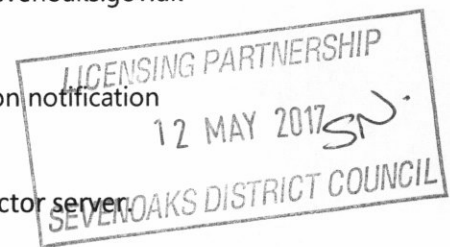


Janet Lockie

From: Uniform_Service_Request_Connector-Licensing@sevenoaks.gov.uk
Sent: 12 May 2017 12:56
To: Licensing
Subject: Uniform LI Connector: Transfer Licensing application notification



A Uniform Licensing application is received for Transfer sent by the Licensing Connector server.

Application Reference Value: 17/01684/LAPRE Application Type: Review of licence Application Proposal: Consultees
Outstanding Application Address: 11 Snowdon Parade Snowdon Avenue Maidstone Kent ME14 5NS
Created: 12/05/2017 00:00:00

Message sent from host name WKIP-SOAP-15 by user LicensingConnectorService_LIVE at 12/05/2017 12:56:11.

You have been sent this message because your address is defined as a contact address in the Uniform Licensing Connector configuration. Contact your Uniform systems administrator if you no longer wish to receive this message.

The Licensing Partnership

Application to Transfer a Premises Licence

Sevenoaks District Council, Tunbridge Wells Borough Council, Maidstone Borough Council and London Borough of Bexley have a Licensing Partnership to process and issue licensing applications.

Licensing Officers are located at each local licensing authority, together with admin support to deal with people visiting the Gateways and Tunbridge Wells Town Hall.

Thank you for using the Licensing Partnership self service. Before completing the form, please be aware of the following information:

Form Submission:-

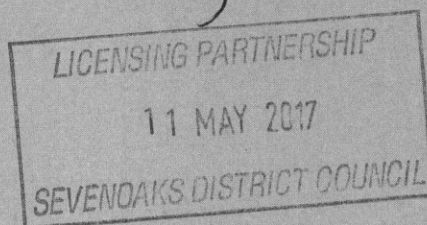
When you have completed the application form please submit it. When you submit the application, you will receive an electronic response which will be sent directly to the email address provided in the application.

Payment:-

If you are submitting an application which requires a payment, please have your credit or debit card to hand as payment can be made upon submitting your application form. Applications requiring a payment will only be validated once payment is confirmed.

General Information:-

If you have any problems with completing the form please contact licensing@sevenoaks.gov.uk



For Official Use Only

Title	Customer Name
<input type="text"/>	<input type="text" value="SNOWDEN FOOD STORE LIMITED"/>
DOB <input type="text"/>	NINO <input type="text"/>
TEL <input type="text"/>	Notes
Email <input type="text"/>	
Customer Address	
11 Snowden Parade	
Snowdon Avenue	
Maidstone	
Kent	
ME14 5NS	
Date Form Started	<input type="text" value="11/05/2017 15:18:08"/>
Date of E-signing	<input type="text"/>
Date Submitted	<input type="text"/>
Validation Ref	<input type="text"/>
Occupancy type	<input type="text"/>
Advisor Name (who started form)	<input type="text"/>
Advisor Department	<input type="text"/>
Self-Service	<input type="text"/>

Form Filename	<input type="text"/>
Form Reference	<input type="text" value="SNOWDEN FOOD STORE LIMITED/"/>
Caps Reference	<input type="text"/>

Licensing Authority: **The Licensing Partnership**

Address

Licensing Partnership
P.O. Box 182
Sevenoaks
Kent TN13 1GP

Application to Transfer a Premises Licence under the Licensing Act 2003

PLEASE READ THE FOLLOWING INSTRUCTIONS FIRST

Before completing this form please read the guidance notes found on page 7 of this form.

Use the blank page at the end of the form to provide further details if necessary.

