please read guidance note 6)		
Sat					
Sun					

F

Recorded music. Standard days and timings (please read guidance note 7)			<u>Will the playing of recorded music take place indoors or outdoors or both – please tick</u> (please read guidance 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> (please read guidance note 4)		
Tue					
Wed			<u>State any seasonal variations for the playing of recorded music</u> (please read guidance note 5)		
Thur					
Fri			<u>Non-standard timings. Where you intend to use the premises for the playing of recorded music at different times to those listed in the column on the left, please list</u> (please read guidance note 6)		
Sat					
Sun					

G

Performances of dance Standard days and timings (please read guidance note 7)			<u>Will the performance of dance take place indoors or outdoors or both – please tick</u> (please read guidance 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> (please read guidance note 4)		
Tue			<u>Please give further details here</u> (please read guidance note 4)		
Wed			<u>State any seasonal variations for the performance of dance</u> (please read guidance note 5)		
Thur			<u>State any seasonal variations for the performance of dance</u> (please read guidance note 5)		
Fri			<u>Non-standard timings. Where you intend to use the premises for the performance of dance at different times to those listed in the column on the left, please list</u> (please read guidance note 6)		
Sat			<u>Non-standard timings. Where you intend to use the premises for the performance of dance at different times to those listed in the column on the left, please list</u> (please read guidance note 6)		
Sun			<u>Non-standard timings. Where you intend to use the premises for the performance of dance at different times to those listed in the column on the left, please list</u> (please read guidance note 6)		

H

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

I

Late night refreshment Standard days and timings (please read guidance note 7)			Will the provision of late night refreshment take place indoors or outdoors or both – please tick (please read guidance 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> (please read guidance note 4)		
Tue					
Wed			<u>State any seasonal variations for the provision of late night refreshment</u> (please read guidance note 5)		
Thur					
Fri			<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> (please read guidance note 6)		
Sat					
Sun					

J

Supply of alcohol Standard days and timings (please read guidance note 7)			Will the supply of alcohol be for consumption – please tick (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	State any seasonal variations for the supply of alcohol (please read guidance note 5)		
Mon	0800	0000			
Tue	0800	0000			
Wed	0800	0000			
Thur	0800	0100			
Fri	0800	0100			
Sat	0800	0100			
Sun	0800	0000			
			Non-standard timings. Where you intend to use the premises for the supply of alcohol at different times to those listed in the column on the left, please list (please read guidance note 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	Rashid Hussain
Date of birth	[REDACTED]
Address	[REDACTED]
Postcode	[REDACTED]
Personal licence number (if known)	Not yet issued – pending completion
Issuing licensing authority (if known)	

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).

Not applicable

L

<p>Hours premises are open to the public. Standard days and timings (please read guidance note 7)</p>			<p><u>State any seasonal variations</u> (please read guidance note 5)</p>
Day	Start	Finish	<p><u>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</u> (please read guidance note 6)</p>
Mon	0800	0030	
Tue	0800	0030	
Wed	0800	0030	
Thur	0800	0130	
Fri	0800	0130	
Sat	0800	0130	
Sun	0800	0030	

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)

As the applicant, I will ensure that I fully uphold all of the four licensing objectives, at all times. I have taken into consideration (1) Statement of Licensing Policy (2) Section 182 Guidance.

As the Premises Licence Holder, I will ensure that I fully uphold all of the licensing objectives, at all times.

I believe I have submitted a robust operating schedule for this operation, demonstrating a commitment to due diligence in all areas of the day-to-day management of the premises.

Policies and procedures are being fully implemented for the safe and efficient running of the premises, including:

- Staff training and operations manual
- Refusals log
- Challenge 25
- Signage – consideration to neighbours
- DPS Authorisations

b) The prevention of crime and disorder

CCTV has been installed, and will be operated, and fully maintained at all times the premises is open for licensable activities. Images will be retained for at least 28 days and will be produced on request by any Responsible Authority.

Warning notices will be displayed in public areas of the premises advising that CCTV is in operation, in accordance with GDPR.

A refusals log will be maintained at all times and will be checked and signed off by the DPS at regular intervals. This will be made available for inspection by any Responsible Authority, upon reasonable request.

The refusals log shall contain details of time and date, description of the attempting purchaser, description of the age restricted products they attempted to purchase, reason the sale was refused and the name/signature of the sales person refusing the sale.

The premises DPS will attend Pubwatch, or other local crime reduction scheme.

c) Public safety

The premises licence holder or DPS will carry out pre-opening checks of the premises, to ensure that there are no risks to patrons and that all safety precautions are in place.

