

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

**PLEASE READ THE FOLLOWING INSTRUCTIONS FIRST**

Before completing this form please read the guidance notes at the end of the form.  
If you are completing this form by hand please write legibly in block capitals. In all cases ensure that your answers are inside the boxes and written in black ink. Use additional sheets if necessary.

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

I/We **ALI ILKER AVCI**

*(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**

<b>Postal address of premises or, if none, ordnance survey map reference or description</b>			
CAMBRIDGE SUPERMARKET			
28 MILL ROAD			
<b>Post town</b>	CAMBRIDGE	<b>Post code</b>	CB1 2AD
<b>Telephone number at premises (if any)</b>			
<b>Non-domestic rateable value of premises</b>		£25000	

**Part 2 - Applicant Details**

Please state whether you are applying for a premises licence as  
Please tick yes

- 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 tick yes

- 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 AVCI			First names ALI ILKER		
I am 18 years old or over				<input checked="" type="checkbox"/>	Please tick yes
Current postal address if different from premises address		30 EMSWORTH CLOSE ST. MARY'S ROAD			
Post Town	LONDON		Postcode	N9 8NW	
Daytime contact telephone number					
E-mail address (optional)					

**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		
I am 18 years old or over				<input type="checkbox"/>	Please tick yes

<b>Current postal address if different from premises address</b>			
<b>Post Town</b>		<b>Postcode</b>	
<b>Daytime contact telephone number</b>			
<b>E-mail address (optional)</b>			

**(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.

<b>Name</b>
<b>Address</b>
<b>Registered number (where applicable)</b>
<b>Description of applicant (for example, partnership, company, unincorporated association etc.)</b>
<b>Telephone number (if any)</b>
<b>E-mail address (optional)</b>

**Part 3 Operating Schedule**

When do you want the premises licence to start?

Day		Month		Year	
0	9	0	5	2	0
1	2				

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

Day		Month		Year	

Please give a general description of the premises (please read guidance note 1)  
The premises is a tradition shop consisting of a ground floor, located on a major road.

Please refer to the enclosed plan.

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 of the Licensing Act 2003 and Schedules 1 and 2 to the Licensing Act 2003)

**Provision of regulated entertainment**

**Please tick yes**

- |   |                          |
|---|--------------------------|
| 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 entertainment facilities:**

- |   |                          |
|---|--------------------------|
| i) making music (if ticking yes, fill in box I)   | <input type="checkbox"/> |
| j) dancing (if ticking yes, fill in box J)  | <input type="checkbox"/> |
| k) entertainment of a similar description to that falling within (i) or (j) (if ticking yes, fill in box K) | <input type="checkbox"/> |

**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**

**A**

Plays Standard days and timings (please read guidance note 6)			<b><u>Will the performance of a play take place indoors or outdoors or both – please tick</u></b> (please read guidance note 2)	Indoors	<input type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Mon				<b><u>Please give further details here</u></b> (please read guidance note 3)	
Tue					
Wed			<b><u>State any seasonal variations for performing plays</u></b> (please read guidance note 4)		
Thur					
Fri			<b><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></b> (please read guidance note 5)		
Sat					
Sun					

**B**

<b>Films</b> Standard days and timings (please read guidance note 6)			<b><u>Will the exhibition of films take place indoors or outdoors or both – please tick</u></b> (please read guidance note 2)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<b><u>Please give further details here</u></b> (please read guidance note 3)		
Mon					
Tue					
Wed			<b><u>State any seasonal variations for the exhibition of films</u></b> (please read guidance note 4)		
Thur					
Fri			<b><u>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</u></b> (please read guidance note 5)		
Sat					
Sun					

**C**

Indoor sporting events Standard days and timings (please read guidance note 6)			<u>Please give further details</u> (please read guidance note 3)
Day	Start	Finish	
Mon			
Tue			<u>State any seasonal variations for indoor sporting events</u> (please read guidance note 4)
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 5)
Fri			
Sat			
Sun			

**D**

<b>Boxing or wrestling entertainments</b> Standard days and timings (please read guidance note 6)			<b><u>Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick</u></b> (please read guidance note 2)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<b><u>Please give further details here</u></b> (please read guidance note 3)		
Mon					
Tue			<b><u>State any seasonal variations for boxing or wrestling entertainment</u></b> (please read guidance note 4)		
Wed					
Thur			<b><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></b> (please read guidance note 5)		
Fri					
Sat					
Sun					



