



**GREAT YARMOUTH**  
BOROUGH COUNCIL

# Licensing Sub-Committee

**Date:** Tuesday, 18 April 2023

**Time:** 10:00

**Venue:** Supper Room

**Address:** Town Hall, Hall Plain, Great Yarmouth, NR30 2QF

## AGENDA

Open to Public and Press

### 1 **APOLOGIES FOR ABSENCE**

To receive any apologies for absence.

### 2 **DECLARATIONS OF INTEREST**

You have a Disclosable Pecuniary Interest in a matter to be discussed if it relates to something on your Register of Interests form. You must declare the interest and leave the room while the matter is dealt with.

You have a Personal Interest in a matter to be discussed if it affects

- your well being or financial position
- that of your family or close friends
- that of a club or society in which you have a management role
- that of another public body of which you are a member to a greater extent than others in your ward.

You must declare a personal interest but can speak and vote on the matter.

Whenever you declare an interest you must say why the interest arises, so that it can be included in the minutes.

**3      APPLICATION FOR A NEW PREMISES LICENCE MAGDALEN      3 - 28**  
**CONVENIENCE STORE 97 MAGDALEN WAY GORLESTON**

Report attached.

**4      ANY OTHER BUSINESS**

To consider any other business as may be determined by the Chairman of the meeting as being of sufficient urgency to warrant consideration.

**5      EXCLUSION OF PUBLIC**

In the event of the Committee wishing to exclude the public from the meeting, the following resolution will be moved:-

"That under Section 100(A)(4) of the Local Government Act 1972, the public be excluded from the meeting for the following item of business on the grounds that it involved the likely disclosure of exempt information as defined in paragraph 1 of Part I of Schedule 12(A) of the said Act."

URN:

**Subject:** Application for a new premises licence : Magdalen Convenience Store, 97 Magdalen Way, Gorleston, Great Yarmouth

**Report to:** Licensing Sub-Committee – 18 April 2023

**Report by:** Licensing Officer

**SUBJECT MATTER AND DECISION REQUIRED**

The Licensing Sub-Committee is asked to consider the application for a new premises licence in relation to Magdalen Convenience Store, 97 Magdalen Way, Gorleston, Great Yarmouth.

**Recommendations:**

It is recommended that the Sub-Committee determines the application for a new premises licence in accordance with one of the options set out in paragraph 4 below.

**1. Application for a new premises licence**

- 1.1** Members are asked to consider an application made by Fruit and Spice Traders Limited for a new premises licence in relation to Magdalen Convenience Store, 97 Magdalen Way, Gorleston, Great Yarmouth.
- 1.2** The premise is described as a convenience store/off licence.
- 1.3** Mr Yogarajah Krishnapillai will be the designated premises supervisor for the premise.
- 1.4** The applicant has applied for the following licensable activities and timings: -

Supply of alcohol (off the premises) 06:00 to 00:00 each day

## 2. Background information

- 2.1 The application was sent to the Responsible Authorities, advertised by notice at the premise and in a newspaper and detailed on the Council's website.
- 2.2 Upon expiry of the 28 day representation period, one valid representation objecting to the application was received from a local resident.

## 3. Additional papers

- 3.1 Application for a new premises licence
- 3.2 Copy of the representation objecting to the application
- 3.3 Plan of the general location of the premise (outlined in red)

## 4. Options for Members

- 4.1 Grant the application subject to the conditions identified in the operating schedule and modified to such an extent as the authority considers appropriate for the promotion of the licensing objectives.
- 4.2 To exclude from the scope of the licence any of the licensable activities to which the application relates.
- 4.3 Reject the application.

