

Licensing Authority: *The Licensing Partnership*

Licensing Partnership  
P.O. Box 182  
Sevenoaks  
Kent TN13 1GP

**APPENDIX A**

Ref:

**Application for a Premises Licence under the Licensing Act 2003****PLEASE READ THE FOLLOWING INSTRUCTIONS FIRST**

Before completing this form please read the guidance notes found at bottom of Page 4 of this form.

Use the blank page at the end of the form to provide further details if necessary.

When it is complete you can submit the form directly to us - click on the Submit Form button.

You may wish to print and keep a copy of the completed form for your records.

For help information about filling in this type of electronic form, click on the help information button.

I / We **PIRASATH SANTHARAJA** 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

153 High Street  
Sevenoaks  
Kent  
TN13 1XJ

Post town

SEVENOAKES

Post code

TN13 1XJ

Telephone number of premises (if any)

Non-domestic rateable value of premises

£ 8300

If the premises is under construction please check here

If the premises hasn't been assigned a rateable value yet, please check here

**Part 2 - Applicant Details**

Please state whether you are applying for a premises licence as

*Please make selection with an "x"*

- a) An individual or individuals\*  please complete section (A)
- b) a person other than an individual\*
- i as a limited company  please complete section (B)
- ii. as a partnership  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  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 make selection with an "x"*

- 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)

Title

Mr

Surname

Pirasath

First names

Santharaja

Are you 18 years or older?

- Yes
- No

Date of Birth

[Redacted]

Nationality

[Redacted]

Current postal address if different from premises address

[Redacted]

Post Town

[Redacted]

Postcode

[Redacted]

Daytime contact telephone number

[Redacted]

Email address (optional)

[Redacted]

**SECOND INDIVIDUAL APPLICANT (IF APPLICABLE)**

Title

Surname

First names

Date of Birth  
(you must be 18  
years old or over)

Nationality

Current postal  
address  
if different from  
premises address

Postcode

Post Town

Daytime contact telephone number

Email address  
(optional)**(B) OTHER APPLICANTS** *You do not have to fill in this section.*

Please provide name and registered address of applicant in full. Where appropriate please give any registered number. In case of a partnership or other joint nature (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?

01/03/2023

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

If 5,000 or more people attend the premises at any one time, please state the number expected to attend

#### General description of premises (please read guidance note 1)

THIS PREMISES WAS PREVIOUSLY OPERATED AS A CARPER SHOP. THIS IS A SMALL STORE SITUATED IN BUSY HIGH ST. THE STORE WILL NOW BE A SMALL CONVENIENCE STORE, WITH ALCOHOL PART OF THE BUSINESS. THE STORE WOULD LIKE TO STOCK SPECIALIST WINES. APPLICANT HAS BEEN MANAGING SMALL RETAIL STORES OVER 5 YEARS. THIS IS HIS NEW VENTURE TO STEP INTO RETAIL. THE STORE WILL BE REFITTED NEWLY INCLUDING NEW CCTV SYSTEM ETC. THE STORE WILL ALSO DO DELIVERIES VIA 3RD PARTY COMPANIES SUCH AS UBER, JUST EAT ETC.

What licensable activities do you intend to carry on from the premises?  
(Please see sections 1 and 14 of the Licensing Act 2003 and Schedule 1 and 2 to the Licensing Act 2003)

*Please check all relevant boxes*

**Provision of regulated entertainment (please read guidance note 2)**

- 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 L)

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

**In all cases complete boxes N, O and P**

## M

Supply of alcohol Standard days and timings (please read guidance note 7)			<u>Will the supply of alcohol be for consumption</u> <u>please make selection with an "x"</u> (please read guidance note 8).	On the premises	
Day	Start	Finish		Off the premises	X
Mon	06:00	23:00			
Tue	06:00	23:00	<u>State any proposed seasonal variations for the supply of alcohol</u> (please read guidance note 5)		
Wed	06:00	23:00			
Thur	06:00	23:00			
Fri	06:00	23:00			
Sat	06:00	23:00	<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> (please read guidance note 6)		
Sun	06:00	23:00			

State the name and details of the individual whom you wish to specify on the licence as premises supervisor. (Please see declaration about the entitlement to work in the checklist at the end of the form):

Title	Mr
Surname	SANTHARAJA
First Name(s)	PIRASATH
Date of Birth	██████████
Address	████████████████████ ████████████████████ ████████████████████
Postcode	██████████
Personal Licence number (if known)	2000463LAPER
Issuing licensing authority (if known)	LB OF BROMLEY

Please print the 'Consent of individual to being specified as premises supervisor' form (shown on pages 19 and 20), and have the person specified above sign and confirm the details given.