When it is complete you can submit the form directly to us - click on the Submit Form button. You will then need to complete the online payment process for the application to be complete.

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

For help or information about filling in this type of electronic form, click on the 'help' button.

Please note: You must send the original licence and consent form (Page 9) to the Council after you have submitted this application. Your application will not be deemed valid until these documents have been received.

I / We **SNOWDEN FOOD STORE LIMITED** apply to transfer the premises licence described below under section 42 of the Licensing Act 2003 for the premises described in Part 1 below

Premises licence number

13/01249/REVIEW

Part 1 - Premises Details

[Click Here for Licence Lookup](#)

Postal address of premises or, if none, ordnance survey map reference or description

11 Snowdon Parade
Snowdon Avenue
Maidstone
Kent
ME14 5NS

Telephone number at premises (if any)

Please give a brief description of the premises

A sale of a bottle of WKD Blue (an alcohol based drink) and a pack of cigarettes was made to volunteers working with Trading Standards on 7th March 2013. The volunteers were aged 15 and 16 years old. Please see notepad for further information. The sale was made by Mr Bulent Ok, a brother of the premises licence holders Ferhat and Olcay Ok. This sale comes after a long history of complaints being made and advisory visits to the premises as detailed in the application.

Name of current premises licence holder

Mr Ferhat Ok and Ms Olcay Ok

Part 2 - Applicant Details

In what capacity are you applying for the premises licence to be transferred to you?

Please make
selection with an "x"

- | | |
|---|---|
| a) An individual or individuals* | <input type="checkbox"/> please complete section (A) |
| b) a person other than an individual* | |
| i as a limited company | <input checked="" type="checkbox"/> please complete section (B) |
| ii. as a partnership | <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) | <input type="checkbox"/> please complete section (B) |

- | | | |
|----|--|--|
| c) | a recognised club | <input type="checkbox"/> please complete section (B) |
| d) | a charity | <input type="checkbox"/> please complete section (B) |
| e) | the proprietor of an educational establishment | <input type="checkbox"/> please complete section (B) |
| f) | a health service body | <input type="checkbox"/> 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 | <input type="checkbox"/> please complete section (B) |
| h) | the chief officer of police of a police force in England and Wales | <input type="checkbox"/> please complete section (B) |

* If you are applying as a person described in (a) or (b) please confirm:

Please make selection with an "x"

- 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 ☐

You do not have to fill in this part of the application form.

(A) INDIVIDUAL APPLICANTS (fill in as applicable)

Title

Surname

First names

Please make selection with an "x"

Are you 18 years old or over? ☐ Yes ☐ No

Date of birth

Current postal address if different from premises address

Daytime contact telephone number

Email address (optional)

You do not have to fill in this part of the application form.

SECOND INDIVIDUAL APPLICANT (IF APPLICABLE)

Title

Surname

First names

*Please make
selection with an "x"*

Are you 18 years old or over?

Yes

☐

No

☐

Date of birth

Current postal
address
if different from
premises address

Daytime contact telephone number

Email address
(optional)

(B) OTHER APPLICANTS

Please provide name and registered address of applicant in full. Where appropriate please give any registered number. In case of a partnership or other joint nature (other than a body corporate), please give the name and address of each party concerned.

Name Snowden Food Store Limited
Address 11 Snowden Parade, Maidstone, United Kingdom, ME14 5NS
Registered number (where applicable) 10735196
Description of applicant (for example, partnership, company, unincorporated association etc.) Private Limited Company
Telephone number (if any) 02072413636
E-mail address (optional)

Part 3

*Please make selection
with an "x"*

Are you the holder of the premises licence under an interim authority notice?

Yes ☒ No ☐

Do you wish the transfer to have immediate effect?

☒ ☐

If not when would you like the transfer to take effect?

*Please make selection
with an "x"*

I have attached a scanned copy of the consent form (Page 9 of form) signed by the existing premises licence holder.

