

Application for a premises licence

Your Details

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

Your Details

These details will be used for correspondence relating to this application

Title	Mr
First name	ALKESH
Last name	PATEL

Premises

Premises Information	
Postal address of premises or, if none, ordnance survey map reference or description	Londis 4 Palmerston House Commercial Square HAYWARDS HEATH RH16 1DR
Postcode	RH16 1DR
Non-domestic rateable value of premises.	£4301 - £33000
Plan of premises	

Applicant Type

Please state whether you are applying for a premises licence as:	a person other than an individual - i) as a limited company
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Applicant Type

Please confirm one of the following	I am carrying on or proposing to carry on a business which involves the use of the premises for licensable activities
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Applicants

I/We apply for a premises licence under section 17 of (Insert name(s) of applicant) 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 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.	
Applicant Details	
Applicant name	NAJ ltd
Registered Business Number	05585456
Applicant description	Sale of Alcohol off premises, 7am till 11am 365 days a year. convenience store, sale of food to go, confectionery, fresh food,

Operating Schedule

Operating Schedule	
When do you want the premises licence to start?	2025-03-15
If you wish the licence to be valid only for a limited period, when do you want it to end?	
If the club's proposed variation would mean that 5,000 or more people are expected to attend the premises at any one time, please state the number expected to attend	

Description of Premises

Operating Schedule	
Describe the premises	Ground floor shop near Haywards Heath Station, it is rectangular shop layout attached, next to other retail units along this unit. will supplier off premise alcohol, not to be consumed on premises, will be selling other items like confectionery, fresh food, frozen food, snacks, hot food etc

Activities Guidance

Which types of licensable activity will you be provisioning?	Supply of alcohol
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Activity

Supply of Alcohol	
Type of Activity	Supply of Alcohol
ActivityVerb	supply of alcohol
Please indicate standard days of Supply of Alcohol	Monday, Tuesday, Wednesday, Thursday, Friday, Saturday, Sunday
Please indicate the standard days and timings. Provide times using the 24 hour clock.	
Monday	
Monday from	07:00
Monday to	23:00
Tuesday	
Tuesday from	07:00
Tuesday to	23:00
Wednesday	
Wednesday from	07:00
Wednesday to	23:00
Thursday	
Thursday from	07:00
Thursday to	23:00
Friday	
Friday from	07:00
Friday to	23:00
Saturday	
Saturday from	07:00
Saturday to	23:00
Sunday	
Sunday from	07:00
Sunday to	23:00
Please give a description of the type of entertainment that the club will be providing	
Where will the supply of alcohol take place? Indoors may include a tent.	
Where will the supplied alcohol be consumed?	Off the premises
Please state type of activity to be authorised, if not already stated, and give relevant further details.	
State any seasonal variations	None
Non standard timings. Where the club intends to use the premises for the supply of alcohol at different times from those listed above, please list	not applicable

Activity

Hours premises is open to the public

Type of Activity	Hours premises is open to the public
ActivityVerb	
Please indicate standard days of Hours premises is open to the public	Monday, Tuesday, Wednesday, Thursday, Friday, Saturday, Sunday
Please indicate the standard days and timings. Provide times using the 24 hour clock.	
Monday	
Monday from	07:00
Monday to	23:00
Tuesday	
Tuesday from	07:00
Tuesday to	23:00
Wednesday	
Wednesday from	07:00
Wednesday to	23:00
Thursday	
Thursday from	07:00
Thursday to	23:00
Friday	
Friday from	07:00
Friday to	23:00
Saturday	
Saturday from	07:00
Saturday to	23:00
Sunday	
Sunday from	07:00
Sunday to	23:00
Please give a description of the type of entertainment that the club will be providing	
Where will the take place? Indoors may include a tent.	
Where will the supplied alcohol be consumed?	
Please state type of activity to be authorised, if not already stated, and give relevant further details.	
State any seasonal variations	None
Non standard timings. Where the club intends to use the premises for the at different times from those listed above, please list	not applicable

Premises Supervisor

This person needs to complete the form entitled ' Consent of an individual to being specified as a premises supervisor '
Premises Supervisor

State the name and details of the individual whom you wish to specify on the licence as premises supervisor.	
First name	Alkeshkumar Thakorbhai
Last name	Patel

Adult Entertainment

Adult Entertainment	
Please highlight any adult entertainment or services, activities, or other entertainment or matters ancillary to the use of the premises that may give rise to concern in respect of children.	none

