

**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 Liquorify Limited

(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			
Morrisons 2 Bedford Park Corner Turnham Green Terrace			
Post town	Turnham Green, London	Postcode	W4 1LS

Telephone number at premises (if any)	
Non-domestic rateable value of premises	£30,500

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 type="checkbox"/> | please complete section (A) |
| b) a person other than an individual * | | |
| i as a limited company/limited liability partnership | <input checked="" 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) | <input type="checkbox"/> | please complete section (B) |
| c) a recognised club | <input type="checkbox"/> | 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			First names		
Date of birth I am 18 years old or over <input type="checkbox"/>				Please tick yes	
Nationality BRITISH					
Current residential address if different from premises address					
Post town				Postcode	
Daytime contact telephone number					
E-mail address (optional)					

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)	
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Surname		First names	
Date of birth over		I am 18 years old or <input type="checkbox"/> 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	Liquorify Limited
Address	Unit 5, Freehold Industrial Centre, Amberley Way, Hounslow, Middlesex, TW4 6BX
Registered number (where applicable)	14652050
Description of applicant (for example, partnership, company, unincorporated association etc.)	Private Limited Company
Telephone number (if any)	
E-mail address (optional)	

Part 3 Operating Schedule

When do you want the premises licence to start?

DD		MM		YYYY			
0	6	1	2	2	0	2	5

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

DD		MM		YYYY			

Provide a general description of the premises.

The premises will be a new convenience store under the brand of Morrisons where all types of convenience products will be sold including fresh & frozen food, toiletries, household, newspapers etc. Other services will also be offered to customers such as the ability to pay bills & collect/send packages. Alcohol is not the intended focus of the business there is an expectation that alcohol sales will have a limited impact on the area as local people are expected to on the whole purchase alcohol along with other products.

In terms of addressing the licensing objectives, this premises will be brand new and subject to significant investment which will involve the installation of high spec equipment such as CCTV, electronic refusals register and till prompts. In addition to that, in order to mitigate any risk from the sales of alcohol and its impact on the licensing objectives a number of robust conditions, which reflect the expected policies and procedures to be operated within the business, have been included as part of this application.

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 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

Supply of alcohol Standard days and timings (please read guidance note 7)			Will the supply of alcohol be for consumption – please tick (please read guidance note 8)	On the premises	<input type="checkbox"/>			
				Off the premises	<input checked="" type="checkbox"/>			
				Both	<input type="checkbox"/>			
Day	Start	Finish	State any seasonal variations for the supply of alcohol (please read guidance note 5)					
Mon	0600	2300						
Tue	0600	2300						
Wed	0600	2300						
Thur	0600	2300				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 6)		
Fri	0600	2300						
Sat	0600	2300						
Sun	0600	2300						

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 Vicky Singh	
Date of birth	
Address	
<div style="background-color: black; width: 100px; height: 40px;"></div>	
Postcode	<div style="background-color: black; width: 80px; height: 20px;"></div>
Personal licence number (if known) 17LIC26241PERS	
Issuing licensing authority (if known) Ealing 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 9).

N/A

L

Hours premises are open to the public Standard days and timings (please read guidance note 7)			<u>State any seasonal variations</u> (please read guidance note 5)
Day	Start	Finish	
Mon	0600	2300	<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> (please read guidance note 6)
Tue	0600	2300	
Wed	0600	2300	
Thur	0600	2300	
Fri	0600	2300	
Sat	0600	2300	
Sun	0600	2300	

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)

1. All staff whose responsibilities include the retail sale of alcohol shall receive training on induction and thereafter annually on:
 - a) the terms, conditions, and restrictions of the premises licence:
 - b) the prevention of unlawful sales of alcohol, the operation of the “Challenge 25” scheme, types of acceptable ID, refusing sales of alcohol to persons who may be drunk and any other relevant matters.
2. Such training shall be recorded, and these records shall be kept on the premises and shall, on request, be made available on request to the Police and / or an Authorised Officer of the Licensing Authority (as defined by Section 13 of the Licensing Act 2003):
 - a) in the case of on-line training: within 48 hours.
 - b) in all other cases: immediately upon request.

b) The prevention of crime and disorder

3. The Premises Licence Holder shall install and operate a CCTV system at the premises, capable of providing coverage of all entry points and areas to which customers have access in any lighting conditions.
4. The CCTV system shall continuously record whilst the premises are open to members of the public and shall be capable of providing clear images and frontal identification of customers.
5. All CCTV recordings shall be retained for a minimum of thirty-one (31) days and shall be correctly date- & time-stamped; sufficient data storage shall be available to facilitate this.
6. CCTV recordings shall be made available within forty-eight (48) hours upon receipt of a request by the Police and / or an Authorised Officer of the Licensing Authority (as defined by Section 13 of the Licensing Act 2003), and recordings provided in an easily downloadable format.