# N

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)

# O

Hours premises are open to the public Standard days and timings (please read guidance note 7)			State any seasonal variation (please read guidance note 5)
Day	Start	Finish	
Mon	06:00	23:00	Non standard timings. Where you intend to use the premises to be open to the public at different times to those listed in the column on the left, please list (please read guidance note 6)
Tue	06:00	23:00	
Wed	06:00	23:00	
Thur	06:00	23:00	
Fri	06:00	23:00	
Sat	06:00	23:00	
Sun	06:00	23:00	

**P** Describe the steps you intend to take to promote the four licensing objectives:

a) **General - all four licensing objectives (b,c,d,e)** (please read guidance note 10)

as detailed below

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

1. A CCTV system shall be installed and maintained at the premises to cover the entrance and internal public areas, recorded images shall be kept for 31 days and provided to Police or Council Officers, in a useable form, upon request.

2. Ensure an incident book is maintained at the premises to record details of any incidents the nature of which may have compromised any of the licensing objectives under the Licensing Act 2003. CCTV recording dates & times shall be linked to incident book entries.

c) **Public safety**

The store will implement health & Safety & Fire safety, requirements for convenience stores.

d) **The prevention of public nuisance**

The store will maintain the area in the front clean.

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

3. Ensure that a Challenge 25 policy is operated at the premises with appropriate signage displayed inside and outside the premises.

4. Ensure that all staff are given regular training in relation to the Licensing Act 2003. Training records will be kept at the premises and refresher training will be given to all staff at least every 12 months.

5. Ensure a 'refusals register' is in use at the premises to record age related and other refused sales in electronic form or in a hard copy



Please make selection with an "x"

I have enclosed the plan of the premises

I have enclosed the consent form completed by the individual I wish to be 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 (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 5 - Declaration (please read guidance note 11)

**Confirmation of applicant or applicant's solicitor or other duly authorised agent.** (See guidance note 12) **If confirming on behalf of the applicant please state in what capacity.**

• [Applicable to all 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, if appropriate (please see note 15).

Confirmation

Name  Date

Capacity

**Please print the 'Consent of individual to being specified as premises supervisor form (shown on pages 19 and 20), and have the person specified above sign and confirm the details given.**

**For joint applications confirmation of 2nd applicant or 2nd applicant's solicitor or other authorised agent.** (please read guidance note 13) **If confirming on behalf of the applicant please state in what capacity.**

Confirmation

Name  Date

Capacity

**Contact name (where not previously given) and postal address for correspondence associated with this application** (please read guidance note 14)

Name

Address

Post Town

Postcode

Telephone number (if any)

If you would prefer us to correspond with you by e-mail your e-mail address (optional)

Use this page if there is any other information that you think we should know about. Information entered on this page will be sent to us, along with the data on the rest of the form when you use the "Submit" option.

Notes for Guidance are available online

## Consent of individual to being specified as premises supervisor

Please print this form and ask the person being specified as premises supervisor to fill in the below.

Certain details have been pre-populated from data given on this online form. Please amend any incorrect information or add details where necessary.

Please return this completed form to:

Licensing Partnership  
P.O. Box 182  
Sevenoaks  
Kent TN13 1GP

I, **Mr PIRASATH SANTHARAJA**

[Full name of prospective premises supervisor]

of

[Redacted address]

[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

**A premises licence**

[Type of application]

by **PIRASATH SANTHARAJA**

[name of applicant]

relating to a premises licence

[Number of existing licence, if any]

for **153 High Street  
Sevenoaks  
Kent  
TN13 1XJ  
SEVENOAKES**

[Name and address of the premises to which the application relates]

and any premises licence to be granted or varied in respect of this application made by

**PIRASATH SANTHARAJA**

[Name of applicant]

concerning the supply of alcohol at

**153 High Street  
Sevenoaks  
Kent  
TN13 1XJ  
SEVENOAKES**

[Name and address of the premises to which the application relates]

## Consent of individual to being specified as premises supervisor (cont.)

I also confirm that I am entitled to work in the United Kingdom and am applying for, intend to apply for or currently hold a personal licence, details of which I set out below.

Personal licence number

**2000463LAPER**

[insert personal licence number, if any]

Personal licence issuing authority

**LB OF BROMLEY**

[Name and address and telephone number of personal licence issuing authority, if any]

**Signed**

**Name (please print)**

**Date**

## Form end

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**You have now reached the end of the form. If you have entered all the necessary information, and read all the guidance notes, please now submit the form.**

XML Specific

Application Type

Licence Case Type

Licence Status

XML Template

CAPS Reference

Payments request

CallingAppID

CallingAppRef

PaymentSourceCode

Response response

PaymentAuthorisationCode

IncomeManagementReceiptNumber

OriginatorsReference

CardScheme

CardType

PaymentAmount

ResponseCode

ResponseDescription

Number of payment lines

Payment 1

Receipt Number

DueDate

PaymentType

Pay Description

XML Description

PaymentDue  VAT

Paid

Payment Date

Fund

Reference

Payment 3

Receipt Number

DueDate

PaymentType

Pay Description

XML Description

PaymentDue  VAT

Paid

Payment Date

Fund

Reference

Payment 5

Receipt Number

DueDate

PaymentType

Pay Description

XML Description

PaymentDue  VAT

Paid

Payment Date

Fund

Reference

Customer Message

Empty text area for Customer Message.