*Areas of consideration: e.g. does this report raise any of the following issues and if so how have these been considered/mitigated against?*

Area for consideration	Comment
Monitoring Officer Consultation:	
Section 151 Officer Consultation:	
Existing Council Policies:	
Financial Implications (including VAT and tax):	None
Legal Implications (including human rights):	Yes - Nplaw consulted
Risk Implications:	
Equality Issues/EQIA assessment:	
Crime & Disorder:	
Every Child Matters:	

**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 FRUIT AND SPICE TRADERS LTD

*(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>MAGDALEN CONVENIENCE STORE</b> <b>97 MAGDALEN WAY</b> <b>GORLESTON</b> <b>GREAT YARMOUTH</b>	
Post town	Postcode <b>NR31 7AA</b>

Telephone number at premises (if any)	<b>[REDACTED]</b>
Non-domestic rateable value of premises	<b>£ 40041.90</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 *                    | <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   | <input type="checkbox"/> 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)	
<b>Surname</b>			<b>First names</b>		
<b>Date of birth</b>			I am 18 years old or over <input type="checkbox"/> Please tick yes		
<b>Nationality</b>					
Current residential address if different from premises address					
Post town				Postcode	
<b>Daytime contact telephone number</b>					
<b>E-mail address (optional)</b>					
Where applicable (if demonstrating a right to work via the Home Office online right to work checking service), the 9-digit 'share code' provided to the applicant by that service (please see note 15 for information)					

**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		
Date of birth			I am 18 years old or over <input type="checkbox"/> Please tick yes		
Nationality					
Where applicable (if demonstrating a right to work via the Home Office online right to work checking service), the 9-digit 'share code' provided to the applicant by that service: (please see note 15 for information)					
Current residential 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	FRUIT AND SPICE TRADERS LTD
Address	97 MAGDALEN WAY GORLESTON GREAT YARMOUTH, NR31 7AA
Registered number (where applicable)	14597729
Description of applicant (for example, partnership, company, unincorporated association etc.)	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
2	2	03

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)

CONVENIENCE STORE - OFF LICENCE

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)  | <input type="checkbox"/> |
| b) films (if ticking yes, fill in box B)  | <input type="checkbox"/> |
| c) indoor sporting events (if ticking yes, fill in box C)   | <input type="checkbox"/> |
| d) boxing or wrestling entertainment (if ticking yes, fill in box D)  | <input type="checkbox"/> |
| e) live music (if ticking yes, fill in box E)   | <input type="checkbox"/> |
| f) recorded music (if ticking yes, fill in box F)   | <input type="checkbox"/> |
| g) performances of dance (if ticking yes, fill in box G)  | <input type="checkbox"/> |
| h) anything of a similar description to that falling within (e), (f) or (g) (if ticking yes, fill in box H) | <input type="checkbox"/> |



**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

<b>Plays</b> Standard days and timings (please read guidance note 7)			<b>Will the performance of a play take place indoors or outdoors or both – please tick</b> (please read guidance note 3)		Indoors	<input type="checkbox"/>
					Outdoors	<input type="checkbox"/>
Day	Start	Finish			Both	<input type="checkbox"/>
Mon			<b>Please give further details here</b> (please read guidance note 4)			
Tue						
Wed			<b>State any seasonal variations for performing plays</b> (please read guidance note 5)			
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 6)			
Sat						
Sun						

# B

<b>Films</b> Standard days and timings (please read guidance note 7)			<b>Will the exhibition of films take place indoors or outdoors or both – please tick</b> (please read guidance note 3)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish			
Mon			<b>Please give further details here</b> (please read guidance note 4)		
Tue					
Wed			<b>State any seasonal variations for the exhibition of films</b> (please read guidance note 5)		
Thur					
Fri			<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 6)		
Sat					
Sun					

# C

<b>Indoor sporting events</b> Standard days and timings (please read guidance note 7)			<b><u>Please give further details</u></b> (please read guidance note 4)
Day	Start	Finish	
Mon			
Tue			<b><u>State any seasonal variations for indoor sporting events</u></b> (please read guidance note 5)
Wed			
Thur			
Fri			<b><u>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</u></b> (please read guidance note 6)
Sat			
Sun			

# D

<b>Boxing or wrestling entertainments</b> Standard days and timings (please read guidance note 7)			<b><u>Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick</u></b> (please read guidance note 3)	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 4)		
Mon					
Tue			<b><u>State any seasonal variations for boxing or wrestling entertainment</u></b> (please read guidance note 5)		
Wed					
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 6)		
Fri					
Sat					
Sun					



