

Licensing Act 2003 (Premises licences and club premises certificates) Regulations 2005 - Schedule 2, regulation 10

LIC2

Insert name and address of relevant licensing authority and its reference number (optional)	THE LICENSING SECTION ADMINISTRATIVE SERVICE TEST VALLEY BOROUGH COUNCIL BEECH HURST WEYHILL ROAD ANDOVER SP10 3AJ
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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.

XWe ASDA STORES 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	
ASDA SUPERSTORE ANTON MILL ROAD	
Post town ANDOVER	Post code TO BE ADVISED

Telephone number at premises (if any)	TO BE ADVISED
Non-domestic rateable value of premises	£ To be Advised

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 Mrs Miss Ms Other title (for example, Rev)

Surname First names

Please tick **Yes**

I am 18 years old or over

Current postal address if different from premises address

Post Town Postcode

Daytime contact telephone number

E-mail address (optional)

SECOND INDIVIDUAL APPLICANT (if applicable)

Mr Mrs Miss Ms Other title (for example, Rev)

Surname

First names

Please tick Yes

I am 18 years old or over

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 ASDA STORES LIMITED
Address ASDA HOUSE SOUTHBANK GREAT WILSON STREET LEEDS LS1 5AD
Registered number (where applicable) 464777
Description of applicant (for example partnership, company, unincorporated association etc) COMPANY
Telephone number (if any) 0113 243 5435
E-mail address (optional)

Part 3 - Operating Schedule

When do you want the premises licence to start? **ASAP**

Day	Month	Year

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

Day	Month	Year

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

Please give a general description of the premises (please read guidance note 1)

PURPOSE BUILT SUPERMARKET WITH CAR PARK

What licensable activities do you intend to carry on from the premises?
 (Please see sections 1 and 14 of the Licensing Act 2003 and Schedule 1 and 2 to the Licensing Act 2003)

Please tick **Yes**

Provision of regulated entertainment

- 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 for:

- 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

K

Provision of facilities for entertainment of a similar description to that falling within I or J Standard days and timings (please read guidance note 6)			Please give a description of the type of entertainment facility you will be providing		
Day	Start	Finish	Will the entertainment facility be indoors or outdoors or both - please tick <input checked="" type="checkbox"/> (please read guidance note 2)	Indoors	
Mon				Outdoors	
				Both	
Tue			Please give further details here (please read guidance note 3)		
Wed					
Thur			State any seasonal variations for the provision of facilities for entertainment of a similar description to that falling within I or J (please read guidance note 4)		
Fri					
Sat			Non standard timings. Where you intend to use the premises for the provision of facilities for entertainment of a similar description to that falling within I or J at different times to those listed in the column on the left, please list (please read guidance note 5)		
Sun					

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 <input checked="" type="checkbox"/> (please read guidance note 2)		Indoors	<input checked="" type="checkbox"/>
Day	Start	Finish			Outdoors	
Mon	2300	0500	Please give further details here (please read guidance note 3)		Both	
Tue	2300	0500				
Wed	2300	0500	State any seasonal variations for the provision of late night refreshment (please read guidance note 4)			
Thur	2300	0500	An additional hour on the morning British Summertime begins.			
Fri	2300	0500	Non standard timings. Where you intend to use the premises for the provision of late night entertainment at different times, to those listed in the column on the left, please list (please read guidance note 5)			
Sat	2300	0500				
Sun	2300	0500				

M

Supply of alcohol Standard days and timings (please read guidance note 6)			Will the sale of alcohol be for consumption please tick ✓ (please read guidance note 7)	On the premises	
				Off the premises	✓
				Both	
Day	Start	Finish	State any seasonal variations for the supply of alcohol (please read guidance note 4)		
Mon	0000	2400			
Tue	0000	2400			
Wed	0000	2400			
Thur	0000	2400			
Fri	0000	2400			
Sat	0000	2400			
Sun	0000	2400			
			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
Address
Postcode
Personal Licence number (if known)	PA0069
Issuing licensing authority (if known)	EAST HAMPSHIRE DISTRICT 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)

NOT APPLICABLE

O

Hours premises are open to the public Standard timings (please read guidance note 6)			State any seasonal variation (please read guidance note 4)
Day	Start	Finish	
Mon	0000	2400	
Tue	0000	2400	
Wed	0000	2400	
Thur	0000	2400	
Fri	0000	2400	
Sat	0000	2400	
Sun	0000	2400	

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)

The premises will be constructed in accordance with plans nos. A_91_01 ground floor plan, A_91_02 first floor, A_91_03 first floor mezzanine, A_91_04 first floor sales floor and A_91_05 first floor mezzanine sales floor as served with the application or in the case of alteration to those plans any further plans served on the responsible authorities and licensing authority prior to the opening of the premises. All staff shall be trained in asda procedures which include liquor licensing and all checkout operators and their team trainers shall have additional training in the sale of alcohol. A minimum of three members of management will be assigned to the store all of whom will hold a personal licence. There will be a minimum number of two managers on site at all times that the premises are open for licensable activities.

b) The prevention of crime and disorder

The premises to have internal & external CCTV cameras. The CCTV system will be registered in accordance with the data protection act. The system will be capable of continuously recording and copies of such recordings shall be kept for a period of not less than 31 days and handed to a police constable or authorised person upon request. The system shall be maintained in working order & recordings will be made for each trading period conducted at the premises. Adoption of challenge 21 (or any greater age that Asda adopts) or similar proof of age scheme which is recognized by the police. The proof of age scheme shall be effected by the inspection of a recognized form of photographic identification such as passport, photo driving licence, proof of age card or any other form of identification agreed with the police. Notices are to be prominently displayed advising customers of the challenge 21 (or similar scheme) policy

c) Public safety

Asda seeks to comply with the requirements of the health and safety legislation.

d) The prevention of public nuisance

External CCTV system in place to deter anti-social behaviour

e) The protection of children from harm

All stores will have a till prompt system for age restricted products. Adoption of challenge 21 (or any greater age that Asda adopts) or similar proof of age scheme which is recognized by the police. The proof of age scheme shall be effected by the inspection of a recognized form of photographic identification such as passport, photo driving licence, proof of age card or any other form of identification agreed with the police. If the appropriate proof of age is not produced there will be no sale. Notices are to be prominently displayed advising customers of the challenge 21 (or similar scheme) policy

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 Gosschalk
 Date 15th November, 2007
 Capacity SOLICITORS FOR APPLICANT

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) Gosschalks Solicitors Queens Gardens	
Post town Kingston Upon Hull	Post code HU1 3DZ
Telephone number (if any) 01482 324252	
If you would prefer us to correspond with you by e-mail your e-mail address (optional)	