## **ANNEX 1**

		<u> </u>		200/2006	
	Insert name and address of relevant licensing	THE LICENSING SECTION	ON		
	authority and its	ADMINISTRATIVE SERV			
	reference number (optional)	TEST VALLEY BOROUGH	COUNCIL	f	
		WEYHILL ROAD			
		ANDOVER SP10 3AJ			
Δ	onlication for a	nremises licence to	he grante	d under the Licensing	Act 2003
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Page 1 of 15

Laserform International 2/05

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## Test Valley Borough Council - Licensing Sub-Committee - 15th January 2008

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 Mrs Miss Ms Other title (for example, Rev Surname  First names	g) a person who is registered under Part 2 of the Care Standards Act 2000 (c14) in respect of an independent hospital  h) the chief officer of police of a police force in England and Wales  *If you are applying as a person described in (a) or (b) please confirm:  Please tick v  • 1 am carrying on or proposing to carry on a business which involves the use of the premises for licensable activities; or  • 1 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	g) a person who is registered under Part 2 of the Care Standards Act 2000 (c14) in respect of an independent hospital  h) the chief officer of police of a police force in England and Wales  *If you are applying as a person described in (a) or (b) please confirm:  Please tick v  • 1 am carrying on or proposing to carry on a business which involves the use of the premises for licensable activities; or  • 1 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										
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			Day	Month	Year
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	want it to end?		<u> </u>		
	00 or more people are expected to attend the poer expected to attend.	oremises at any on	e time, pleas	se state the	е
Plea	se give a general description of the premises (p	olease read guidan	ce note 1)		
	PURPOSE BUILT SUPERM	MARKET WITH CA	R PARK		
			2		5
vvna (Plea	t licensable activities do you intend to carry on ise see sections 1 and 14 of the Licensing Act	2003 and Schedule	e 1 and 2 to		ing Act 200 Please tick
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K

entertai similar that fall Standard	on of facilit nment of a description ing within days and tir ead guidance	i to l or J nings	Please give a description of the type of entertainment fa	cility you will be providing
Day	Start	Finish	Will the entertainment facility be indoors or outdoors or both - please tick ✓ (please read guidance note 2)	Indoors
	7	-	- the bount - please lick v (please lead guidance note 2)	Outdoors
Mon				Both
Tue		i i i	Please give further details here (please read guidance no	ote 3)
Wed		-		in for outside in sort of a
Thur	ļ		State any seasonal variations for the provision of facilit similar description to that falling within I or J (please re	
mur				
Fri				&-Section (A)
			Non standard timings. Where you intend to use the pre-	mises for the provision of
Sat			facilities for entertainment of a similar description to t	
oat		L	different times to those listed in the column on the let quidance note 5)	ft, please list (please read
Sun			guidance note 3)	
	1.50	372		

L

	ight refresi		Will the provision of late night refreshment take place indoors or outdoors or both - please tick ✓ (please	Indoors	۷
	rd days and t read guidan		read guidance note 2)	Outdoors	
Day	Start	Finish	70°00 80°	Both	
Mon	2300	0500	Please give further details here (please read guidance no	te 3)	7.
Tue	2300	0500			
Wed	2300	0500	State any seasonal variations for the provision of late read guidance note 4)		
Thur	2300	0500	An additional hour on the morning Britis begins.	sh Summertim	e
Fri	2300	0500	Non standard timings. Where you intend to use the prer late night entertainment at different times, to those listed please list (please read guidance note 5)		
Sat	2300	0500	piease list (piease read guidance fible 3)		
Sat					

LIC2

Page 10 of 15

M

Standa	of alcohord days and the read guidan	imings	Will the sale of alcohol be for consumption please tick ✓ (please read guidance note 7)	On the premises Off the premises	1
Day	Start	Finish		Both	
Mon	0000	2400	State any seasonal variations for the supply of alc	ohol (please read guidance	e note 4)
Tue	0000	2400	2		
Wed	0000	2400			
Thur	0000	2400	Non standard timings. Where you intend to use alcohol at different times to those listed in the	the premises for the su	o ylagı
			(please read guidance note 5)		ase list
Fri	0000	2400	(please read guidance note 5)		ase list
Fri Sat	0000	2400	(please read guidance note 5)		ease lis

State the name and details of the indiv	vidual whom you wish to specify on the licence as premises supervisor
Name A	
Address	
Postcode	
Personal Licence number (if known)	PA0069

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LIC2

N				
Please highlight any adult entertainment of the premises that may give rise to con	or services, activities, scern in respect of chil	other entertainme dren (please read g	nt or matters and juidance note 8)	illary to the use
	NOT APPLICABLE			
				٠
			100	

Hours premises are open to the public Standard timings (please read guidance note 6)