# E

<b>Live music</b> Standard days and timings (please read guidance note 7)			<b>Will the performance of live music take place indoors or outdoors or both – please tick</b> (please read guidance note 3)		Indoors	<input type="checkbox"/>
					Outdoors	<input type="checkbox"/>
					Both	<input type="checkbox"/>
Day	Start	Finish				
Mon			<b>Please give further details here</b> (please read guidance note 4)			
Tue						
Wed			<b>State any seasonal variations for the performance of live music</b> (please read guidance note 5)			
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 6)			
Sat						
Sun						

# F

<b>Recorded music</b> Standard days and timings (please read guidance note 7)			<b><u>Will the playing of recorded music take place indoors or outdoors or both – please tick</u></b> (please read guidance note 3)		Indoors <input type="checkbox"/>
					Outdoors <input type="checkbox"/>
Day	Start	Finish			Both <input type="checkbox"/>
Mon			<b><u>Please give further details here</u></b> (please read guidance note 4)		
Tue					
Wed			<b><u>State any seasonal variations for the playing of recorded music</u></b> (please read guidance note 5)		
Thur					
Fri			<b><u>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</u></b> (please read guidance note 6)		
Sat					
Sun					

# G

<b>Performances of dance</b> Standard days and timings (please read guidance note 7)			<b><u>Will the performance of dance take place indoors or outdoors or both – please tick</u></b> (please read guidance note 3)	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 4)		
Mon					
Tue					
Wed			<b><u>State any seasonal variations for the performance of dance</u></b> (please read guidance note 5)		
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 6)		
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 7)			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 3)	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 4)		
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 5)		
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 6)		
Sun					

# I

<b>Late night refreshment</b> Standard days and timings (please read guidance note 7)			<b>Will the provision of late night refreshment take place indoors or outdoors or both – please tick</b> (please read guidance note 3)	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 4)		
Mon					
Tue					
Wed			<b><u>State any seasonal variations for the provision of late night refreshment</u></b> (please read guidance note 5)		
Thur					
Fri			<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 6)		
Sat					
Sun					



**J**

<b>Supply of alcohol</b> Standard days and timings (please read guidance note 7)			<b>Will the supply of alcohol be for consumption – please tick</b> (please read guidance note 8)	On the premises	<input type="checkbox"/>
				Off the premises	<input checked="" type="checkbox"/>
Day	Start	Finish	Both <input type="checkbox"/>		
Mon	6 AM	12 PM	<b>State any seasonal variations for the supply of alcohol</b> (please read guidance note 5)		
Tue	6 AM	12 PM			
Wed	6 AM	12 PM			
Thur	6 AM	12 PM	<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 6)		
Fri	6 AM	12 PM			
Sat	6 AM	12 PM			
Sun	6 AM	12 PM			

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		MR YOGARAJAH KRISHNAPILLAI	
Date of birth		[REDACTED]	
Address			
119 CHURCH ROAD GORLESTON GREAT YARMOUTH			
Postcode	NR31 6LW		
Personal licence number (if known)		154321	
Issuing licensing authority (if known)		BRENT	

# 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).

WE HAVE KEEP ALCOHOL RESTRICTED AREA  
CCTV  
ALWAYS CHECKED ID

# L

Hours premises are open to the public  
Standard days and timings (please read guidance note 7)

Day	Start	Finish
Mon	6 AM	12 PM
Tue	6 AM	12 PM
Wed	6 AM	12 PM
Thur	6 AM	12 PM
Fri	6 AM	12 PM
Sat	6 AM	12 PM
Sun	6 AM	12 PM

State any seasonal variations (please read guidance note 5)

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 6)

## 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)

- \* NO ID NO SALE, ALWAYS CHECK ID
- \* CHALLENGE 21 & 25 YEARS LOW
- \* WE HAVE REFUSAL SALE LOG BOOK FOR OUR RECORD
- \* FIRE LOG BOOK DAILY

### b) The prevention of crime and disorder

- \* CCTV 24 HOURS
- \* WE HAVE LOG BOOK RECORD ALL INCIDENT
- \* TRAINED STAFF AND LEGAL TO WORK IN UK
- \* WE CHALLENGE 21 years & 25 years Policy
- \* NO ID NO SALE

