

# SOMA & CO SOLICITORS

34 Eastcote Lane  
South Harrow  
Middlesex  
HA2 8DB

Our Ref: CS/NL/P/3346

Date: 5<sup>th</sup> February 2013

**Tel:** 020 8423 0203  
**Fax:** 020 8423 6465

St Albans City and District Council  
Civic Centre  
St Peters Street  
St Albans  
Hertfordshire  
AL1 3JE

**DX:** 37608 - South Harrow  
Email: [admin@somasolicitors.co.uk](mailto:admin@somasolicitors.co.uk)  
[www.somasolicitors.co.uk](http://www.somasolicitors.co.uk)

## By RECORDED DELIVERY

Dear Sirs

**Re: Application for a new Premises Licence under Licensing Act 2003  
"The Little Convenience Store", 130 London Road, St Albans, AL1 1PQ**

We act for Mr. Vijayakaran Mahalingam in his above matter and enclose herewith the duly completed application form for a premises licence under the Licensing Act 2003 (New Licence).

Also, please find enclosed Consent from Proposed DPS officer together with the cheque for the sum of £190.00 and the Plan in the ratio of 1:100.

We have forwarded copies of the application form to the relevant authorities below and we kindly request you to approve this application.

Yours faithfully,

**SOMA & CO SOLICITORS**

Encl

✓  
**CC: Regulatory Services Manager**  
St Albans City and District Council  
Civic Centre  
St Peters Street  
St Albans  
Herts AL1 3JE  
Tel: 01727 819436  
Fax: 01727 819433  
Email: [environmental@stalbans.gov.uk](mailto:environmental@stalbans.gov.uk)  
Website: [stalbans.gov.uk](http://stalbans.gov.uk)

**CC: Licensing Officer**  
Community Safety Unit  
St Albans Police Station  
Victoria Street  
St Albans  
Herts AL1 3JL  
Tel: 01727 796007  
Email:  
[Matthew.Elston@Herts.pnn.police.uk](mailto:Matthew.Elston@Herts.pnn.police.uk)

Principal:  
Mrs Chandra Somasuntharam

Solicitor:  
Mrs Dinushi Aluwihare

**Lexcel**  
Practice Management Standard  
Law Society Accredited



**Conveyancing  
Quality**

Authorised and Regulated by Solicitors  
Regulation Authority.

SRA Number: 290210  
Service of documents by email is not accepted.



<p><b>CC: HSCB Business Manager</b>  Hertfordshire Safeguarding Children Board  Room 127  County Hall  Pegs Lane  Hertford  SG13 8DE  Tel: 01992 588757  Email: <a href="mailto:admin.lscb@hertfordshire.gov.uk">admin.lscb@hertfordshire.gov.uk</a></p>	<p><b>CC: Fire Protection Manager</b>  Fire Protection  Mundells MU103  Welwyn Garden City  AL7 1FT  Tel: 01707 292310  Email:  <a href="mailto:administration.cfs@hertfordshire.gov.uk">administration.cfs@hertfordshire.gov.uk</a></p>
<p><b>CC: Chief Trading Standards Officer</b>  Hertfordshire Trading Standards  Mundells  Welwyn Garden City  Hertfordshire  AL7 1FT  Tel: 01707 292429  Fax: 01727 813877  Email: <a href="mailto:hcc.tradstad@hertfordshire.gov.uk">hcc.tradstad@hertfordshire.gov.uk</a></p>	<p><b>CC: Planning Enforcement Office</b>  St Albans City and District Council  Civic Centre  St Peters Street  St Albans  Herts AL1 3JE  Tel: 01727 866100 ext 2346  Email: <a href="mailto:planning@stalbans.gov.uk">planning@stalbans.gov.uk</a></p>

**CC: Licensing Applications**  
Public Health (postal point SFAR232)  
Farnham House  
Six Hills Way  
Stevenage SG1 2FQ  
Email: [licensing@hertfordshire.nhs.uk](mailto:licensing@hertfordshire.nhs.uk)



**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 Mr. Vijayakaran Mahalingam

*(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 <b>“The Little Convenience Store” 130 London Road</b>			
<b>Post town</b>	St. Albans	<b>Postcode</b>	<b>AL1 1PQ</b>