E

<b>Live music</b> Standard days and timings (please read guidance note 6)			<b><u>Will the performance of live music take place indoors or outdoors or both – please tick</u></b> (please read guidance note 2)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<b><u>Please give further details here</u></b> (please read guidance note 3)		
Mon					
			<b><u>State any seasonal variations for the performance of live music</u></b> (please read guidance note 4)		
Tue					
			<b><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></b> (please read guidance note 5)		
Wed					
Thur					
Fri					
Sat					
Sun					

F

<b>Recorded music</b> Standard days and timings (please read guidance note 6)			<b><u>Will the playing of recorded music take place indoors or outdoors or both – please tick</u></b> (please read guidance note 2)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<b><u>Please give further details here</u></b> (please read guidance note 3)		
Mon					
Tue					
			<b><u>State any seasonal variations for the playing of recorded music</u></b> (please read guidance note 4)		
Wed					
Thur					
			<b><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></b> (please read guidance note 5)		
Fri					
Sat					
Sun					

**G**

<b>Performances of dance</b> Standard days and timings (please read guidance note 6)			<b><u>Will the performance of dance take place indoors or outdoors or both – please tick</u></b> (please read guidance note 2)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<b><u>Please give further details here</u></b> (please read guidance note 3)		
Mon					
Tue			<b><u>State any seasonal variations for the performance of dance</u></b> (please read guidance note 4)		
Wed					
Thur			<b><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></b> (please read guidance note 5)		
Fri					
Sat					
Sun					

# H

<b>Anything of a similar description to that falling within (e), (f) or (g)</b> Standard days and timings (please read guidance note 6)			<b><u>Please give a description of the type of entertainment you will be providing</u></b>		
<b>Day</b>	<b>Start</b>	<b>Finish</b>	<b><u>Will this entertainment take place indoors or outdoors or both – please tick</u></b> (please read guidance note 2)	Indoors	<input type="checkbox"/>
Mon				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Tue			<b><u>Please give further details here</u></b> (please read guidance note 3)		
Wed					
Thur			<b><u>State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g)</u></b> (please read guidance note 4)		
Fri					
Sat			<b><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></b> (please read guidance note 5)		
Sun					

<b>Provision of facilities for making music</b> Standard days and timings (please read guidance note 6)			<u>Please give a description of the facilities for making music you will be providing</u>	
			<b>Will the facilities for making music be indoors or outdoors or both – please tick</b> (please read guidance note 2)	
			Indoors	<input type="checkbox"/>
			Outdoors	<input type="checkbox"/>
			Both	<input type="checkbox"/>
<b>Day</b>	<b>Start</b>	<b>Finish</b>	<u>Please give further details here</u> (please read guidance note 3)	
Mon				
Tue			<u>State any seasonal variations for the provision of facilities for making music</u> (please read guidance note 4)	
Wed				
Thur			<u>Non standard timings. Where you intend to use the premises for provision of facilities for making music at different times to those listed in the column on the left, please list</u> (please read guidance note 5)	
Fri				
Sat				
Sun				

**J**

<b>Provision of facilities for dancing</b> Standard days and timings (please read guidance note 6)			<b><u>Will the facilities for dancing be indoors or outdoors or both – please tick (see guidance note 2)</u></b>	Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Both <input type="checkbox"/>
			<b><u>Please give a description of the facilities for dancing you will be providing</u></b>	
Day	Start	Finish		
Mon			<b><u>Please give further details here (please read guidance note 3)</u></b>	
Tue				
Wed			<b><u>State any seasonal variations for providing dancing facilities (please read guidance note 4)</u></b>	
Thur				
Fri			<b><u>Non standard timings. Where you intend to use the premises for the provision of facilities for dancing entertainment at different times to those listed in the column on the left, please list (please read guidance note 5)</u></b>	
Sat				
Sun				

**K**

<b>Provision of facilities for entertainment of a similar description to that falling within i or j</b> Standard days and timings (please read guidance note 6)			<b><u>Please give a description of the type of entertainment facility you will be providing</u></b>	
Day	Start	Finish	<b><u>Will the entertainment facility be indoors or outdoors or both – please tick</u></b> (please read guidance note 2)	Indoors <input type="checkbox"/>
Mon				Outdoors <input type="checkbox"/>
				Both <input type="checkbox"/>
Tue			<b><u>Please give further details here</u></b> (please read guidance note 3)	
Wed				
Thur			<b><u>State any seasonal variations for the provision of facilities for entertainment of a similar description to that falling within i or j</u></b> (please read guidance note 4)	
Fri				
Sat			<b><u>Non standard timings. Where you intend to use the premises for the provision of facilities for entertainment of a similar description to that falling within i or j at different times to those listed in the column on the left, please list</u></b> (please read guidance note 5)	
Sun				