### c) Public safety

- \* FIRE RISK ASSESSMENT
- \* OPERATION OF EMERGENCY LIGHTING
- \* CCTV
- \* FIRE EXIT, NOT BLOCK CLEAR EASILY OPENED

### d) The prevention of public nuisance

WE HAVE SIGN IN FRONT DOOR FOR OUR CUSTOMER  
"PLEASE LEAVE THE PREMISES QUIETLY TO  
AVOID DISTURBING THE LOCAL RESIDENTS THANK YOU"

### e) The protection of children from harm

CCTV OPERATIONS ON THE PREMISES.  
NO ID, NO SALE  
WE ALWAYS ASK & CHECK PHOTO ID BEFORE SALE  
WELL TRAINED STAFF  
ALL ALCOHOL AND SOME RESTRICTED PRODUCT DISPLAY SEPARATELY.  
LOG BOOK REFUSAL SALE RECORDED. FOR NEXT  
STAFF TO KNOW THE PERSON.

**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 or my share code issued by the Home Office online right to work checking service (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.

<b>Declaration</b>	<ul style="list-style-type: none"><li>• [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).</li><li>• 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</li></ul>
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	her proof of entitlement to work, or have conducted an online right to work check using the Home Office online right to work checking service which confirmed their right to work (please see note 15)
Signature	
Date	20/02/2023
Capacity	DIRECTOR



**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 13). If signing on behalf of the applicant, please state in what capacity.**

Signature	
Date	
Capacity	

Great Yarmouth Borough Council is committed to protecting the rights and privacy of individuals with regard to the processing of personal data.

The information supplied will be processed under Article 6(1)(e) – Public Task

To view the complete Licensing privacy statement please go to [www.great-yarmouth.gov.uk/licensing](http://www.great-yarmouth.gov.uk/licensing)

Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 14)			
MR YOGARAJAH KRISHNAPILLAI			
			
Post town		Postcode	
Telephone number (if any)			
If you would prefer us to correspond with you by e-mail, your e-mail address (optional)			





# Great Yarmouth Borough Council

## Licensing Act 2003

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

I MR YOGARAJAH KRISHNAPILLAI  
*[full name of prospective premises supervisor]*

of  
119 CHURCH ROAD  
GORLESTON  
GREAT YARMOUTH  
NR31 6LW

*[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

SUPPLY ALCOHOL  
*[type of application]*

by  
FRUIT AND SPICE TRADERS LTD  
*[name of applicant]*

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

for  
97 MAGDALEN WAY  
GORLESTON  
GREAT YARMOUTH  
NR31 7AA  
*[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  
FRUIT AND SPICE TRADERS LTD

*[name of applicant]*

concerning the supply of alcohol at [Page 24 of 28](#)

97 MAGDALEN WAY  
GORLESTON  
GREAT YARMOUTH  
NR31 7AA

-----  
*[name and address of premises to which application relates]*

I also confirm that I am entitled to work in the United Kingdom and am applying for, intend to apply for or currently hold a personal licence, details of which I set out below.

Personal licence number

154321

-----  
*[insert personal licence number, if any]*

Personal licence issuing authority

BRENT

-----  
*[insert name and address and telephone number of personal licence issuing authority, if any]*

Signed



Name (please print)