The licence holder will ensure that all staff receive appropriate staff training. The licence holder would ensure that all staff are aware of their social and legal obligations and their responsibilities regarding the sale of alcohol.

d) The prevention of public nuisance

As the Premises Licence Holder, I will ensure that the disturbance caused to the general public is kept to a minimum, and signage will be placed in prominent places asking customers to respect our neighbours.

The premises staff will ensure that the frontage of the premises are checked regularly for litter and rubbish, clearing any debris away.

No rubbish, including bottles, shall be moved, removed, or placed in outside areas between 2300hours and 0800hours.

e) The protection of children from harm

"Challenge 25":

1. The Licensee shall adopt a "Challenge 25" policy, where all customers who appear to be under the age of 25 and attempt to purchase alcohol or other age-restricted products, shall be asked for proof of their age.

The Licensee shall prominently display notices advising customers of the "Challenge 25" policy.

The following proofs of age are the only ones to be accepted :

- Proof of age cards bearing the "Pass" hologram symbol
- UK Photo Driving licence
- Passport

A refusals log will be maintained at all times and will be checked and signed off by the DPS at regular intervals. These will be made available for inspection by any Responsible Authority, upon reasonable request.

A till prompt system shall be installed to assist staff by reminding them to challenge for ID when a sale is made.

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 or my share code issued by the Home Office online right to work checking service (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.**

Declaration	<ul style="list-style-type: none"> • [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). • 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
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	service which confirmed their right to work (please see note 15)
Signature	[REDACTED]
Date	18 December 2023
Capacity	Agent on behalf of the applicant (Licence Leader Ltd)

For joint applications, signature of 2nd applicant or 2nd 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)			
Simon Voysey [REDACTED]			
Post town	[REDACTED]	Postcode	[REDACTED]
Telephone number (if any)	[REDACTED]		
If you would prefer us to correspond with you by e-mail, your e-mail address (optional)			
[REDACTED]			