L

<b>Late night refreshment Standard days and timings (please read guidance note 6)</b>			<b>Will the provision of late night refreshment take place indoors or outdoors or both – please tick (please read guidance note 2)</b>	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
<b>Day</b>	<b>Start</b>	<b>Finish</b>	<b><u>Please give further details here</u> (please read guidance note 3)</b>		
Mon					
Tue			<b><u>State any seasonal variations for the provision of late night refreshment</u> (please read guidance note 4)</b>		
Wed					
Thur			<b><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 5)</b>		
Fri					
Sat					
Sun					



**M**

<b>Supply of alcohol</b> Standard days and timings (please read guidance note 6)			<b>Will the supply of alcohol be for consumption (Please tick box)</b> (please read guidance note 7)	On the premises	<input type="checkbox"/>
				Off the premises	<input checked="" type="checkbox"/>
				Both	<input type="checkbox"/>
<b>Day</b>	<b>Start</b>	<b>Finish</b>	<b>State any seasonal variations for the supply of alcohol</b> (please read guidance note 4)		
Mon	08:00	23:00			
Tue	08:00	23:00			
Wed	08:00	23:00			
Thur	08:00	23:00			
			<b>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</b> (please read guidance note 5) N/A		
Fri	08:00	23:00			
Sat	08:00	23:00			
Sun	08:00	23:00			

**State the name and details of the individual whom you wish to specify on the licence as premises supervisor**

<b>Name</b> ALI ILKER AVCI
<b>Address</b>

**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 8)**  
None.

**O**

<b>Hours premises are open to the public</b> Standard days and timings (please read guidance note 6)			<b>State any seasonal variations</b> (please read guidance note 4) The premises shall be open for non-licensable activities without limit.
Day	Start	Finish	
Mon	00:00	00:00	<b><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></b> (please read guidance note 5)
Tue	00:00	00:00	
Wed	00:00	00:00	
Thur	00:00	00:00	
Fri	00:00	00:00	
Sat	00:00	00:00	
Sun	00:00	00:00	

**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 9)**

The Licensee, that is the person in whose name the premises licence is issued, shall ensure that all times when the premises are for any licensable activity, there are sufficient competent staff on duty at the premises for the purpose of fulfilling the terms and conditions of the licence and for preventing crime and disorder. The Licensee shall ensure that all staff will undertake training in their responsibilities in relation to the sale of alcohol, particularly with regard to drunkenness and underage persons. Records will be kept of training and refresher training.

PLEASE FIND ENCLOSED CONTINUATION SHEET

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

Any incidents of a criminal nature that may occur on the premises will be reported to the Police. Toilets shall be checked an average of two hourly while the premises are open to the public to deter the use of drugs. Details of checks shall be documented and made available to Police on request.

The Licensee will install comprehensive CCTV coverage at the premises and it is operated and maintained at the premises.

The CCTV system shall conform to the following points:

1. Cameras must be sited to observe the entrance and exit doors both inside and outside.
2. Cameras on the entrances must capture full frame shots of the heads and shoulders of all people entering the premises i.e. capable of identification.
3. Cameras viewing till areas must capture frames not less than 50% of screen.
4. Cameras overlooking floor areas should be wide angled to give an overview of the premises.
5. Be capable of visually confirming the nature of the crime committed.
6. Provide a linked record of the date, time and place of any image.
7. Provide good quality images –colour during opening times.
8. Operate under existing light levels within and outside the premises.
9. Have the recording device located in a secure area or locked cabinet.
10. Have a monitor to review images and recorded picture quality.
11. Be regularly maintained to ensure continuous quality of image capture retention.
12. Have signage displayed in the customer area to advise that CCTV is in operation.
13. Digital images must be kept for 31 days.
14. Police will have access to images at any reasonable time.
15. The equipment must have a suitable export method, e. G. CD/DVD writer so that the police can make an evidential copy of the data they require. This data should be in the native file format, to ensure that no image quality is lost when making the copy, if this format is non-standard (i.e. manufacturer proprietary) then the manufacturer should supply the replay software to ensure that the video on the CD can be replayed by the police on a standard computer. Copies must be made available to Police on request.

PLEASE FIND ENCLOSED CONTINUATION SHEET

**c) Public safety**

Appropriate fire safety procedures are in place including fire extinguishers (foam, H2O and CO2), fire blanket, internally illuminated fire exit signs, numerous smoke detectors and emergency lighting (see enclosed plan for details of locations). All appliances are inspected annually.

