

Insert name and address of relevant licensing authority and its reference number (optional)

Test Valley Borough Council
Council Offices
Beech Hurst
Weyhill Road
Andover
Hampshire, SP10 3AJ

Application to vary a premises licence to specify an individual as designated premises supervisor 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.

XWe Martin McColl Limited
(full name(s) of premises licence holder)

being the premises licence holder, apply to vary a premises licence to specify the individual named in this application as the premises supervisor under section 37 of the Licensing Act 2003

Premises licence number

TVBC\PREM-LIC\153

Part 1 - Premises Details

Postal address of premises or, if none, ordnance survey map reference or description Forbuoys, 3 - 7 Fleming Avenue, North Baddesley	
Post town Hampshire	Post code SO52 9EJ
Telephone number (if any) 01744 814449	

<p>Description of premises (please read guidance note 1)</p> <p>The premises are brick built in construction and currently benefit from the grant of a Premises Licence. This permits the sale of alcohol for consumption off the premises only. Liquor is displayed within the retail area in such positions where it can be supervised by a combination of staff supervision and/or CCTV. The CCTV system forms part of the due diligence system operable at the store (tapes are maintained for a minimum of 31 days). The due diligence system also incorporates the operation of a refusals book together with general staff training providing guidance upon both the legal and social impact of the same. The parent Company also provide continual external support to this due diligence operation. This is an overview of the type of premises, its general situation and layout and includes information relevant to the Licensing objectives.</p>
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Part 2

Full name of proposed designated premises supervisor Michaelanne Tucker

Personal licence number of proposed designated premises supervisor and issuing authority of that licence (if any) New Forest District Council - 665

Full name of existing designated premises supervisor (if any) Brenda Lawson

Please tick Yes

I would like this application to have immediate effect under section 38 of the Licensing Act 2003

I have enclosed the premises licence or relevant part of it

(If you have not enclosed the premises licence, or relevant part of it, please give reasons why not)

Reasons why I have failed to enclose the premises licence or relevant part of it Original Premises Licence submitted with previous application.

Please tick Yes

- I have made or enclosed payment of the fee
- I will give a copy of this application to the chief officer of police
- I have enclosed the consent form completed by the proposed premises supervisor
- I have enclosed the premises licence, or the relevant part of it or explanation
- I will give a copy of this form to the existing premises supervisor, if any
- I understand that if I do not comply with the above requirements my application will be rejected

IT IS AN OFFENCE, LIABLE ON CONVICTION TO A FINE UP TO 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 3 - Signatures (please read guidance note 2)

Signature of applicant or applicant's solicitor or other duly authorised agent (see guidance note 3). **If signing on behalf of the applicant please state in what capacity.**

Signature *DWF*

Date *09/01/07*

Capacity

For joint applications signature of 2nd applicant or 2nd applicant's solicitor or other authorised agent (please read guidance note 4). **If signing on behalf of the applicant please state in what capacity.**

Signature

Date

Capacity

Contact name (where not previously given) and address for correspondence associated with this application (please read guidance note 5) DWF Solicitors 5 Castle Street Liverpool	
Post town	Post code L2 4XE
Telephone number (if any) 0151 907 3000	
If you would prefer us to correspond with you by e-mail your e-mail address (optional)	

Guidance notes

1. Describe the premises. For example the type of premises it is.
2. The application form must be signed.
3. An applicant's agent (for example solicitor) may sign the form on their behalf provided that they have actual authority to do so.
4. Where there is more than one applicant, both applicants or their respective agents must sign the application form.
5. This is the address which we shall use to correspond with you about this application.