Telephone number at premises (if any)	—
Non-domestic rateable value of premises	<b>£11,500.00</b>

**Part 2 - Applicant Details**

Please state whether you are applying for a premises licence as

Please tick as appropriate

- 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 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

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)	
<b>Surname</b> Mahalingam			<b>First names</b> Vijayakaran		
I am 18 years old or over				<input checked="" type="checkbox"/>	Please tick yes
Current postal address if different from premises address		36 London Road Hemel Hempstead Hertfordshire			
Post town	Hemel Hempstead			Postcode	HP3 9SB
<b>Daytime contact telephone number</b>			07525003676		
<b>E-mail address (optional)</b>					

**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
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
06	03	2013

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

DD	MM	YYYY
+	+	+

<p>Please give a general description of the premises (please read guidance note 1)</p> <p><b>New Premises Licence for the Retail Sale of Intoxicating Liquor of all descriptions for consumption off the premises. The opening hours for the sale of retail of alcohol are as follows:</b></p> <p><b>Monday – Sunday      07.00   to   23.00</b></p>	<p>Please give</p>
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If 5,000 or more people are expected to attend the premises at any one time, please state the number expected to attend.

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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**

**A**

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

**B**

<b>Films</b> Standard days and timings (please read guidance note 6)			<b>Will the exhibition of films take place 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"/>
Day	Start	Finish	<b>Please give further details here</b> (please read guidance note 3)	
Mon				
Tue				
Wed			<b>State any seasonal variations for the exhibition of films</b> (please read guidance note 4)	
Thur				
Fri				
Sat			<b>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</b> (please read guidance note 5)	
Sun				

C

Indoor sporting events Standard days and timings (please read guidance note 6)			Please give further details (please read guidance note 3)
Day	Start	Finish	
Mon			
Tue			<b>State any seasonal variations for indoor sporting events</b> (please read guidance note 4)
Wed			
Thur			<b>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</b> (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				
Wed				
			<b><u>State any seasonal variations for boxing or wrestling entertainment</u></b> (please read guidance note 4)	
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>Will the performance of live music take place 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"/>
Day	Start	Finish	<b>Please give further details here</b> (please read guidance note 3)	
Mon				
Tue				
Wed				
			<b>State any seasonal variations for the performance of live music</b> (please read guidance note 4)	
Thur				
Fri				
			<b>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</b> (please read guidance note 5)	
Sat				
Sun				

**F**

<b>Recorded music</b> Standard days and timings (please read guidance note 6)			<b>Will the playing of recorded music take place 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"/>
Day	Start	Finish	<b>Please give further details here</b> (please read guidance note 3)		
Mon					
Tue			<b>State any seasonal variations for the playing of recorded music</b> (please read guidance note 4)		
Wed					
Thur			<b>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</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"/>
<b>Day</b>	<b>Start</b>	<b>Finish</b>	<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 performance of dance</u></b> (please read guidance note 4)		
Thur					
Fri					
Sat			<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)		
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)			Please give a description of the type of entertainment you will be providing		
Day	Start	Finish	<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					



**I**

<b>Late night refreshment</b> Standard days and timings (please read guidance note 6)			<b>Will the provision of late night refreshment take place 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"/>
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 provision of late night refreshment</u></b> (please read guidance note 4)		
Thur					
Fri					
Sat					
Sun					
			<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></b> (please read guidance note 5)		

**J**

<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</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	07.00	23.00						
Tue	07.00	23.00						
Wed	07.00	23.00						
Thur	07.00	23.00						
Fri	07.00	23.00						
Sat	07.00	23.00						
Sun	07.00	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)		

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

<b>Name</b> Mr. Vijayakaran Mahalingam	
<b>Address</b> 36 London Road Hemel Hempstead Hertfordshire	
<b>Postcode</b>	HP3 9SB
<b>Personal licence number (if known)</b> Z01N1710HE/1	
<b>Issuing licensing authority (if known)</b> Waltham Forest 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).**

L

<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)
Day	Start	Finish	
Mon	07.00	23.00	<p><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)</p>
Tue	07.00	23.00	
Wed	07.00	23.00	
Thur	07.00	23.00	
Fri	07.00	23.00	
Sat	07.00	23.00	
Sun	07.00	23.00	

**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)**

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

Full Equipment with CCTV Cameras. Acceptance of accredited proof of age cards. Effective and Responsible management of premises. Training Staffs for prevention of crime and disorder. No violent behaviours. All alcohols sold are to be placed in a carrier bags.

