

**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 Alphonse Cynthia Balakumar  
*(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**

<b>Postal address of premises or, if none, ordnance survey map reference or description</b>			
Chigwell Row Post Office			
78 Lambourne Road			
MAY 31 2007			
<b>Post town</b>	Chigwell Row, Essex	<b>Post code</b>	IG7 6EN

<b>Telephone number at premises (if any)</b>	
<b>Non-domestic rateable value of premises</b>	£3450

**Part 2 - Applicant Details**

Please state whether you are applying for a premises licence as  
Please tick yes

- 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  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 type="checkbox"/>	Mrs <input checked="" type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
Surname Balakumar			First names Alphonse Cynthia		
I am 18 years old or over				<input checked="" type="checkbox"/> Please tick yes	
Current postal address if different from premises address		122 Woodford Avenue Redbridge			
Post Town	liford, Essex		Postcode	IG2 6XA	
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)	
Surname			First names		
I am 18 years old or over				<input type="checkbox"/> Please tick yes	

<b>Current postal address if different from premises address</b>			
<b>Post Town</b>		<b>Postcode</b>	
<b>Daytime contact telephone number</b>			
<b>E-mail address (optional)</b>			

**(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.**

<b>Name</b> N/A
<b>Address</b>
<b>Registered number (where applicable)</b>
<b>Description of applicant (for example, partnership, company, unincorporated association etc.)</b>
<b>Telephone number (if any)</b>
<b>E-mail address (optional)</b>

**Part 3 Operating Schedule**

When do you want the premises licence to start?

Day		Month		Year		
1	8	0	6	2	0	7

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

Day		Month		Year		

Please give a general description of the premises (please read guidance note1)  
Chigwell Row Post Office is currently operating as a Post Office and general store and would like to include the retail sale of alcohol as part of the operation.

The upper floor contains accomodation that is resided in and accessed independently from the store.

The premises are protected by shutters.

During opening hours which are not licensed for alcohol sales, displays will be covered.

If 5,000 or more people are expected to attend the premises at any one time, please state the number expected to attend.

0

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 yes**

- 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 entertainment facilities:**

- i) making music (if ticking yes, fill in box I)
- j) dancing (if ticking yes, fill in box J)
- k) entertainment of a similar description to that falling within (i) or (j) (if ticking yes, fill in box K)

**Provision of late night refreshment** (if ticking yes, fill in box L)

**Supply of alcohol** (if ticking yes, fill in box M)

**In all cases complete boxes N, O and P**

**M**

<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 box)</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	09.00	22.00			
	AM				
Tue	09.00	22.00			
Wed	09.00	22.00			
Thur	09.00	22.00			
Fri	09:00	22.00			
Sat	09:00	22.00			
Sun	09:00	22.00			
			<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)		
			N/A		

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

<b>Name</b> Alphonse Cynthia Balakumar	
<b>Address</b> 122 Woodford Avenue Redbridge liford, Essex	
<b>Postcode</b>	IG2 6XA
<b>Personal Licence number (if known)</b> P00770	
<b>Issuing licensing authority (if known)</b> Redbridge Council	

**N**

**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)**

N/A

**O**

<b>Hours premises are open to the public Standard days and timings (please read guidance note 6)</b>			<b><u>State any seasonal variations (please read guidance note 4)</u></b>
<b>Day</b>	<b>Start</b>	<b>Finish</b>	
<b>Mon</b>	<b>08.00</b>	<b>22.00</b>	<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 (please read guidance note 5)</u></b>
<b>Tue</b>	<b>08.00</b>	<b>22.00</b>	
<b>Wed</b>	<b>08.00</b>	<b>22.00</b>	
<b>Thur</b>	<b>08.00</b>	<b>22.00</b>	
<b>Fri</b>	<b>08.00</b>	<b>22.00</b>	
<b>Sat</b>	<b>08.00</b>	<b>22.00</b>	
<b>Sun</b>	<b>08.00</b>	<b>22.00</b>	

1 Coopers Close  
Chigwell Row  
Essex IG7 6EX  
Tel: 020 8500 1150

27th June 2007

Dear Sirs,

Ref: Planning Application SPO 78 Lambourne Rd. Chigwell Row - Roller Shutter and application for an off licence permit

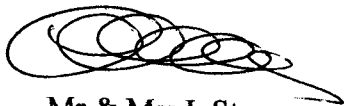
Further to the above application, we wish to object on the following grounds:

Although we understand the need for security, this could easily be done with an internal shutter, not the current shutter that is obliterating the street scene and spoiling the character of the village.

This is a retrospective application as the shutter has already been in place for a number of months. If permission is granted, it would lead the way for the other retail premises in the village to put up shutters and then apply for planning permission. This would not be in keeping with a village shopping area.

With reference to the application for an off licence permit, we already have a permit recently granted to the news agents in the village. There is no need for a second one. The proposed extended opening hours would lead to problems previously experienced with the off licence in the old post office in Lambourne Rd. Notably, this drew in under age drinkers from outlying areas who would then cause a nuisance in the village. As we have no regular police patrol, vandalism and other low level crimes would rise.

Yours Faithfully



Mr & Mrs L Stevens

cc: Licensing Authority

EPPING FOREST DISTRICT COUNCIL ENVIRONMENTAL SERVICES	
REC'D	28 JUN 2007
ACK	.....
REFERRED TO	.....
FILE	.....