7. A member of staff shall be present on the premises whilst they are open who is capable of operating the CCTV system and able to facilitate viewing of CCTV footage upon the demand by the Police and / or an Authorised Officer of the Licensing Authority (as defined by Section 13, Licensing Act 2003) in accordance with the provisions of the DPA.
8. Any retention, use, production to third parties or disclosure of personal information captured on CCTV must be carried out in line with data protection principles which shall override any conflicting element of these conditions.

c) Public safety

9. An incident register will be maintained at the premises and made available to a police officer, or any officer authorised under the Licensing Act 2003.

d) The prevention of public nuisance

10. A refusals register will be maintained at the premises in either written or electronic format. All staff will ensure it is completed whenever a sale is refused to a customer.
11. The register should contain the date & time of the incident; the name of the staff member who refused the sale and the reason the sale was refused. In the case of a written version of the register, a description of the customers shall also be included. The refusals register will be made available on request to the Police and / or an Authorised Officer of the Licensing Authority (as defined by Section 13 of the Licensing Act 2003).
12. Notices will be displayed at the entrance/exit to the premises asking customers to leave the store quietly and respect local residents.

e) The protection of children from harm

13. The premises will adopt a 'Challenge 25' policy. This means that if a customer purchasing alcohol appears to be under the age of 25, they will be asked for proof of their age, to prove that they are 18 years or older.
14. Acceptable identification will include their photograph, date of birth and a holographic mark and/or ultraviolet feature. Examples of appropriate identification include a passport, photocard driving licence, military ID, and ID cards bearing the PASS hologram. This condition shall accommodate changes to acceptable identification in digital form as authorised by the Home Office.

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). ☒

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.

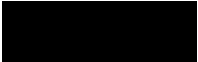
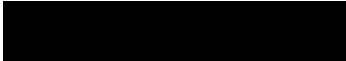
Part 4 – Signatures (please read guidance note 11)

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.**

Declaration	<ul style="list-style-type: none">• [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).• 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)
Signature	<i>G Sherratt</i>
	11.05.25
Capacity	Authorised Agent

For joint applications, signature of 2nd applicant or 2nd applicant's solicitor or other authorised agent (please read guidance note 13). **If signing on behalf of the applicant, please state in what capacity.**

