Tendring District Council

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 **Kathirgamamoorthy Balasamy**
(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			
23 HIGH STREET CLACTON-ON-SEA			
Post town	**CLACTON-ON-SEA**	Postcode	CO15 1NU

Telephone number at premises (if any)	[redacted]
Non-domestic rateable value of premises	£

Part 2 - Applicant Details

Please state whether you are applying for a premises licence as

Please tick as appropriate

a)	an individual or individuals *	[X]	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 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:

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 [X]

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 [X] Mrs ☐ Miss ☐ Ms ☐		Other Title (for example, Rev)	
Surname BALASAMY		**First names KATHIRGAMAMOORTHY**	
I am 18 years old or over		[X] Please tick yes	
Current postal address if different from premises address	[redacted]		
Post town	[redacted]	Postcode	[redacted]
Daytime contact telephone number	[redacted]		
E-mail address (optional)			

SECOND INDIVIDUAL APPLICANT (if applicable)

Mr ☐	Mrs ☐	Miss ☐	Ms ☐	Other Title (for example, Rev)	
Surname				**First names**	
I am 18 years old or over				☐ Please tick yes	
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
1 0 0 3 2 0 2 6

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 CONVENIENCE STORE SELLING GROCERY, FOOD, DRINKS, CONFECTIONERY, TOBACCO AND ALCOHOL. THE PROPERTY IS A TERRACE HOUSE AND THE SHOPLOCATED IN GROUND FLOOR. I WISH TO APPLY FOR AN ALCOHOL LICENSE TO SELL ALCOHOL BEVARAGES OVER THE COUNTER TO CONSUMTION OFF THE PREMISE.

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 any 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

Supply of alcohol Standard days and timings (please read guidance note 6)			**Will the supply of alcohol be for consumption – please tick** (please read guidance note 7)		
				On the premises	☐
				Off the premises	☐
Day	Start	Finish		Both	☐
Mon	07:00	24:00	**State any seasonal variations for the supply of alcohol** (please read guidance note 4)		
Tue	07:00	24:00			
Wed	07:00	24:00			
Thu	07:00	24.00	**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** (please read guidance note 5)		
Fri	07:00	24:00			
Sat	07:00	24:00			
Sun	07:00	24:00			

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

Name KATHIRGAMAMOORTHY BALASAMY	
Address [redacted]	
Postcode	[redacted]
Personal licence number (if known) :	20/00420/LAPER
Issuing licensing authority (if known):	CHELMSFORD CITY COUNCIL

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 8).

NOT APPLICABLE

L

Hours premises are open to the public Standard days and timings (please read guidance note 6)

Day	Start	Finish
Mon	07:00	24:00
Tue	07:00	24:00
Wed	07:00	24:00
Thur	07:00	24:00
Fri	07:00	24:00
Sat	07:00	24:00
Sun	07:00	24:00

State any seasonal variations (please read guidance note 4)

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 (please read guidance note 5)

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 9)

I WILL PROMOTE THE FOUR LICENSING OBJECTIVES AND MAKE SURE ALL STAFF FOLLOW THE SAME PROCEDURES. WE WILL STRICT POLICIES FOR HYGIENE, IDENTIFICATION OF AGE POLICIES AND THAT RESPECT FOR THE NEIGHBOURS ARE ENFORCED.

b) The prevention of crime and disorder

I WILL ENSURE THAT THE PREMISE IS LOCKED AND APPROPRIATELY MONITORED. I WILL ENSURE THAT ALL THE LICENSE CONDITIONS ARE KEPT AND MAINTAINED. I WILL ADOPT CHALLENGE 25 PROCEDURE AND REFUSE THE SALE OF ALCOHOL WITHOUT IDENTIFICATION.

c) public safety

WE WILL ENSURE FIRE RISK ASSESSMENT IS CARRIED OUT AND KEEP A FIRE EXTINGUISHER AND FIRE BLANKET TO USE IN AN EMERGENCY. HIGH LEVELS OF HYGIENE AND CLEANLINESS WILL BE ENFORCED IN THE PROPERTY.

d) The prevention of public nuisance

NOISE WILL BE MONITORED AND KEPT TO A MINIMUM.
NO PERSON WHO IS UNDER THE INFLUENCE OF ALCOHOL WILL BE ALLOWED IN THE SHOP.

e) The protection of children from harm

WE WILL BE VERY STICK DO NOT SELL ALCOHOL TO CHILDREN AND UNDERAGE. ALL STAFF WHO SELLS ALCOHOL WILL BE TRAINED IN THE ROLE BY THE DPS WITH REGULAR REFRESHER TRAINING. WHERE A PERSON APPEARS TO BE UNDER THE AGE 25, CHALLENGED BY ASKING TO PROVIDE APPROVED AGE IDENTIFICATION. SUITABLE SIGNAGE WILL BE DISPLAYED AT THE POINT OF ENTRY AND AT THE SERVICE AREA.

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. ☐

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 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 notes 14)

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 read guidance note 14)

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	[redacted]
Date	09/02/2026
Capacity	

For joint applications, signature of 2nd applicant or 2nd 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	