MR YOGARAJAN KRISHNAPILLAI

Date

20/02/2023

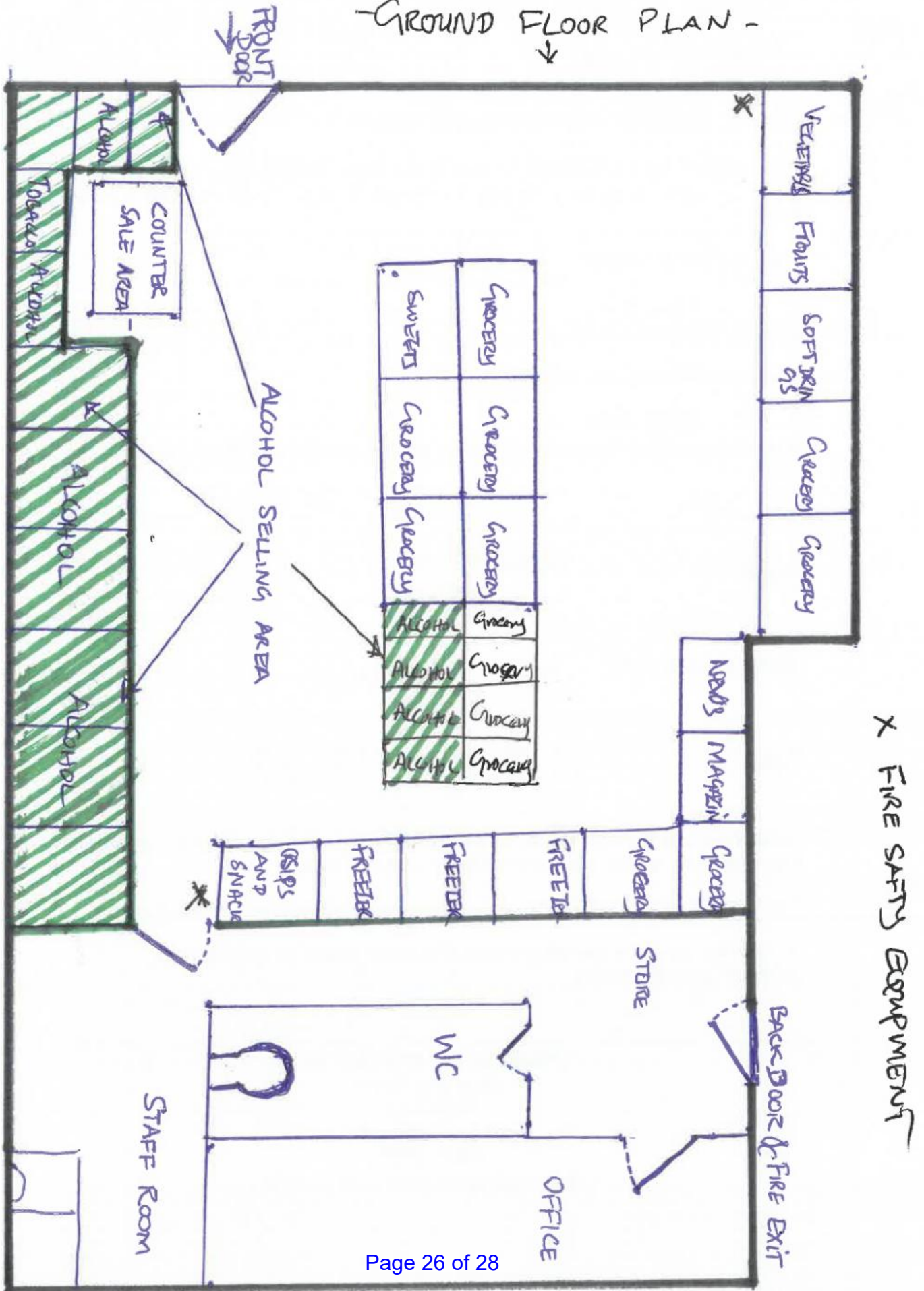
Great Yarmouth Borough Council is committed to protecting the rights and privacy of individuals with regard to the processing of personal data.

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**Please return this form to:**  
Licensing Team  
Town Hall  
Great Yarmouth  
NR30 2QF  
([licensing@great-yarmouth.gov.uk](mailto:licensing@great-yarmouth.gov.uk))

Alcohol Saline Area





**From:** [Ruth White](#)  
**To:** [licensing](#)  
**Cc:** [REDACTED]  
**Subject:** Representation in respect of a Premises Licence - Magdalen Convenience Store, 97 Magdalen Way  
**Date:** 28 February 2023 18:34:19

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Good Evening

I would like to make an objection to the above premises being allowed to have an alcohol licence for the hours requested. We already have the Co-op and Morrisons Daily selling alcohol till 2200 and 2300. With the takeaway being open as well till 0100 and the possibility of alcohol being available so late at night it is an open invitation for trouble and litter that potentially will overspill into the road and into our gardens as well as any antisocial behaviour that could occur.