Objectives

Licensing Objectives	
Describe the steps you intend to take to promote the four licensing objectives	
Please list here steps you will take to promote all four licensing objectives together.	Full Staff training, Look a like 25 policy; CCTV in operation for 31 days; Refusal register through EPOS; spirit behind counter, incident register in office i.e. theft etc.
The prevention of crime and disorder	Full Staff training, Look a like 25 policy; CCTV in operation for 31 days; Refusal register through EPOS; spirit behind counter, incident register in office i.e. theft etc.
Public safety	Full Staff training, Look a like 25 policy; CCTV in operation for 31 days; Refusal register through EPOS; spirit behind counter, incident register in office i.e. theft etc.
The prevention of public nuisance	Full Staff training, Look a like 25 policy; CCTV in operation for 31 days; Refusal register through EPOS; spirit behind counter, incident register in office i.e. theft etc.
The protection of children from harm	Full Staff training, Look a like 25 policy; CCTV in operation for 31 days; Refusal register through EPOS; spirit behind counter, incident register in office i.e. theft etc. restriction of children in the shop at one time and we do not allow children to queue near the alcohol ails

Summary

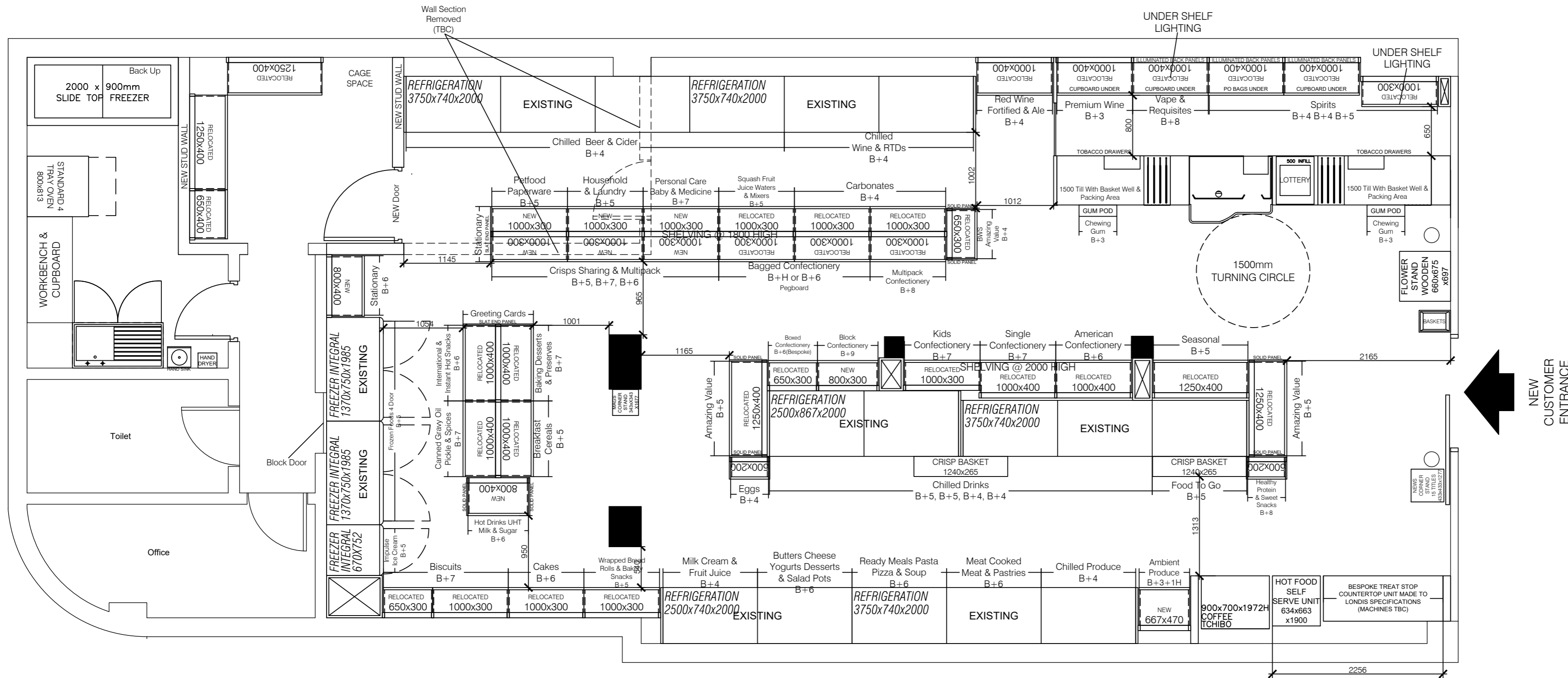
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COMMODITY LAYOUT



