1116/15



Huntingdonshire Application for a premises licence Licensing Act 2003

For help contact licensing@huntingdonshire.gov.uk Telephone: 01480 387075

Section 1 of 19		* required information
	ime and resume it later. You do not need to be	logged in when you resume.
System reference	Not Currently In Use	This is the unique reference for this application generated by the system.
Your reference	JMK/2518	You can put what you want here to help you track applications if you make lots of them. It is passed to the authority.
Are you an agent acting on be	half of the applicant? No	Put "no" if you are applying on your own behalf or on behalf of a business you own or work for.
Applicant Details		
* First name	AWAT BAHJAT	
* Family name	HASSAN	
* E-mail	awat.dawdy@yahoo.co.uk	
Main telephone number	07753 443 928	nclude country code.
Other telephone number		
☐ Indicate here if the appl	icant would prefer not to be contacted by telep	hone
Is the applicant:		
Applying as a business of Applying as an individu	or organisation, including as a sole trader	A sole trader is a business owned by one person without any special legal structure. Applying as an individual means the applicant is applying so the applicant can be employed, or for some other personal reason, such as following a hobby.
Applicant Business		
* Is the applicant's business registered in the UK with Companies House?	• Yes	
* Registration number	09588413	
* Business name	DOBRA BO POLSKI LTD	If the applicant's business is registered, use its registered name.
* VAT number -	NONE	Put "none" if the applicant is not registered for VAT.
* Legal status	Private Limited Company	

Continued from previous page		
* Applicant's position in the business	DIRECTOR - EMPLOYEE	
Home country	United Kingdom	The country where the applicant's headquarters are.
Registered Address		Address registered with Companies House.
* Building number or name	UNIT 16	
* Street	ST BENEDICTS COURT	
District		
* City or town	HUNTINGDON	
County or administrative area		
* Postcode	PE29 3PN	
* Country	United Kingdom	
Agent Details		
* First name	JOHN	
* Family name	KENT	
* E-mail	johnkentsolicitors@gmail.com	
Main telephone number	0115 9934286	Include country code.
Other telephone number	07957 367478	
☐ Indicate here if you wou	lld prefer not to be contacted by telephone	
Are you:		
 An agent that is a busine 	ess or organisation, including a sole trader	A sole trader is a business owned by one person without any special legal structure.
A private individual active	ng as an agent	person without any special legal structure.
Agent Business		
* Is your business registered in the UK with Companies House?		
* Registration number	09588413	
* Business name	JOHN KENT SOLICITORS	If your business is registered, use its registered name.
* VAT number	859804380	Put "none" if you are not registered for VAT.
* Legal status	Sole Trader	

Continued from previous page			
* Your position in the business	PROPRIETOR		
Home country	United Kingdom	The country where the headquarters of your business is located.	
Agent Registered Address		Address registered with Companies House.	
* Building number or name	HUNTINGDON HOUSE BUSINESS CENTRE,		
* Street	278-290 HUNTINGDON STREET		
District			
* City or town	NOTTINGHAM		
County or administrative area			
* Postcode	NG1 3LY		
* Country	United Kingdom		
Section 2 of 19			
PREMISES DETAILS			
	ply for a premises licence under section 17 of t he premises) and I/we are making this applicat of the Licensing Act 2003.		
Premises Address			
Are you able to provide a post	al address, OS map reference or description of	the premises?	
Postal Address Of Premises			
Building number or name	16		
Street	ST BENEDICTS COURT		
District			
City or town	HUNTINGDON		
County or administrative area]	
Postcode	PE29 3PN		
Country	United Kingdom		
Further Details			
Telephone number]	
Non-domestic rateable value of premises (£)			