☒ ☐

If you have not attached the consent form referred to above please give the reasons why not. What steps have you taken to try and obtain the consent?

*Please make selection
with an "x"*

If this application is granted I would be in a position to use the premises during the application period for the licensable activity or activities authorised by the licence (see section 43 of the Licensing Act 2003)

Yes ☒ No ☐

*Please make selection
with an "x"*

I have attached a scanned copy of the premises licence.

Yes ☒ No ☐

If you can't attach the premises licence referred to above please give the reasons why not.

Licensing Authority: The Licensing Partnership
 Applicant(s): SNOWDEN FOOD STORE LIMITED

Ref:

Part 4 – Declaration (please read guidance note 3)

- I have attached the consent form (Page 9 of form) signed by the existing premises licence holder or included my statement as to why it is not attached. ☒
- I have attached the premises licence, or the relevant part of it or explained why I have not attached it. ☒
- I understand that I must return the original licence to the council. If this is not returned my application will not be valid. ☒
- I understand that I must send the original consent form (Page 9 of form) to the council. If this is not sent, my application will not be valid. ☒
- I understand that if I do not comply with the above requirements my application will be rejected ☒
- I have sent a copy of this form to Home Office Immigration Enforcement today ☒

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.

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 2)

Confirmation of the applicant or applicant's solicitor or other duly authorised agent (see guidance note 4). If completing on behalf of the applicant please state in what capacity.

Name Ms Aysen Ipek Kilic

Confirmation

☒

Date 11/05/2017

Capacity

Licensing Consultant

For joint applications signature of 2nd applicant or 2nd applicant's solicitor or other authorised agent (please read guidance note 5). If signing on behalf of the applicant please state in what capacity.

Name

Confirmation

☐

Date

Capacity

Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 6)

NARTS
53 Stoke Newington High Street
London N16 8EL

Telephone number (if any)

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

Notes for Guidance available online

Use this page if there is any other information that you think we should know about.
Information entered on this page will be sent to us, along with the data on the rest of the form when you use the "Submit" option.

The system could not be able to find the licence number.
The existing premises licence number is MAID0185/LPRM/1086

Please print this page.

I/We

Mr Ferhat Ok and Ms Olcay Ok

[Full name of premises licence holder(s)]

the premises licence holder of premises
licence number

13/01249/REVIEW

[insert premises licence number]

relating to

11 Snowdon Parade
Snowdon Avenue
Maidstone
Kent
ME14 5NS

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

hereby give my consent for the transfer of
premises licence number

13/01249/REVIEW

[insert premises licence number]

to

[full name of transferee]

Signed

Name

SNOWDEN FOOD STORE LIMITED

Date

Please send this consent form to:

Licensing Partnership
P.O. Box 182
Sevenoaks
Kent TN13 1GP

Custom Process Configuration

XML Specific

Application Type
Licence Case Type
Licence Status
XML Template
CAPS Reference

Payments request

CallingAppID
CallingAppRef
PaymentSourceCode

Response response

PaymentAuthorisationCode
IncomeManagementReceiptNumber
OriginatorsReference
CardScheme
CardType
PaymentAmount
ResponseCode
ResponseDescription
Number of payment lines

Customer Message

Service Message

Payment 1

Receipt Number
DueDate
PaymentType
Pay Description
XML Description
PaymentDue VAT
Paid
Payment Date
Fund
Reference

Payment 3

Receipt Number
DueDate
PaymentType
Pay Description
XML Description
PaymentDue VAT
Paid
Payment Date
Fund
Reference

Payment 5

Receipt Number
DueDate
PaymentType
Pay Description
XML Description
PaymentDue VAT
Paid
Payment Date
Fund
Reference

Payment 2

Receipt Number
DueDate
PaymentType
Pay Description
XMLDescription
PaymentDue VAT
Paid
Payment Date
Fund
Reference