Day Start F State any seasonal variation (please read guidance note 4) Finish Mon 2400 0000 Tue 0000 2400 Wed 0000 2400 Non standard timings. Where you intend to use 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) Thur 0000 2400 0000 2400 Sat 0000

Sun	0000	2400		
-				
			Page 12 of 15	

a) Gene	ibe the steps you intend to take to promote the four licensing objectives:  ral - all four licensing objectives (b, c, d, e) (please read guidance note 9)  es will be constructed in accordance with plans nos. A_91_01 ground floor plan, A_91_02 first floor, A_91_01 ground floor plan, A_91_01 ground floor plan, A_91_01 ground floor plan, A_91_01 ground floor plan, A_91_01 ground floor plan ground ground floor plan ground g
_03 first flo the applicat licensing au liquor licens	or mezzanine, A 91 04 first floor sales floor and A 91 05 first floor mezzanine sales floor as served with the constitution of the case of alteration to those plans any further plans served on the responsible authorities and atthority prior to the opening of the premises. All staff shall be trained in asda procedures which include sing and all checkout operators and their team trainers shall have additional training in the sale of alcohol. If three members of management will be assigned to the store all of whom will hold a personal licence. The nimum number of two mangers on site at all times that the premises are open for licensable activities.
b) The pre	vention of crime and disorder
data protect for a period shall be ma Adoption of the police.	es to have internal & external CCTV cameras. The CCTV system will be registered in accordance with the ion act. The system will be capable of continuously recording and copies of such recordings shall be kept of not less than 31 days and handed to a police constable or authorised person upon request. The system intained in working order & recordings will be made for each trading period conducted at the premises. If challenge 21(or any greater age that Asda adopts) or similar proof of age scheme which is recognized by the proof of age scheme shall be effected by the inspection of a recognized form of photographic on such as passport, photo driving licence, proof of age card or any other form of identification agreed with lotices are to be prominently displayed advising customers of the challenge 21 (or similar scheme) policy
c) Public s	afety
	to comply with the requirements of the health and safety legislation.
	to comply with the requirements of the health and safety legislation.
	to comply with the requirements of the health and safety legislation.
d) The pre	
d) The pre	vention of public nuisance
d) The pre	vention of public nuisance
e) The prof	vention of public nuisance  TV system in place to deter anti-social behaviour  tection of children from harm  vill have a till prompt system for age restricted products. Adoption of challenge 21(or any greater age the s) or similar proof of age scheme which is recognized by the police. The proof of age scheme shall the inspection of a recognized form of photographic identification such as passport, photo driving licence card or any other form of identification agreed with the police. If the appropriate proof of age is never will be no sale. Notices are to be prominently displayed advising customers of the challenge 21 (or

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 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 SCALUNDER SECTION 158 OF THE LICENSING ACT 2003 TO MAKE A FALSE STATEMENT IN OR 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 10 if signing on behalf of the applicant please state in what capacity.  Signature  Date  Capacity SOLICITORS FOR APPLICANT  For joint applications signature of 2 <sup>nd</sup> applicant or 2 <sup>nd</sup> applicant's solicitor or other authority agent (please read guidance note 12). If signing on behalf of the applicant please state in what capacity  Contact name (where not previously given) and postal address for correspondence associated withis application (please read guidance note 13)  Gosschalks Solicitors  Queens Gardens  Post town Kingston Dpon Bull  Post code HUI 3DZ  Telephone number (if any) 01482 324252  If you would prefer us to correspond with you by e-mail your e-mail address (optional)		Ple	
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 SCALUNDER SECTION 158 OF THE LICENSING ACT 2003 TO MAKE A FALSE STATEMENT IN OR 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 16 signing on behalf of the applicant please state in what capacity.  Signature  Date 15th November, 2007  Capacity SOLICITORS FOR APPLICANT  For joint applications signature of 2nd applicant or 2nd applicant's solicitor or other authorisagent (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 withis application (please read guidance note 13)  Gosschalks Solicitors  Queens Gardens  Post town Kingston Upon Hull  Post code HUl 3DZ  Telephone number (if any) 01482 324252		I have made or enclosed payment of the fee	1
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 SCALUNDER SECTION 158 OF THE LICENSING ACT 2003 TO MAKE A FALSE STATEMENT IN OR 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 of its signing on behalf of the applicant please state in what capacity.  Signature  Date 15th November, 2007  Capacity Solicitors For Applicant  For joint applications signature of 2nd applicant or 2nd applicant's solicitor or other authorisagent (please read guidance note 12). If signing on behalf of the applicant please state in what capacity.  Contact name (where not previously given) and postal address for correspondence associated withis application (please read guidance note 13)  Gosschalks Solicitors  Queens Gardens  Post town Kingston Upon Bull  Post code BUI 3DZ  Telephone number (if any) 01482 324252			1
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