Secti	Section 3 of 19			
APPL	APPLICATION DETAILS			
In wh	at capacity are you applyi	ng for the premises licence?		
\boxtimes	An individual or individua	als		
	A limited company			
	A partnership			
	An unincorporated assoc	ciation		
	A recognised club			
	A charity			
	The proprietor of an edu	cational establishment		
	A health service body			
		ed under part 2 of the Care Standards Act in independent hospital in Wales		
	A person who is registered under Chapter 2 of Part 1 of the Health and Social Care Act 2008 in respect of the carrying on of a regulated activity (within the meaning of that Part) in an independent hospital in England			
	The chief officer of police of a police force in England and Wales			
	Other (for example a statutory corporation)			
Con	firm The Following			
	I am carrying on or propo the use of the premises f	osing to carry on a business which involves or licensable activities		
	I am making the application pursuant to a statutory function			
	I am making the applicat virtue of Her Majesty's pr	tion pursuant to a function discharged by rerogative		
Secti	ion 4 of 19			
INDI	VIDUAL APPLICANT DET	AILS		
			If "Yes" is selected you can re-use the details from section one, or amend them as required	
•	Yes	○ No	Select "No" to enter a completely new set of details.	
First	name	AWAT BAHJAT		
Family name HASSAN		HASSAN		
ls th	Is the applicant 18 years of age or older?			
•	Yes	C No		

Continued from previous page			
Applicant Postal Address			
Is the address the same as (or	similar to) the address given in section one?	If "Yes" is selected you can re-use the details	
○ Yes	No	from section one, or amend them as required. Select "No" to enter a completely new set of details.	
Building number or name	84		
Street	PRIMROSE HOUSE		
District			
City or town	WAKEFIELD		
County or administrative area	WEST YORKSHIRE		
Postcode	WF1 4EH		
Country	United Kingdom		
Applicant Contact Details			
Are the contact details the san	ne as (or similar to) those given in section one?	If "Yes" is selected you can re-use the details	
© Yes	from section one, or amend them as required. Select "No" to enter a completely new set of details.		
E-mail	awat.dawdy@yahoo.co.uk		
Telephone number	07753 443 928		
Other telephone number			
	Add another applicant		
Section 5 of 19		Community of thinking equals into	
OPERATING SCHEDULE			
When do you want the premises licence to start?	12 / 06 / 2015 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			
Provide a general description	of the premises		
licensing objectives. Where yo	ises, its general situation and layout and any oth our application includes off-supplies of alcohol a oplies you must include a description of where t	and you intend to provide a place for	
SMALL RETAIL CONVENIENCE	STORE AND OFF LICENCE		

Continued from previous page	
If 5,000 or more people are	
expected to attend the premises at any one time,	
state the number expected to	
attend	
Section 6 of 19	
PROVISION OF PLAYS	
Will you be providing plays?	
	No
Section 7 of 19	
PROVISION OF FILMS	
Will you be providing films?	
C Yes	No No
Section 8 of 19	
PROVISION OF INDOOR SPOR	RTING EVENTS
Will you be providing indoor s	porting events?
○ Yes	No No
Section 9 of 19	
PROVISION OF BOXING OR W	RESTLING ENTERTAINMENTS
Will you be providing boxing o	or wrestling entertainments?
○ Yes	No
Section 10 of 19	
PROVISION OF LIVE MUSIC	
Will you be providing live mus	ic?
○ Yes	No
Section 11 of 19	
PROVISION OF RECORDED M	USIC
Will you be providing recorded	d music?
○ Yes	No
Section 12 of 19	
PROVISION OF PERFORMANCE	ES OF DANCE
Will you be providing perform	ances of dance?
∩ Yes	No
Section 13 of 19	
PROVISION OF ANYTHING OF DANCE	A SIMILAR DESCRIPTION TO LIVE MUSIC, RECORDED MUSIC OR PERFORMANCES OF
Will you be providing anything performances of dance?	g similar to live music, recorded music or
C Yes	No
	No. 114