Payment 4

Receipt Number
DueDate
PaymentType
Pay Description
XML Description
PaymentDue VAT
Paid
Payment Date
Fund
Reference

Case Overview

Form file name:	<input type="text"/>	Current Date	<input type="text"/>
Form data set reference	SNOWDEN FOOD STORE LIMITED/	Date From	<input type="text"/>
Has been E-Signed	<input type="checkbox"/> Date/Time E-Signed <input type="text"/>		
Date/Time Submitted to main server	<input type="text"/>	Data Validation Reference	<input type="text"/>
Date/Time Submitted to external server	<input type="text"/>	Date/Time form Started	11/05/2017 15:18:08

Automatic Messaging

Receipt Email Address	<input type="text"/>	Notification Email Address	<input type="text"/>
Receipt Email Subject	<input type="text"/>	Notification Email Subject	<input type="text"/>
Receipt Email Message	<input type="text"/>	Notification Email Message	<input type="text"/>
Mobile Number	<input type="text"/>		

Case Notes

CRM Integration

CRM Case Ref

Form History

11/05/2017 16:03:10 | Received on Remote Server
11/5/2017 16:08:58 | Submitted | (anon,) | Application to Transfer a Premises Licence (1.0).wdf, 25536, Licence Inc Bexley, new | Ref: 025536-70511-696CV2V
11/05/2017 16:03:10 | Received on Remote Server
11/5/2017 16:08:58 | Submitted | (anon,) | Application to Transfer a Premises Licence (1.0).wdf, 25536, Licence Inc Bexley, new | Ref: 025536-70511-696CV2V

Form Database

Primary Record ID	<input type="text"/>	Secondary Record ID	<input type="text"/>
Department Name	<input type="text"/>	Form Status	<input type="text"/>
Depart Classification / Priority	<input type="text"/>	Search Field 3	11 Snowden Parade Snowdon Avenue Maidstone Kent ME14 5NS
Dept Case Reference	<input type="text"/>		
Date Record Started	<input type="text"/>		
Date Last Modified	<input type="text"/>		

Current User

Title	<input type="text"/>	Surname	<input type="text"/>	First Name	<input type="text"/>	User Record Id	<input type="text"/>
Tel No	<input type="text"/>	Email address	<input type="text"/>		Address	<input type="text"/>	
User Classification	<input type="text"/>						
Portal Username	<input type="text"/>	Expert for this form	<input type="text"/>				

System Data

Pages active with dynamic paging	<input type="text"/>		
Data Locked for Editing	<input type="text"/>	Date of offline forms creation	<input type="text"/>
Type of form - ufx, wdf or txt	<input type="text"/>	If TXT - Optimised for screen-readers	<input type="checkbox"/>
Start page for expert users	<input type="text"/>	Print Collation Config	<input type="text"/>
		Enable high-quality print (WDF)	<input type="checkbox"/>
		Enable top controls on opening	<input type="checkbox"/>

Form Design Settings

Dynamic paging enabled	<input type="checkbox"/>	Use page titles for page menu	<input checked="" type="checkbox"/>	ESigning is available	<input type="checkbox"/>	After ESigning/Submission - go to page No?	<input type="text"/>	TXT form is available	<input checked="" type="checkbox"/>	
Pages with forced error checking	<input type="text"/>									
Pages that override forced error checking	<input type="text"/>									
Last visible page:	Unregistered users	<input type="text"/>	Registered users	<input type="text"/>	Expert users	<input type="text"/>	Override for TXT version	<input type="text"/>		
Default branding file:	UK Revenues & Benefits Branding (1.0)				e.g. 'UK Revenues & Benefits Branding (1.0)'					
Shared Data Dictionary	Victoria Forms UK Licensing Data (1.0)				e.g. 'Victoria Forms UK Government Data (1.0)'					
HTML pages within WDF	1,2,3,4,5,6,7									
									Page no for thumbnail	<input type="text"/>