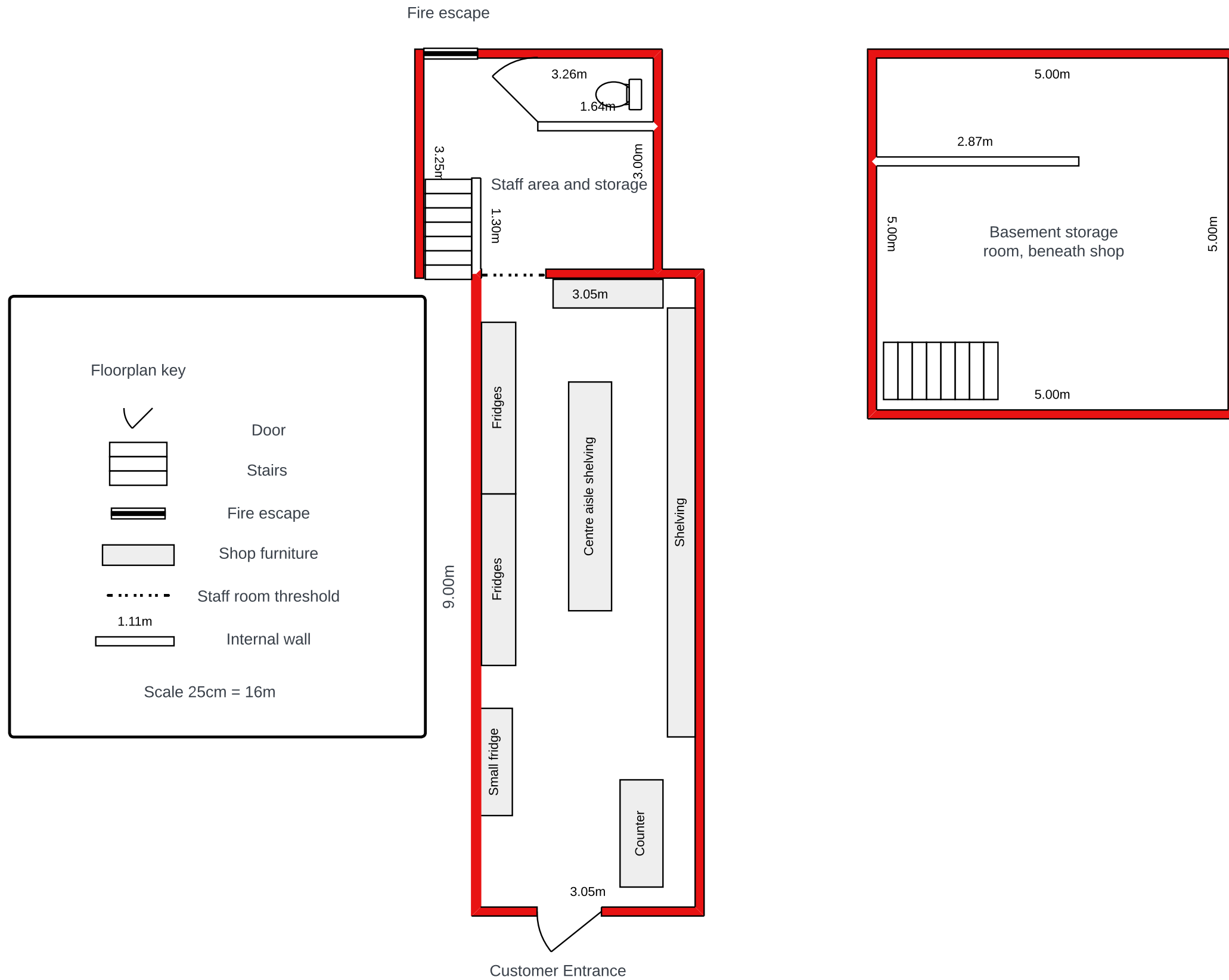
18/12/2023

DPS Authorisation – placeholder for form

Mr Hussain is attending a personal licence course currently and the details for his personal licence will be added to the Premises Licence once they are issued.

Mr Hussain understands that his store will not be able to sell alcohol until he is in possession of his personal licence.

Floorplan - One Stop, 174 Stafford Street, Wolverhampton, WV1 1NA
 Simon Voysey, Licence Leader Ltd (agent for the applicant)



[Redacted]

From: Simon Voysey [Redacted]
Sent: 19 December 2023 14:27
To: James Griffiths
Subject: Re: One Stop - New Premises Application - Rashid Hussain
Attachments: 0900f0fc-4192-48f4-8ff3-fbb33e90e490-vaf.pdf

[Redacted]

[Redacted]

Hi James

Mr Hussain has applied for permanent residency and is awaiting his Visa. I am attaching his application here which was made in September 2023.

My understanding is that he cannot apply to the right to work link whilst this application is in process and we have been advised by his solicitor that we should submit his application to you. Mr Hussain understands that he will not be able to sell alcohol until his Visa arrives. We are expecting a response soon but believe that there is a backlog of applications, hence the delay.

Will this suffice for the purpose of the application?

Kind regards
Simon

On Tue, 19 Dec 2023 at 11:49, James Griffiths [Redacted] wrote:

Sensitivity: PROTECT

Hi Simon

It looks like that permit is only valid until 15/10/23

Mr Hussain will need to obtain a Right to Work share code to confirm his eligibility. I enclose the link and the up to date guidance.

<https://www.gov.uk/view-prove-immigration-status>

Biometric Residence Card (BRC), Biometric Residence Permit (BRP) and Frontier Worker Permit (FWP) holders are also only able to evidence their right to work using the Home Office online service. This means you cannot accept or check a physical BRC, BRP or FWP as proof of right to work.

Regards

James Griffiths

Licensing and Compliance Officer

[REDACTED]

[REDACTED]

City of Wolverhampton Council

From: Simon Voysey [REDACTED]
Sent: 18 December 2023 17:05
To: James Griffiths [REDACTED]
Subject: Re: One Stop - New Premises Application - Rashid Hussain

CAUTION: This email originated from outside of the council. Do not click links or open attachments unless you are sure the content is safe.

Hi James,

Thanks for the email. I have just received the attached image of Mr Hussain's work permit visa.

Is this ok in this format to accompany his application?

Thanks

Simon

RESIDENCE PERMIT

NAME

HUSSAIN
RASHID

VALID UNTIL

15-10-2023

PLACE AND DATE OF ISSUE

UK 19-05-2021

TYPE OF PERMIT

LEAVE TO REMAIN

REGARD

WORK PERMITTED

On 18 Dec 2023, at 16:17, James Griffiths [REDACTED] wrote:

Good Afternoon,

I am processing the new application, but need to check if Mr Hussain has UK Residency or any Right to Work documentation.

Regards

James Griffiths

Licensing and Compliance Officer

[REDACTED]

[REDACTED]

City of Wolverhampton Council

[REDACTED]

[REDACTED]