Continued from previous	page		
Section 14 of 19		Autographic and Autographic and Autobase to the appell	
LATE NIGHT REFRESH	MENT		
Will you be providing la	ate night refreshment?		
	No		
Section 15 of 19			
SUPPLY OF ALCOHOL			
Will you be selling or su	upplying alcohol?		
Yes	C No		
Standard Days And Ti	mings		
MONDAY	Start 09:00	Give timings in 24 hour clock. End 21:00 (e.g., 16:00) and only give details for the da	
	Start	of the week when you intend the premises to be used for the activity.	
TUESDAY		to be used for the activity.	
TUESDAT	Ct	5 1 21 22	
	Start 09:00	End 21:00	
	Start	End	
WEDNESDAY			
	Start 09:00	End 21:00	
	Start	End	
THURSDAY			
	Start 09:00	End 21:00	
	Start	End	
FRIDAY	Start		
FRIDAY			
	Start 09:00	End 21:00	
	Start	End	
SATURDAY			
	Start 09:00	End 21:00	
	Start	End	
SUNDAY			
20,10,	Start 09:00	End 21:00	
	Start	End	

Continued from previous page			
Will the sale of alcohol be for consumption: If the sale of alcohol is for consumption of the premises select on, if the sale of alcohol is for consumption of the premises select on the premise select of the premise select on the premi			
On the premises	Off the premises	is for consumption away from the premises select off. If the sale of alcohol is for consumption on the premises and away from the premises select both.	
State any seasonal variations			
For example (but not exclusive	ly) where the activity will occur on additional d	ays during the summer months.	
column on the left, list below	the premises will be used for the supply of alcol		
For example (but not exclusive	ly), where you wish the activity to go on longer	on a particular day e.g. Christmas Eve.	
State the name and details of t licence as premises supervisor	he individual whom you wish to specify on the		
Name			
First name	AWAT BAHJAT		
Family name	HASSAN		
Enter the contact's address			
Building number or name	84 PRIMROSE HOUSE	<i>.</i>	
Street			
District	WAKEFIELD	Cervasio.	
City or town			
County or administrative area		1 20	
Postcode	WF1 4EH	X	
Country	United Kingdom		
Personal Licence number (if known)	PA2709		
Issuing licensing authority (if known)	WAKEFIELD COUNCIL		

Continued from previous p			
	ED PREMISES SUPERVISOI		
How will the consent fo be supplied to the author	rm of the proposed designation of the properties.	ated premises supervisor	
Electronically, by t	he proposed designated p	remises supervisor	
As an attachment	to this application		
Reference number for co form (if known)	onsent NONE		If the consent form is already submitted, ask the proposed designated premises supervisor for its 'system reference' or 'your reference'.
Section 16 of 19			
ADULT ENTERTAINMEN	NT		
	ertainment or services, actirise to concern in respect o		ent or matters ancillary to the use of the
rise to concern in respec		whether you intend child	ary to the use of the premises which may give ren to have access to the premises, for example c gambling machines etc.
NONE			
Section 17 of 19			
HOURS PREMISES ARE	OPEN TO THE PUBLIC		
Standard Days And Tir	mings		
MONDAY			
	Start 09:00	End 21:00	Give timings in 24 hour clock. (e.g., 16:00) and only give details for the days
	Start	End	of the week when you intend the premises to be used for the activity.
TUESDAY			
	Start 09:00	End 21:00	7
	Start	End	
WEDNESDAY	Victor (Asserts day		
WEDNESDAT	Start 09:00	End 21:00	
	Start	End	
THURSDAY			_
	Start 09:00	End 21:00	
	Start	End	
FRIDAY			
	Start 09:00	End 21:00	
	Start	End	

