New Premises Licence

Premises Address * CASA BLANCA 618 HUDDERSFIELD ROAD RAVENSTHORPE DEWSBURY KIRKLEES WF13 3HL Telephone number at premises (if any) Image: Case of the second secon	Premises Details	
Premises Address * RAVENSTHORPE DEWSBURY KIRKLEES WF13 3HL Telephone number at premises (if any) Image: Comparison of the second se		CASA BLANCA 618 HUDDERSFIELD ROAD
	Premises Address ^	
Non-domestic value of premises. *	Telephone number at premises (if any)	
	Non-domestic value of premises. *	

Applicant Details

I/We 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.

Please state whether you are applying for a premises licence	an individual or individuale
as:	an individual or individuals

Applicant Details	
If you are applying as a person described in one of the above please confirm: *	I am carrying on or proposing to carry on a business which involves the use of the premises for licensable activities; or

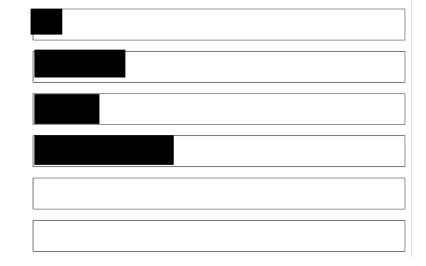
Individual Applicant

Title *

First name *

Surname *

Street address *



Individual Applicant	
Town/City *	
County	
Postcode *	
Date of Birth *	
I am 18 years old or over	
Nationality *	
Daytime Contact Telephone Number *	
Email *	

Operating Schedule

When do you want the premises licence to start? *	11/01/2024
If you wish the licence to be valid only for a limited period, when do you want it to end?	
Please give a general description of the premises. *	Small Mini Market and grocery store, situated in a mixed commercial and residential area on a main arterial road, 2 miles west of the Dewsbury town centre.
If 5,000 or more people are expected to attend the premises at any one time, please state the number expected to attend.	

Operating Schedule

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 read guidance note 2) *

Plays

Ореі	rating Schedule
	Films
	Indoor Sporting Events
	Boxing or Wrestling
	Live Music
	Recorded Music
	Performances of Dance
	Anything of a similar description falling under Music or Dance
	Provision of late night refreshment
	Supply of Alcohol

Supply of Alcohol Standard Times

Standard days and timings, where you intend to use the premises for the supply of alcohol. (please read guidance note 7)* Please enter times in 24hr format (HH:MM)

Day *

Every Day	
08:00	
23:00	

Supply of Alcohol

Will the supply of alcohol be for consumption on premises or off premises or both? (please read guidance note 8) *

Is the premises used exclusively or primarily for supply of alcohol for consumption on the premises? *

premises or e 8) *	Off the premises	
supply of	No	

Supply of Alcohol

State any seasonal variations for the supply of alcohol. (please read guidance note 5)

Please state any non-standard timings, where you intend to use the premises for the supply of alcoholat different times from the Standard days and times listed?(please read guidance note 6) 1 additional hour at the end of the terminal hour on Christmas Eve and New Years Eve

Designated Premises Supervisor

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)

Title *	
First name *	
Surname *	
Street address *	
Town/City *	
County	
Postcode *	
Personal Licence Number (if known)	In progress
Issuing Licensing Authority (if known)	

Adult Entertainment

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

Opening Hours Standard Times

Opening Hours Standard Times

Standard days and timings, where the premises are open to the public. (please read guidance note 7) * Please enter times in 24hr format (HH:MM)

Day *

Every Day		
08:00		
23:00		

Opening Hours

State any seasonal variations. (please read guidance note 5) 1 additional hour at the end of the terminal hour on Christmas Eve & New Years Eve

Please state any Non-standard timings, where you intend the premises to be open to the public at different times from the Standard days and times listed? (please read guidance note 6)

Licensing Objectives

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) *	This box would not allow me to post th conditions, it stated 'invalid characters and yet there was just txt.
b) The prevention of crime and disorder *	This box stated 'no more than 500 characters - there was only 133 words. It also stated 'invalid characters'
c) Public safety *	No risk has been assessed under the Licensing Act 2003 This box was ok
d) The prevention of public nuisance *	6. Prominent, clear and legible signage shall be displayed at all exits to the premises requesting the public to respect the needs of local residents and to leave the premises and the area quickly and quietly. This box was ok
e) The protection of children from harm *	This box was the same as boxes 1 and 2. I have attached th original S17 application on the next page

Declarations	
Declaration Type *	Sole Applicant - Individual or Other

Declarations

I have uploaded a copy of the plan of the premises. I have uploaded a copy of the consent form completed by the individual I wish to be designated premises supervisor, if applicable. I understand 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 partnership which is not a limited liability partnership, but not companies or limited liability partnerships I have included documents demonstrating my entitlement to work in the United Kingdom (please read note 15)

IT IS AN OFFENCE, UNDER SECTION 158 OF THE LICENSING ACT 2003, TO MAKE A FALSE STATEMENT IN OR IN CONNECTION WITH THIS APPLICATION. THOSE WHO MAKE A FALSE STATEMENT MAY BE LIABLE ON SUMMARY CONVICTION TO A FINE OF ANY AMOUNT' 'IT IS AN OFFENCE UNDER SECTION 24B OF THE IMMIGRATION ACT 1971 FOR A PERSON TO WORK WHEN THEY KNOW, OR HAVE REASONABLE CAUSE TO BELIEVE, THAT THEY ARE DISQUALIFIED FROM DOING SO BY REASON OF THEIR IMMIGRATION STATUS. THOSE WHO EMPLOY AN ADULT WITHOUT LEAVE OR WHO IS SUBJECT TO CONDITIONS AS TO EMPLOYMENT WILL BE LIABLE TO A CIVIL PENALTY UNDER SECTION 15 OF THE IMMIGRATION, ASYLUM AND NATIONALITY ACT 2006 AND PURSUANT TO SECTION 21 OF THE SAME ACT, WILL BE COMMITTING AN OFFENCE WHERE THEY DO SO IN THE KNOWLEDGE, OR WITH REASONABLE CAUSE TO BELIEVE, THAT THE EMPLOYEE IS DISQUALIFIED.

Signature/Declaration of applicant or applicant's solicitor or other duly authorised agent (see Guidance Note 11 & amp; 12). If signing/applying on behalf of the applicant, please state your name and in what capacity you are authorised to sign/apply. When submitting an on-line application form the 'Declaration made' checkbox must be selected.

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, if appropriate (please see note 15).

Full Name *

Date *

Capacity *

Declaration made

Do you wish to provide alternative correspondence details? *

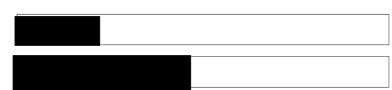
No

Email confirmation

On submission an email confirmation will be sent using the details below

Forename

Surname /Company Name



Email confirmation		
Email *		
Telephone		