**c) Public safety**

Notices warning customers to potential crime risk and not to leave bag unattended. Signs will be placed on the premises stating restrictions on sale of liquor under 18. "Challenge 25 Policy" to be maintained. Inform the use of CCTV Cameras. The Fire Extinguisher to be maintained

**d) The prevention of public nuisance**

Discourage and report to police any groups of youths hanging outside the premises. Last admission is between 22.50 to 22.55 (Monday to Sunday). . There will be no disturbances by staff leaving the premises after closing hours.

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

Especially request of age of proof cards for children. Training staff to prevent children from any kinds of drugs or drinking. Trained staff for prevention of any kind s of incidents of violence and disorder affecting children. Refusal register to be on the premises at all times.

**Checklist:**

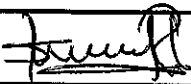
Please tick to indicate agreement

- 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.**

**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	05/02/13
Capacity	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)

Soma & Co Solicitors  
 34 Eastcote Lane  
 Middlesex

Post town	South Harrow	Postcode	HA2 8DB
Telephone number (if any)	020 8423 0203		
If you would prefer us to correspond with you by e-mail, your e-mail address (optional) admin@somasolicitors.co.uk			

## Notes for Guidance

1. Describe the premises, for example the type of premises, its general situation and layout and any other information which could be relevant to the licensing objectives. Where your application includes off-supplies of alcohol and you intend to provide a place for consumption of these off-supplies, you must include a description of where the place will be and its proximity to the premises.
2. Where taking place in a building or other structure please tick as appropriate (indoors may include a tent).
3. For example the type of activity to be authorised, if not already stated, and give relevant further details, for example (but not exclusively) whether or not music will be amplified or unamplified.
4. For example (but not exclusively), where the activity will occur on additional days during the summer months.
5. For example (but not exclusively), where you wish the activity to go on longer on a particular day e.g. Christmas Eve.
6. Please give timings in 24 hour clock (e.g. 16:00) and only give details for the days of the week when you intend the premises to be used for the activity.
7. If you wish people to be able to consume alcohol on the premises, please tick 'on the premises'. If you wish people to be able to purchase alcohol to consume away from the premises, please tick 'off the premises'. If you wish people to be able to do both, please tick 'both'.
8. Please give information about anything intended to occur at the premises or ancillary to the use of the premises which may give rise to concern in respect of children, regardless of whether you intend children to have access to the premises, for example (but not exclusively) nudity or semi-nudity, films for restricted age groups or the presence of gaming machines.
9. Please list here steps you will take to promote all four licensing objectives together.
10. The application form must be signed.
11. An applicant's agent (for example solicitor) may sign the form on their behalf provided that they have actual authority to do so.
12. Where there is more than one applicant, each of the applicant or their respective agent must sign the application form.
13. This is the address which we shall use to correspond with you about this application.

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

I Vijayakaran Mahalingam  
[full name of prospective premises supervisor]

of 36 London Road  
Hemel Hempstead  
Hertfordshire

HP3 9SB  
[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

Off Licence  
[type of application]

by

Vijayakaran Mahalingam  
[name of applicant]

relating to a premises licence -  
[number of existing licence, if any]

for "THE LITTLE CONVENIENCE STORE"

130 London Road  
St. Albans  
AL1 1PQ  
[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

Vijayakaran Mahalingam  
[name of applicant]

concerning the supply of alcohol at

"The Little Convenience Store"

130 London Road

St. Albans

AL1 1PQ

[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.

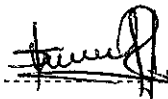
Personal licence number

Z01N1710HE1  
[insert personal licence number, if any]

Personal licence issuing authority

Waltham Forest Council, Sycamore House, Town Hall  
[insert name and address and telephone number of personal licence issuing authority, if any] E17 4SY

Signed



Name (please print)

VIJAYAKARAN MAHALINGAM

Date

05/02/13



Shop Address : 130 London road

St albans  
Hertfordshire  
AL1 1PQ

Scale  
~~Figure~~ 1:100

