Kirklees Council
Kirklees Council, PO Box 1661, Huddersfield, HD1 9SR
T: 01484 221000
E: licensing@kirklees.gov.uk

Ref: DSFX177138242186

New Premises Licence

Premises Details

Business/Premises Name *	Shop & Go
Premises Address *	21 Lord Street Huddersfield HD1 1QA
Telephone number at premises (if any)	
Non-domestic value of premises. *	£ 4300

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 as:	a person other than an individual -as a limited company/ limited liability partnership

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

Other Applicant (Non Individual)

Name *	Trinity Trading and Consulting Limited
Registered Address *	51 - 53 Market Street, Milnsbridge
Address line 2	
Address line 3	

Other Applicant (Non Individual)

Town/City *	Huddersfield
County	
Postcode *	HD3 4HZ
Registered Number (where applicable)	
Description of applicant (for example partnership, company, unincorporated association, etc) *	Private Limited Company
Telephone Number *	
Email *	

Operating Schedule

When do you want the premises licence to start? *	19/03/2026
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. *	It is an empty corner shop, and I am planning to set up a small convenience store selling sweets, drinks, and crisps. In addition, I am applying for a premises licence to sell alcohol in the shop to help increase footfall.
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, late night refreshment or supply of alcohol (please read guidance note 2) *

- [ ] a) Plays
- [ ] b) Films
- [ ] c) Indoor Sporting Events

Operating Schedule

- [ ] d) Boxing or Wrestling
- [ ] e) Live Music
- [ ] f) Recorded Music
- [ ] g) Performances of Dance
- [ ] h) Anything of a similar description falling under Music or Dance
- [x] i) Provision of Late Night Refreshment
- [x] j) Supply of Alcohol

i) Provision of Late Night Refreshment Standard Times

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

Day *	Every Day
	00:00
	00:00

i) Provision of Late Night Refreshment

Will the provision of late night refreshment take place indoors or outdoors or both? (please read guidance note 3) *	Indoors
Please provide further details.(please read guidance note 4)	
State any seasonal variations for the provision of late night refreshment.(please read guidance note 5)	
Please state any non-standard timings, where you intend to use the premises for late night refreshmentat different times from the Standard days and times listed?(please read guidance note 6)	

j) 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
	00:00
	00:00

j) Supply of Alcohol

Will the supply of alcohol be for consumption on premises or off premises or both? (please read guidance note 8) *	Off Premises
Is the premises used exclusively or primarily for supply of alcohol for consumption on the premises? *	No
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)	

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 *	Mr
First name *	Gowtham
Surname *	Velusamy
Street address *	
Town/City *	
County	

Designated Premises Supervisor

Postcode *	HD3 4JD
Personal Licence Number (if known)	21/02382/LAPER
Issuing Licensing Authority (if known)	Newham

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). *	N/A

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
	00:00
	00:00

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)	We are currently adhering to the all four licensing objectives and actively contributing to the overall safety and wellbeing of the community. In addition to our current efforts, we are committed to implementing further measures aimed at enhancing our adherence to the objectives and ensuring a safer environment for all customers and residents. Some of our major planned future implementations mentioned in following sections.
b) The prevention of crime and disorder *	We have planned to Implement comprehensive security measures such as CCTV cameras, effective crowd control strategies and Trained the staff members to recognise and handle potential instances of crime or disorderly conduct. In addition to that we will Partner with local law enforcement agencies to exchange information and collaborate on crime prevention initiatives. Establish strict policies against illegal

Licensing Objectives

	activities within the premises and promptly address any breaches.
c) Public safety *	We have planned to Conduct regular safety inspections to identify and mitigate potential hazards within the establishment and Ensure all equipment and facilities meet safety standards and regulations and also provided adequate emergency exits, fire extinguishers, and clear evacuation routes. In addition to that we educated our staff members on emergency response protocols and conduct periodic drills. So we will continue to follow the above mentioned safety measures strictly.
d) The prevention of public nuisance *	Monitor noise levels and ensure compliance with local noise ordinances. Implement policies to address issues such as littering, loitering, and disruptive behavior. Work closely with neighbouring businesses and residents to address concerns and maintain positive community relations. Encourage customers to respect the surrounding environment and minimise disturbances to others.
e) The protection of children from harm *	We are planning to enforced strict age verification procedures to prevent underage access to alcohol or restricted areas. Clearly display age restrictions and prohibit the sale of age-restricted products to minors. Well trained our staff on identifying and addressing situations involving minors at risk. In Addition to that, we will keep ensuring safety and wellbeing of the children.

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.

Declarations

Signature/Declaration of applicant or applicant's solicitor or other duly authorised agent (see Guidance Note 11 & 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 *	Trinity Trading and Consulting Limited
Date *	18/02/2026
Capacity *	Applicant

☑ 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	Trinity Trading and Consulting Limited
Email *	
Telephone	