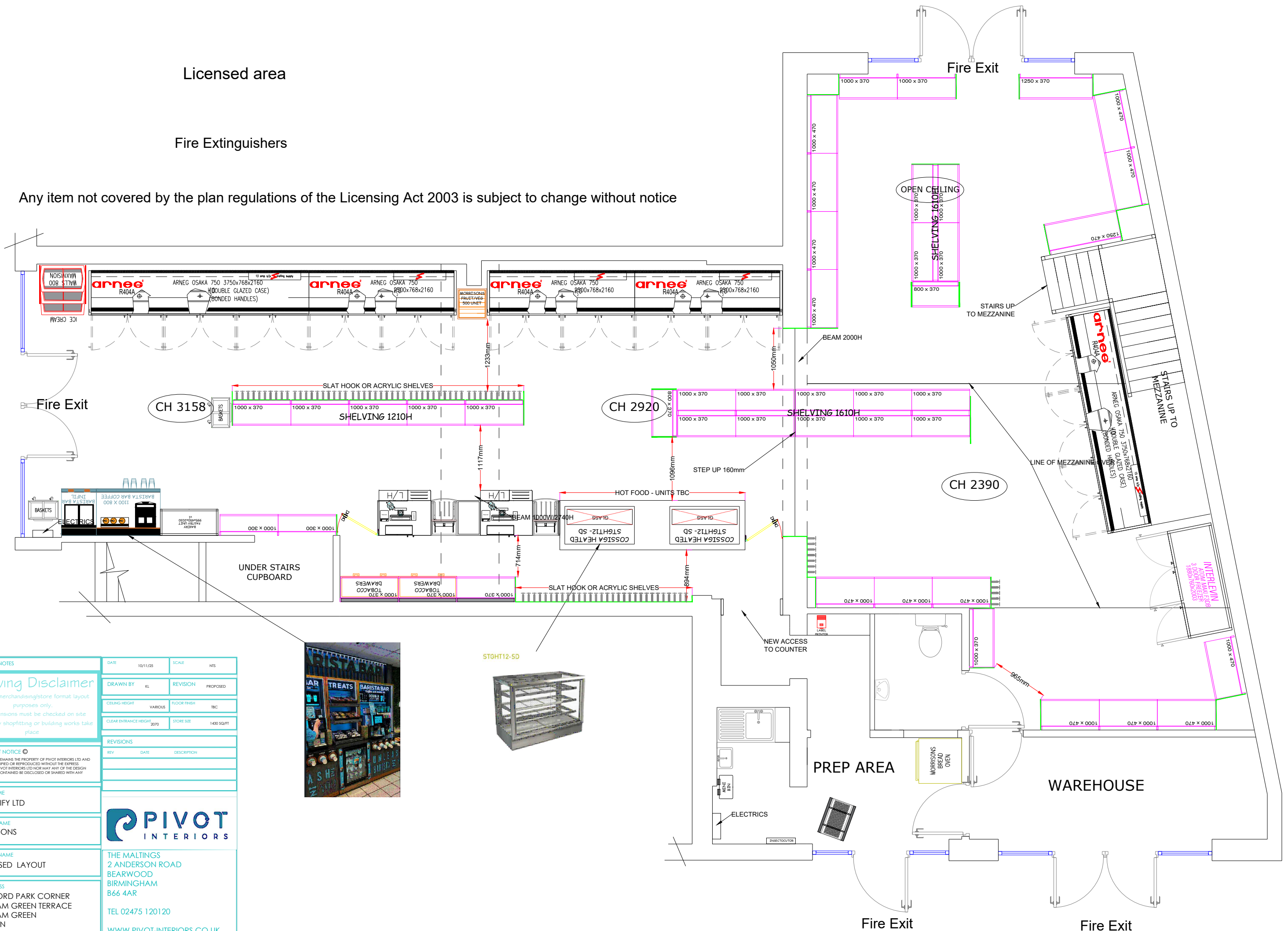
Signature	
Date	
Capacity	

Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 14)			
Licensing Matters Ltd Office 3 Primrose Studios Primrose Road			
Post town	Clitheroe	Postcode	BB7 1DR
Telephone number (if any)			
If you would prefer us to correspond with you by e-mail, your e-mail address (optional)			
			

Licensed area

Fire Extinguishers

Any item not covered by the plan regulations of the Licensing Act 2003 is subject to change without notice



DRAWING NOTES	DATE	10/11/25	SCALE	NTS
Drawing Disclaimer Plan for merchandising/store format layout purposes only. All dimensions must be checked on site before any shopfitting or building works take place.	DRAWN BY KL	REVISION PROPOSED	CEILING HEIGHT VARIOUS	FLOOR FINISH TBC
COPYRIGHT NOTICE THIS DRAWING REMAINS THE PROPERTY OF PIVOT INTERIORS LTD AND MUST NOT BE COPIED OR REPRODUCED WITHOUT THE EXPRESS PERMISSION OF PIVOT INTERIORS LTD NOR MAY ANY OF THE DESIGN INFORMATION CONTAINED BE DISCLOSED OR SHARED WITH ANY THIRD PARTY.	CLEAR ENTRANCE HEIGHT 2070	STORE SIZE 1430 SQ/FT		
CLIENT NAME LIQUORIFY LTD				
PROJECT NAME MORRISONS				
DRAWING NAME PROPOSED LAYOUT				
SITE ADDRESS 2 BEDFORD PARK CORNER TURNHAM GREEN TERRACE TURNHAM GREEN LONDON W4 1LS				

REVISIONS	REV	DATE	DESCRIPTION

PIVOT
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