All emergency exits shall be kept free from obstruction at all times.

PLEASE FIND ENCLOSED CONTINUATION SHEET

**d) The prevention of public nuisance**

All customers will be asked to leave quietly.

Clear and legible notices will be prominently displayed to remind customers to leave quietly and have regard to our neighbours.

PLEASE FIND ENCLOSED CONTINUATION SHEET

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

The licensee and staff will ask persons who appear to be under the age of 25 for photographic ID such as proof of age cards, the Connexions Card and Citizen Card, photographic driving licence or passport, an official identity card issued by HM Forces or by an EU country, bearing the photograph and date of birth of bearer.

The Challenge 25 logo and posters will be displayed at the premises.

All staff will be trained for UNDERAGE SALES PREVENTION regularly.

A register of refused sales shall be kept and maintained on the premises.

PLEASE FIND ENCLOSED CONTINUATION SHEET

- Please tick yes**
- 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 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

## Annex 1 – Mandatory conditions

- 1- No supply of alcohol may be made under this premises licence:
  - A) At any time when there is no designated premises supervisor in respect of the premises licence or
  - B) At a time when the designated premises supervisor does not hold a personal licence or his personal licence is suspended.
- 2- Every supply of alcohol under this premises licence must be made when a person who holds a personal licence, is present at the premises.

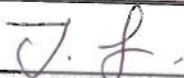
## Annex 2 – Conditions consistent with Operating Schedule

- 3- The premises licence holder will operate a “behave or be banned policy and those persons that do not disperse and behave within the vicinity will be banned from the premises. The duration of the ban will be graduated approach to the period of time which person could be banned.
- 4- Ciders, beers and lagers sold on the premises should not be more than %6 alcohol volume.
- 5- There shall be no supply of alcohol for consumption off the premises except in sealed containers.
- 6- Clear and legible notices will be prominently displayed to remind customers to leave quietly and have regard to our neighbours.
- 7- A receptacle for litter is to be available outside the premises for use by customers and to be maintained in a usable condition.
- 8- The placing of waste including bottles into receptacles outside the premises and the emptying of premises waste receptacles by waste contractors shall only be permitted to take place between the hours of 07:00 and 23:00 to minimise disturbance to nearby properties.
- 9- Prior to the commencement of licensable activities, full details of the on-site storage facilities for trade waste, including waste for recycling shall be submitted to and approved in writing by the Team Leader Environmental Protection (TLEP). Such details shall identify the specific positions of where wheelie bins, paladins or any other means of storage will be stationed and the arrangements for the disposal of waste. The approved facilities shall be provided prior to the commencement of the licensable activities hereby permitted and shall be retained thereafter unless alternative arrangements are agreed in writing by the TLEP.

**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**

**Part 4 – Signatures** (please read guidance note 10)

**Signature of applicant or applicant’s solicitor or other duly authorised agent** (See guidance note 11). **If signing on behalf of the applicant please state in what capacity.**

Signature	
Date	10 APRIL 2012
Capacity	Agent for the Applicant

**For joint applications signature of 2<sup>nd</sup> applicant or 2<sup>nd</sup> applicant’s solicitor or other authorised agent.** (please read guidance note 12). **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 13)

Jun Simon  
 ADA GROUP  
 167 STOKE NEWINGTON ROAD

Post town	LONDON	Post code	N16 8BP
Telephone number (if any)	0845 200 8424		

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

**Consent of individual to being specified as premises supervisor**

ALI ILKER AVCI

-----  
*[full name of prospective premises supervisor]*

-----  
*[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

APPLICATION FOR A PREMISES LICENCE

-----  
*[type of application]*

by

ILKER AVCI

-----  
*[name of applicant]*

relating to a premises licence

N/A

-----  
*[number of existing licence, if any]*

for

CAMBRIDGE SUPERMARKET  
28 MILL ROAD  
CAMBRIDGE  
CB1 2AD

-----  
*[name and address of premises to which the application relates]*

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

ALI ILKER AVCI

-----  
*[name of applicant]*

concerning the supply of alcohol at

CAMBRIDGE SUPERMARKET

28 MILL ROAD

CAMBRIDGE

CB1 2AD

-----  
*[name and address of premises to which application relates]*

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

-----  
*[personal licence issuing authority, if any]*

Signed



Name (please print)

ALI ILKER AVCI

Date

10/04/2012