



**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 DEEPA RAMANLAL VISRAM  
(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**

Postal address of premises or, if none, ordnance survey map reference or description			
POST OFFICE 18 HINCKLEY ROAD LEICESTER FOREST EAST LEICESTER LE3 3GH.			
Post town	LEICESTER	Postcode	LE3 3GH
Telephone number at premises (if any)			
Non-domestic rateable value of premises		£ 15250	

**Part 2 – Applicant details**

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

- |  |   |
|--|---|
| a) an individual or individuals *                    | <input checked="" type="checkbox"/> please complete section (A) |
| b) a person other than an individual *               |   |
| i as a limited company/limited liability partnership | <input type="checkbox"/> please complete section (B)            |
| ii as a partnership (other than limited liability)   | <input type="checkbox"/> please complete section (B)            |
| iii as an unincorporated association or              | <input type="checkbox"/> 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 in Wales ☐ please complete section (B)
- ga) a person who is registered under Chapter 2 of Part 1 of the Health and Social Care Act 2008 (within the meaning of that Part) in an independent hospital in England ☐ 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 (by ticking yes to one box below):

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 type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
Surname <b>VISRAM</b>			First names <b>DEEPA</b>		
Date of birth			I am 18 years old or over <input checked="" type="checkbox"/> Please tick yes		
Nationality <b>BRITISH</b>					
Current residential address if different from premises address					
Post town	<b>LEICESTER</b>			Postcode	<b>LE1 1TL</b>
Daytime contact telephone number					
E-mail address (optional)	i				

**SECOND INDIVIDUAL APPLICANT (if applicable)**

Mr	Mrs	Miss	Ms	Other Title (for example, Rev)	
Surname			First names		
Date of birth over		I am 18 years old or		Please tick yes	
Nationality					
Current postal address if different from premises address					
Post town				Postcode	
Daytime contact telephone number					
E-mail address (optional)					

**(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.**

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?

DD	MM	YYYY
3	0	2018

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

DD	MM	YYYY

Please give a general description of the premises (please read guidance note 1)

The premises is a local Post Office serving the local community, providing a range of services from Royal Mail postal services to the provision of hot take away food and general sales of food, cards, and other household supplies

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

N/A

What licensable activities do you intend to carry on from the premises?

(please see sections 1 and 14 and Schedules 1 and 2 to the Licensing Act 2003)

Provision of regulated entertainment (please read guidance note 2)

Please tick all that apply

- 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 I)

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



**In all cases complete boxes K, L and M**

**J**

<b>Supply of alcohol</b> Standard days and timings (please read guidance note 7)			<b>Will the supply of alcohol be for consumption – please tick</b> (please read guidance note 8)	On the premises	
				Off the premises	x
				Both	
Day	Start	Finish	<b>State any seasonal variations for the supply of alcohol</b> (please read guidance note 5)		
Mon	0800	2200			
Tue	0800	2200			
Wed	0800	2200			
Thur	0800	2200			
Fri	0800	2200			
Sat	0800	2200			
<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 6)					
Sun	0800	1400			

**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):**

Name HITESHKUMAR PRANGIVANE	
Date of birth	
Address:	
Postcode	LE4 6FQ
Personal licence number (if known)	
APPLICATION IN PROCESS with Leicester Licensing	

Issuing licensing authority (if known) LEICESTER

K

**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

L

<b>Hours premises are open to the public</b> Standard days and timings (please read guidance note 7)			<b><u>State any seasonal variations</u></b> (please read guidance note 5)
Day	Start	Finish	
Mon	0800 -----	2200 -----	<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 6)
Tue	0800 -----	2200 -----	
Wed	0800 -----	2200 -----	
Thur	0800 -----	2200 -----	
Fri	0800 -----	2200 -----	

Sat	08 00	2200	
Sun	080 0	140 0	

**M** 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)**

TRAINING FOR ALL MEMBERS OF STAFF IN THE PREVENTION OF UNDER AGE SALES AND IN ALCOHOL SALES, IN ADDITION, ALL PERSONNEL WILL ALSO UNDERGO CUSTOMER SERVICE TRAINING AND CONFLICT MANAGEMENT  
This training will be reviewed every 6 months with CPD training which could be online or face to face with an accredited instructor.  
New signage will be displayed throughout the Post Office in relation to the Prevention of Under Age Sales, as well as information to prevent alcohol abuse generally, CCTV is installed and conforms to national Post Office Requirements

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

The Premise will operate strict Policies of "NO ID NO SALE" for all those not meeting the Challenge 25 criteria, We have a Proof of age policy for both the Post Office and for Alcohol sales, which must be Government ID with a clear photo and date of Birth on it.  
CCTV is installed with HD 1080 resolution and we believe conforms with Leicestershire Police requirements of 31 days recording on to a DVR POE system housed in a secure area within the Post Office section of the Building

**c) Public safety**

All staff are trained in Health & Safety and Fire evacuation procedures and what to do in an incident of attack on the Post Office this training is mandatory for Post office staff,  
Signage will be displayed within the premises on the dangers of Alcohol abuse and the requirement for ID to purchase Alcohol or other Under age Sales these will be at the point of sale and near the alcohol

**d) The prevention of public nuisance**

CCTV is installed and registered with the ICO and all staff are trained in the sale and responsibility of selling alcohol and the prevention of alcohol misuse and preventing under Age sales through positive customer service and vigilance.  
Where individuals are identified as being violent or abusive Leicestershire Police Force will be informed and CCTV footage shared as appropriate  
Staff will ensure noise is a minimum, but this is not seen as a problem due to our opening hours  
The outside areas are monitored by CCTV

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

Challenge 25 signage and staff training in the prevention of underage sales

Proof of Age Policy

Records of training for all employees to ensure this is an ongoing procedure of training and staff best practice

Alcohol Awareness posters will be displayed in the relevant areas and can be seen by staff behind counters

A refusal register will be kept detailing a description or name of the date and time the attempt was made by an underage or drunk person.

All other procedures within this document

**Checklist:**

**Please tick to indicate agreement**

- ✦ 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 designated 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).

- 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 designated 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 4 – Signatures** (please read guidance note 11)

**Signature of applicant or applicant's solicitor or other duly authorised agent** (see guidance note 12). **If signing on behalf of the applicant, please state in what capacity.**

<b>Declaration</b>	<ul style="list-style-type: none"> <li>• [Applicable to 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).</li> <li>• 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)</li> </ul>
Signature	<div style="border-top: 1px solid black; width: 100%;"></div>

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

**Hiteshkumar Pranivane**

I

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

of

-----  
*[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

**PREMISES LICENCE**

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

by

**Hiteshkumar Pranivane**

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

relating to a premises licence

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

for

**LEICESTER FOREST EAST POST OFFICE  
18 HINCKLEY ROAD  
LEICESTER  
LE3 3GH**

-----  
*[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

Hiteshkumar Pranivane

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

concerning the supply of alcohol at

LEICESTER FOREST EAST POST OFFICE

18 HINCKLEY ROAD

LEICESTER

LE3 3GH

-----  
*[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 number

LE18RS4145

-----  
*[insert personal licence number, if any]*

Personal licence issuing authority

LEICESTER

-----  
*[insert name and address and telephone number of personal licence issuing authority, if any]*

Signed

Name (please print)

Hiteshkumar Pranivane

Date

08/09/19