HAYWARDS HEATH

Address	Unit 4 Palmerston House Sydney Road RH16 1AE
Drawing Type	Proposed
Store Type	Standard
Store Size	1162 sq/ft
Building Size	N/A
Drawn By	KEITH SAUNDERS
Scale @ A2	1:50
Date	15.01.2025
Revision	KS v4
Signed Off	No



- Notes**
- V4 DRAWN WITH SOME BAY SIZE, COUNTER LAYOUT AND COMMODITY FLOW CHANGES.
 - V3 DRAWN WITH MORE CHANGES TO LAYOUT AND TO ADD THE COMMODITY GROUPS.
 - V2 DRAWN TO COMPLETELY CHANGE THE LAYOUT. REMOVED COOLER AND FLIPPED STORE AROUND AS NOW THE COUNTER IS ON THE LEFT AS YOU WALK IN THE STORE.
 - DRAWN TO THE 1000 SQ FT LONDIS MATRIX AND NEW BRAND GUIDELINES FROM SUPPLIED PLAN.
 - SHOPFITTERS MUST USE THE LONDIS STORE DEVELOPMENT GUIDE FOR EXACT SPECIFICATIONS.
 - RE-USED AS MUCH SHELVING, CHILLERS, FREEZERS AND EQUIPMENT FROM THEIR ORIGINAL STORE AS POSSIBLE.
 - ADDED TREAT STOP. (MACHINES TBC)
 - ADDED NEW COUNTER WITH GUM PODS TO FRONT AND TOBACCO DRAWERS UNDER WITH REAR ILLUMINATED SPIRIT BAYS BEHIND WITH CUPBOARDS UNDER.
 - ADDED NEWSPAPER CUBE.
 - ADDED A MAGAZINE CUBE.
 - ALL MINIMUM SHELVING AND RISER REQUIREMENTS ARE ON THE PLAN.
 - INTERNAL SIGNAGE WILL BE ADDED TO THE PLAN ONCE AGREED.
 - IT'S THE RDM'S RESPONSIBILITY TO CHECK THE PLAN AND FEEDBACK ANY REQUIRED CHANGES PRIOR TO MERCHANDISING.
 - RDM TO AGREE EXIT STRATEGY OF EXCESS STOCK.
 - SOME PLANOGRAMS MAY NEED TO BE ADJUSTED TO FIT VARYING SIZED BAYS.
 - RDM RESPONSIBLE FOR ORDERING ALL 3RD PARTY SUPPLIERS AND ANY AUXILIARY EQUIPMENT I.E CRISP BASKETS.

SHELVING MARKED AS RELOCATED IS FROM THE ORIGINAL SHOP WITH NEW SHELVING MARKED AS NEW!
INTERNAL SIGNAGE INFORMATION WILL BE ADDED ONCE THE PLAN IS AGREED.

Category	1000 SQFT	ACTUAL SPACE	Category	1000 SQFT	ACTUAL SPACE	Category	1000 SQFT	ACTUAL SPACE
Fresh Foods	6	6	Frozen	4	5	Crisps & Snacks	3	4
Food to Go	1	1	Grocery Edible	5	7	Take Home Soft Drinks	3	3
Treat Stop	4	4	Grocery Non Food	3	3	BWS	6	8
Soft Drinks Chilled	3	4	Non Food	1	1	Value & Seasonal	2	4
Bakery	2	2	Confectionery	6	9	Kiosk	4	4
						Total	53	65

PLAN AGREED.

RETAILER.

NAME: _____

SIGNIATURE: _____

DATE: _____

RDM.

NAME: _____

SIGNIATURE: _____

DATE: _____

All dimensions are shown in millimeters unless stated otherwise, & must be checked by the shopfitter prior to commencement of work on site. This drawing is to be read in conjunction with all other relevant drawings, documents & specifications. All works to be carried out by a qualified shopfitter in accordance with the manufacture / supplier instructions and to current codes of practice and legislation. The feasibility of this drawing must be checked by a qualified shopfitter who should ensure that the drawing meets all the required legislation. Booker Limited & the drawer take no responsibility for the feasibility of this drawing. The drawer of this drawing does not act as the principal designer. For any queries please contact the Merchandising & Development department or the relevant member of the project team.

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