

**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 ROC UK 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			
ESSO GREATBRIDGE SERVICE STATION GREATBRIDGE ROAD			
Post town	ROMSEY	Post code	SO51 0HB
Telephone number at premises (if any)	01794 514550		
Non-domestic rateable value of premises	ESTIMATE BAND C, AS RATEABLE VALUE TBC.		

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)

<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	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)					

SECOND INDIVIDUAL APPLICANT (if applicable)

<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	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	ROC UK LTD
Address	EXXONMOBIL HOUSE ERMYN WAY LEATHERHEAD SURREY KT22 8UX
Registered number (where applicable)	4558828
Description of applicant (for example, partnership, company, unincorporated association etc.)	LIMITED COMPANY
Telephone number (if any)	01372 222000
E-mail address (optional)	

Part 3 Operating Schedule

When do you want the premises licence to start?

Day Month Year
0 7 0 9 2 0 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)

THIS NEW 2000 SQ FT PLUS CONVENIENCE STORE IS SITED ON AN ESSO FORECOURT WHICH ALREADY ENJOYS THE BENEFIT OF A PREMISES LICENCE ALLOWING THE SALE OF LATE NIGHT REFRESHMENT AND ALCOHOL FOR CONSUMPTION OFF THE PREMISES. TRADING 24 HOURS PER DAY UNDER THE COMPANY'S OWN RETAIL FORMAT WITH A RANGE OF FRESH FOODS, GROCERIES, DAIRY PRODUCTS, CONFECTIONERY, SOFT DRINKS AND TOBACCO PRODUCTS ON OFFER, IT SERVES BOTH THE LOCAL COMMUNITY AND THOSE FROM FURTHER AFIELD AND THERE IS PARKING AVAILABLE FOR CUSTOMERS ON THE FORECOURT.

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 of the Licensing Act 2003 and Schedules 1 and 2 to the Licensing Act 2003)

- | <u>Provision of regulated entertainment</u> | Please tick yes |
|---|-------------------------------------|
| 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"/> |
|
<u>Provision of entertainment facilities:</u> | |
| i) making music (if ticking yes, fill in box I) | <input type="checkbox"/> |
| j) dancing (if ticking yes, fill in box J) | <input type="checkbox"/> |
| k) entertainment of a similar description to that falling within (i) or (j) (if ticking yes, fill in box K) | <input type="checkbox"/> |
| <u>Provision of late night refreshment</u> (if ticking yes, fill in box L) | <input checked="" type="checkbox"/> |
| <u>Supply of alcohol</u> (if ticking yes, fill in box M) | <input checked="" type="checkbox"/> |

In all cases complete boxes N, O and P

L

Late night refreshment Standard days and timings (please read guidance note 6)			Will the provision of late night refreshment take place indoors or outdoors or both – please tick (please read guidance note 2)	Indoors	<input checked="" type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Mon	23.00	05.00	Please give further details here (please read guidance note 3) PROVISION OF HOT BEVERAGES AND OTHER HEATED SNACK FOODS		
Tue	23.00	05.00			
Wed	23.00	05.00	State any seasonal variations for the provision of late night refreshment (please read guidance note 4)		
Thur	23.00	05.00			
Fri	23.00	05.00	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 (please read guidance note 5)		
Sat	23.00	05.00			
Sun	23.00	05.00			

M

Supply of alcohol Standard days and timings (please read guidance note 6)			Will the supply of alcohol be for consumption (Please tick box) (please read guidance note 7)	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 4)		
Mon	06.00	24.00			
Tue	06.00	24.00			
Wed	06.00	24.00			
Thur	06.00	24.00			
Fri	06.00	24.00			
Sat	06.00	24.00			
Sun	06.00	24.00			
			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 5)		

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

Name	CHRISTOPHER JOHN MITCHENER
Address	TWIN OAKS 235 BOTLEY ROAD BURRIDGE SOUTHAMPTON
Postcode	SO31 1BJ
Personal Licence number (if known)	2005/00407/06/EPEC
Issuing licensing authority (if known)	EASTLEIGH BOROUGH 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)

NONE

O

Hours premises are open to the public Standard days and timings (please read guidance note 6)			State any seasonal variations (please read guidance note 4)
Day	Start	Finish	
Mon	00.00	24.00	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)
Tue	00.00	24.00	
Wed	00.00	24.00	
Thur	00.00	24.00	
Fri	00.00	24.00	
Sat	00.00	24.00	
Sun	00.00	24.00	

P Describe the steps you intend to take to promote the four licensing objectives:

a) General – all four licensing objectives (b,c,d,e) (please read guidance note 9)

ALARM SYSTEM, CCTV SYSTEM WITH RECORDING FACILITIES, FULLY TRAINED STAFF WITH RECORDED ONGOING TRAINING REGIME, CHALLENGE 21 AND PASS ACCREDITED PROOF OF AGE INITIATIVE EMBRACED, REFUSALS BOOK, INSTORE SIGNAGE, SPIRITS DISPLAY LOCATED BEHIND COUNTER

b) The prevention of crime and disorder

ALARM SYSTEM, CCTV SYSTEM WITH RECORD FACILITY, INSTORE SIGNAGE, ACCESS CAN BE CONTROLLED INTO THE PREMISES AT STAFFS DISCRETION BY MEANS OF ELECTRONIC SHUNT LOCKS FITTED TO THE SHOP DOOR, SPIRITS LOCATED BEHIND THE COUNTER

c) Public safety

STAFF TRAINED IN FIRE SAFETY PROCEDURES AND EVACUATION PROCEDURES, FIRE SAFETY EQUIPMENT LOCATED ON SITE WITH STAFF TRAINED IN ITS USE

d) The prevention of public nuisance

STAFF TRAINED TO DEAL WITH SITUATIONS

e) The protection of children from harm

STAFF FULLY TRAINED IN ALCOHOL SALES WITH ONGOING REFRESHER TRAINING, CHALLENGE 21 AND PASS ACCREDITED PROOF OF AGE SCHEME, INSTORE SIGNAGE, REFUSALS BOOK, SPIRITS LOCATED BEHIND THE COUNTER

Please tick yes

- 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 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 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 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	<i>Suleet PP LOCKETT + Co .</i>
Date	7 th JUNE 2007
Capacity	LOCKETT & CO - DULY AUTHORISED AGENTS

For joint applications signature of 2nd applicant or 2nd 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)

LOCKETT & CO
LOCKETT HOUSE
13 CHURCH STREET

Post town	KIDDERMINSTER	Post code	DY10 2AH
Telephone number (if any)	01562 864488		
If you would prefer us to correspond with you by e-mail your e-mail address (optional) info@lockett.uk.com			