Continued from previous p	page	
SATURDAY		
	Start 09:00	End 21:00
	Start	End
SUNDAY		
	Start 09:00	End 21:00
	Start	End
State any seasonal variat	tions	
For example (but not exc	clusively) where the activity will occ	cur on additional days during the summer months.
Non standard timings M	/hara vay intend to use the promis	es to be open to the members and guests at different times from
those listed in the colum		es to be open to the members and guests at different times from
For example (but not exc	clusively), where you wish the activ	ity to go on longer on a particular day e.g. Christmas Eve.
Section 18 of 19		2000年1月1日 - 1980年1月1日 - 1980年1月1日 - 1980年1月1日 - 1980年1月1日 - 1980年1日 - 1980年1日 - 1980年1日 - 1980年1日 - 1980年1日 -
LICENSING OBJECTIVES		licanaine abiantiva
	ntend to take to promote the four	icensing objectives:
a) General – all four licen		
	ake to promote all four licensing ob	
		TION AND ADVICE REGARDING THEIR RESPONSIBILITIES UNDER ALCOHOL AND THE RESTRICTIONS AND CONDITIONS ON THE
THEMISES EIGENCE.		
b) The prevention of crir	me and disorder	
MADE TO MAKE AVAILA		CORDING EQUIPMENT AND ON REASONABLE REQUEST BEING SES TO THE RELEVANT STATUTORY AUTHORITIES AND TO
c) Public safety		

Continued from previous page...

d) The prevention of public nuisance

e) The protection of children from harm

TO ADOPT CHALLENGE 21 SCHEME, INCLUDING DISPLAY OF SUITABLE WARNING NOTICES IN THE PREMISES, SUCH THAT ANY PERSON APPEARING TO BE UNDER 21 YEARS SHALL NOT BE SERVED ALCOHOL UNLESS SATISFACTORY PROOF OF AGE IS PRODUCED EG PASSPORT DRIVING LICENCE, OR AN ACCREDITED PASS OR HM FORCES IDENTITY CARD.

Section 19 of 19

PAYMENT DETAILS

This fee must be paid to the authority. If you complete the application online, you must pay it by debit or credit card.

Premises Licence Fees are determined by the non domestic rateable value of the premises.

To find out a premises non domestic rateable value go to the Valuation Office Agency site at http://www.voa.gov.uk/business_rates/index.htm

Band A - No RV to £4300	£100.00
Band B - £4301 to £33000	£190.00
Band C - £33001 to £8700	£315.00
Band D - £87001 to £12500	£450.00*
Band E - £125001 and over	£635.00*

*If the premises rateable value is in Bands D or E and the premises is primarily used for the consumption of alcohol on the premises then your are required to pay a higher fee

Band D - £87001 to £12500 £900.00 Band E - £125001 and over £1,905.00

There is an exemption from the payment of fees in relation to the provision of regulated entertainment at church halls, chapel halls or premises of a similar nature, village halls, parish or community halls, or other premises of a similar nature. The costs associated with these licences will be met by central Government. If, however, the licence also authorises the use of the premises for the supply of alcohol or the provision of late night refreshment, a fee will be required.

Schools and sixth form colleges are exempt from the fees associated with the authorisation of regulated entertainment where the entertainment is provided by and at the school or college and for the purposes of the school or college.

If you operate a large event you are subject to ADDITIONAL fees based upon the number in attendance at any one time

Capacity 5000-9999	£1,000.00
Capacity 10000 -14999	£2,000.00
Capacity 15000-19999	£4,000.00
Capacity 20000-29999	£8,000.00
Capacity 30000-39000	£16,000.00
Capacity 40000-49999	£24,000.00
Capacity 50000-59999	£32,000.00
Capacity 60000-69999	£40,000.00
Capacity 70000-79999	£48,000.00
Capacity 80000-89999	£56,000.00
Capacity 90000 and over	£64,000.00

Continued from previous page	
* Fee amount (£)	190.00
ATTACHMENTS	
AUTHORITY POSTAL ADDRESS	
Address	
Building number or name	
Street	
District	
City or town	
County or administrative area	
Postcode	
Country	United Kingdom
DECLARATION	
* I/we understand it is an offence, liable on conviction to a fine up to 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.	
☐ Ticking this box indicates you have read and understood the above declaration	
This section should be completed by the applicant, unless you answered "Yes" to the question "Are you an agent acting on behalf of the applicant?"	
* Full name	
* Capacity	
Date (dd/mm/yyyy)	
	Add another signatory
Once you're finished you need to do the following:	
1. Save this form to your computer by clicking file/save as	
2. Go back to https://www.gov.uk/apply-for-a-licence/premises-licence/huntingdonshire/apply-1 to upload this file and	
continue with your application. Don't forget to make sure you have all your supporting documentation to hand.	
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	
I	