Kind Regards  
Ruth White



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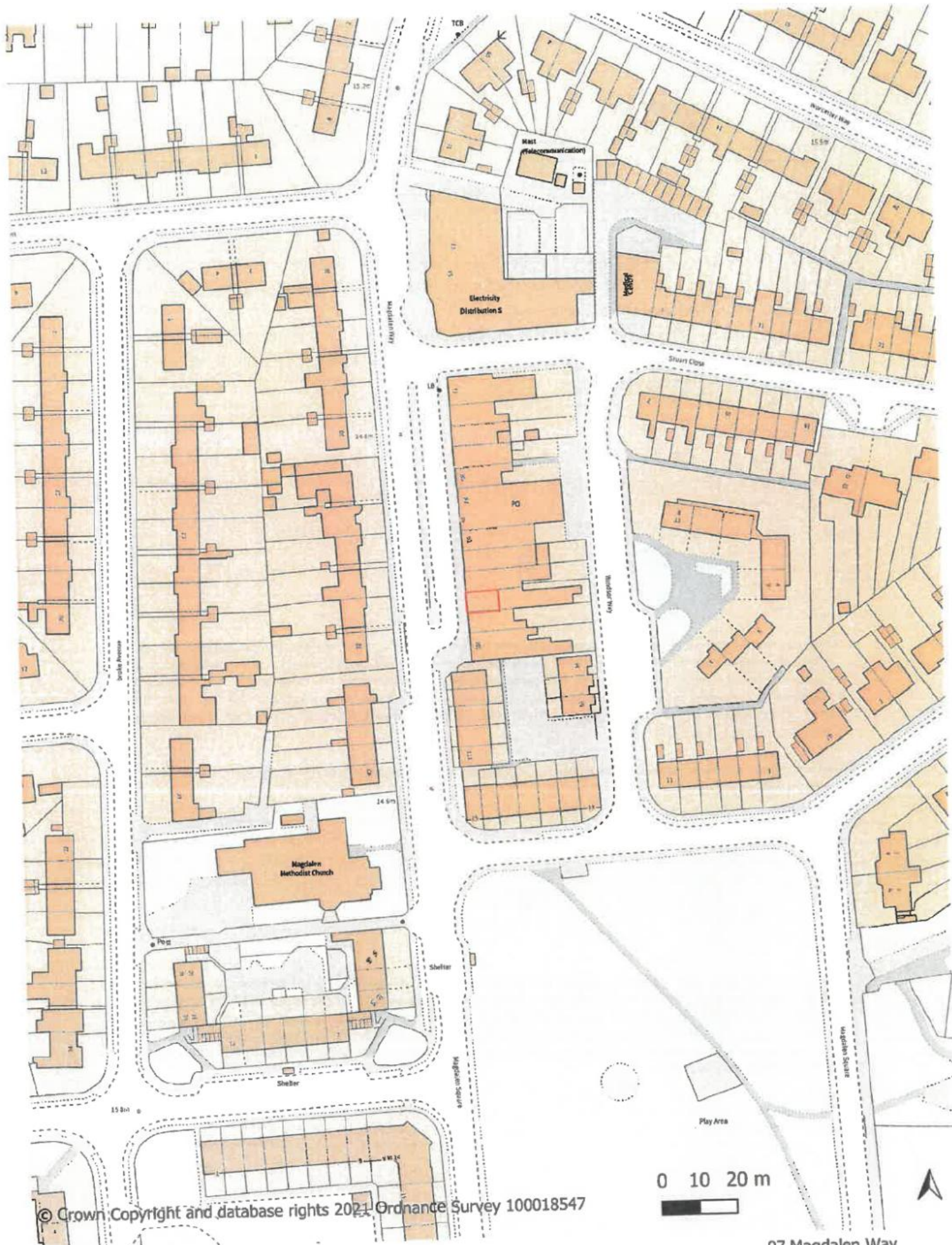
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