Service Message

Empty text area for Service Message.

Payment 2

Receipt Number

DueDate

PaymentType

Pay Description

XMLDescription

PaymentDue  VAT

Paid

Payment Date

Fund

Reference

Payment 4

Receipt Number

DueDate

PaymentType

Pay Description

XML Description

PaymentDue  VAT

Paid

Payment Date

Fund

Reference

**Case Overview**

Form file name:	<input type="text"/>	Current Date	<input type="text"/>
Form data set reference	<input type="text" value="PIRASATH SANTHARAJA"/>	Date From	<input type="text"/>
Has been E-Signed	<input type="checkbox"/> Date/Time E-Signed <input type="text"/>		
Date/Time Submitted to main server	<input type="text"/>	Data Validation Reference	<input type="text"/>
Date/Time Submitted to external server	<input type="text"/>	Date/Time form Started	<input type="text" value="13/01/2023 16:14:37"/>

**Automatic Messaging**

Receipt Email Address	<input type="text"/>	Notification Email Address	<input type="text"/>
Receipt Email Subject	<input type="text"/>	Notification Email Subject	<input type="text"/>
Receipt Email Message	<input type="text"/>	Notification Email Message	<input type="text"/>
Mobile Number	<input type="text"/>		

**Case Notes**

**CRM Integration**

CRM Case Ref

**Form History**

13/01/2023 16:45:27 | Received on Remote Server  
 13/1/2023 16:47:25 | Submitted | ( , , ) | Application for a premises licence (1.0).wdf, 131655, Licence Inc Bexley, new | Ref: 131655-30113-79LJ196  
 13/01/2023 16:45:27 | Received on Remote Server  
 13/1/2023 16:47:25 | Submitted | ( , , ) | Application for a premises licence (1.0).wdf, 131655, Licence Inc Bexley, new | Ref: 131655-30113-79LJ196

**Form Database**

Primary Record ID	<input type="text"/>	Secondary Record ID	<input type="text"/>
Department Name	<input type="text"/>	Form Status	<input type="text"/>
Depart Classification / Priority	<input type="text"/>	Search Field 3	<input type="text" value="153 High Street&lt;br/&gt;Sevenoaks&lt;br/&gt;Kent&lt;br/&gt;TN13 1XJ&lt;br/&gt;TN13 1XJ"/>
Dept Case Reference	<input type="text"/>		
Date Record Started	<input type="text"/>		
Date Last Modified	<input type="text"/>		

**Current User**

Title	<input type="text"/>	Surname	<input type="text"/>	First Name	<input type="text"/>	User Record Id	<input type="text"/>
Tel No	<input type="text"/>	Email address	<input type="text"/>		Address	<input type="text"/>	
User Classification	<input type="text"/>						
Portal Username	<input type="text"/>	Expert for this form	<input type="text"/>				

**System Data**

Pages active with dynamic paging	<input type="text" value="1,2,3,4,5,13,14,15,16,17,20,21,22,12,18,19"/>						
Data Locked for Editing	<input type="text"/>	Date of offline forms creation	<input type="text"/>	Enable high-quality print (WDF)	<input type="checkbox"/>		
Type of form - ufx, wdf or txt	<input type="text"/>	If TXT - Optimised for screen-readers	<input type="checkbox"/>	Enable top controls on opening	<input type="checkbox"/>		
Start page for expert users	<input type="text"/>	Print Collation Config	<input type="text"/>				

**Form Design Settings**

Dynamic paging enabled	<input type="checkbox"/>	Use page titles for page menu	<input type="checkbox"/>	ESigning is available	<input type="checkbox"/>	After ESigning/Submission - go to page No?	<input type="text"/>	TXT form is available	<input checked="" type="checkbox"/>
Pages with forced error checking	<input type="text"/>								
Pages that override forced error checking	<input type="text"/>								
Last visible page:	Unregistered users	<input type="checkbox"/>	Registered users:	<input type="checkbox"/>	Expert users:	<input type="checkbox"/>	Override for TXT version	<input type="checkbox"/>	
Default branding file:	<input type="text" value="UK Revenues &amp; Benefits Branding (1.0)"/>			e.g. 'UK Revenues & Benefits Branding (1.0)'					
Shared Data Dictionary	<input type="text" value="Victoria Forms UK Licensing Data (1.0)"/>			e.g. 'Victoria Forms UK Government Data (1.0)'					
HTML pages within WDF	<input type="text" value="1,2,3,4,5,6,7,8,9,10,11,12,13,14,15,16,17,20"/>							Page no for thumbnail	<input type="checkbox"/>