Consent of Individual to Being Specified as Premises Supervisor

I AWAT BAHJAT HASSAN (DOB: 15.8.83 IRAQ)

Of 84 PRIMROSE HOUSE, WAKEFIELD, WEST YORKSHIRE, WF1 4EH

hereby confirm that I give my consent to be specified as the designated premises supervisor in relation to the application for [Grant of a Premises Licence] [Variation of the named DPS on a Premises Licence]

by: AWAT BAHJAT HASSAN

relating to a premises licence for: DOBRA BO POLSKI

16 ST BENEDICTS COURT, HUNTINGDON, PE29 3PN

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

AWAT BAHJAT HASSAN

concerning the supply of alcohol at:

DOBRE BO POLSKI 16 ST BENEDICTS COURT HUNTINGDON, PE29 3PN

I also confirm that I [am applying for] [intend to apply for] [currently hold] a personal licence, details of which I set out below.

Personal licence number:

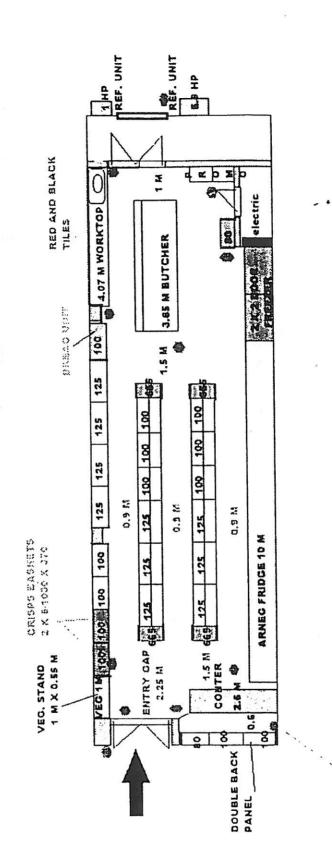
PA2709

Personal licence issuing authority: WAKEFIELD COUNCIL

Name AWAT BAHJAT HASSAN

Dated 12th MAY 2015





cctv 12 cameras - 31 days recording

Scale 1:100 Date: 14-5-15.

> DOBRE BO POLSKIE OFF CICENCE SHOP-16 ST. BENEDICT CONT HANNTINGSON, PE29 3PN.



CRISPS BASKET 1000 X 370 - 12 PC CRISPS DIVIDER 370 - 12 PC WALL UNIT 2.3 M/47 X 5 X37 - 10 M WALL UNIT 2.3 M/30 X 5 X30 - 2.8 M SPIRIT GONDOLA 1.8 M/30 X 5 X30 - 13.5 M PROMO 1.8 M/37 X 5 X 37 - 4 PC **COUNTER 2.55 M** ARNEG FRIDGE 10 M 2 DOOR FREEZER - 2 PC **BUTCHER FRIDGE 3.75 M** BREAD UNIT 1.1 M -1 PC **RED TILES FOR BUTCHER 25 M2** WORKTOP 4 M, METAL SINK, CABINETS+DOOR WATER, WASTE, EL. SOCKET 3 PC. HAND WASHER 1PC, FLY KILLER 1 PC, WASTE PUMP SIDE COVER FOR PROMO RED -8 PC WALL SIDE COVER RED - RPC **RED BOARD TOP OF FRIDGEAND FREEZER - 8 PC** SLATE BOARD CREAM/RED INSERT -15 PC **CORNER TRIM CREAM** - 6 PC T JOINT CREAM - 5 PC **RED END CUP** - 20 PC TIMBER 38 X 63 MM - 15 PC **SLAT HOOKS 150MM** - 50 PC FLOOR TILE, GLUE, GROUT - 95 m2

DOBRE BO POUSLIE - PLAN DETAILS.

