

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 Sainsbury's Supermarkets Limited 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	
Sainsbury's Supermarket Shepherds Spring Lane	
Post town Andover	Post code SP10 1DL

Telephone number at premises (if any)

Non-domestic rateable value of premises

**Part 2 - Applicant details**

Please state whether you are applying for a premises licence as

Please tick ✓ yes

- |   |                                     |                             |
|---|-------------------------------------|-----------------------------|
| a) an individual or individuals*                | <input type="checkbox"/>            | please complete section (A) |
| b) a person other than an individual*           |                                     |                             |
| i. as a limited company                         | <input checked="" type="checkbox"/> | please complete section (B) |
| ii. as a partnership                            | <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 Standard 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:

- I am carrying on or proposing to carry on a business which involves the use of the premises for licensable activities; or Please tick  yes
- 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

I am 18 years old or over

Please tick  yes

Current postal address if different from premises address

Post town  Post code

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

I am 18 years old or over

Please tick  
 yes

Current postal address if different from premises address

Post town

Post code

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	Sainsbury's Supermarkets Limited
Address	33 Holborn London EC1N 2HT
Registered number (where applicable)	03261722
Description of applicant (for example partnership, company, unincorporated association etc)	Company
Telephone number (if any)	020 7695 4000
E-mail address (optional)	N/A

**Part 3 Operating Schedule**

When do you want the premises licence to start?

Day		Month		Year			
2	1	0	4	2	0	0	8

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)

Supermarket which is to sell a broad range of groceries, household products and alcohol. Situated at Shepherds Spring Lane, Andover, SP10 1DL.

More information on the layout is shown on the plans attached to this application.

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)  | <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)<br>(if ticking yes, fill in box H) | <input type="checkbox"/> |

**Provision of entertainment facilities for**

- |  |                          |
|--|--------------------------|
| 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)<br>(if ticking yes, fill in box K) | <input type="checkbox"/> |

**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**

<b>Provision of facilities for entertainment of a similar description to that falling within I or J</b> Standard days and timings (please read guidance note 6)			<u>Please give a description of the type of entertainment you will be providing</u>		
Day	Start	Finish	<b>Will the entertainment facility be indoors or outdoors or both - please tick ✓</b> (please read guidance note 2)	Indoors	<input type="checkbox"/>
Mon				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Tues			<u>Please give further details here</u> (please read guidance note 3)		
Wed					
Thur			<u>State any seasonal variations for the provision of facilities for entertainment of a similar description to that falling within I or J</u> (please read guidance note 4)		
Fri					
Sat			<u>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</u> (please read guidance note 5)		
Sun					

**L**

<b>Late night refreshment</b> Standard days and timings (please read guidance note 6)			<b>Will the provision of late night refreshment take place indoors or outdoors or both - please tick ✓</b> (please read guidance note 2)		Indoors	<input type="checkbox"/>
Day	Start	Finish			Outdoors	<input type="checkbox"/>
Mon	2300	2400			Both	<input checked="" type="checkbox"/>
			<u>Please give further details here</u> (please read guidance note 3)			
Tues	2300	2400	The provision will take place inside the premises but customers may leave the premises with items purchased.			
Wed	2300	2400	<u>State any seasonal variations for the provision of late night refreshment</u> (please read guidance note 4)			
Thur	2300	2400				
Fri	2300	2400	<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> (please read guidance note 5)			
Sat	2300	2400				
Sun	2300	2400				

**M**

<b>Supply of alcohol</b> Standard days and timings (please read guidance note 6)			<b>Will the sale of alcohol be for consumption (Please tick box ✓)</b> (please read guidance note 7)	On the premises	<input type="checkbox"/>
				Off the premises	<input checked="" type="checkbox"/>
Day	Start	Finish	Both <input type="checkbox"/>		
Mon	0600	2400	<b>State any seasonal variations for the supply of alcohol</b> (please read guidance note 4)		
Tues	0600	2400			
			<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 5)		
Wed	0600	2400			
Thur	0600	2400			
Fri	0600	2400			
Sat	0600	2400			
Sun	0600	2400			

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

Name	Joanne Sargay
Address	15 Blendon Road Boxley
Post code	BA5 1BN
Personal Licence number (if known)	00209/BEXLEY/11
Issuing licensing authority (if known)	Boxley 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)

The premises will sell other age related products.

**O**

<b>Hours premises are open to the public</b> Standard days and timings (please read guidance note 6)			<u>State any seasonal variation</u> (please read guidance note 4)
Day	Start	Finish	<p><b>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</b> (please read guidance note 5)</p> <p>The applicant may elect not to open the store, or part(s) of the store, 24 hours every day but requires the flexibility to do so subject to statutory or operational restrictions.</p>
Mon	0000	2400	
Tues	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)

b) The prevention of crime and disorder

1. A CCTV system will be installed, or the existing system maintained, such system to be fit for the purpose.
2. The system will incorporate a camera covering each of the entrance doors and the alcohol display areas and will be capable of providing an image which is regarded as identification standard. The precise positions of the cameras may be agreed, subject to compliance with Data Protection legislation, with the police from time to time.
3. The system will incorporate a recording facility and any recording shall be retained and stored in a suitable and secure manner for a minimum of 31 days and shall be made available, subject to compliance with Data Protection legislation, to the police for inspection on request. If the premises are using a video recording system, the cassette tape shall be used on no more than 12 occasions.
4. The system will display on any recording the correct time and date of the recording.
5. A system will be in place to maintain the quality of the recorded image and a complete audit trail maintained.
6. Notices informing customers of the operation of the system shall be prominently displayed.
7. The system will be maintained and fully operational throughout the hours that the premises are open for any licensable activity.

c) Public safety

The applicant will at all times maintain adequate levels of staff. Such staff levels will be disclosed, on request, to the licensing authority and police.

d) The prevention of public nuisance

Signage will be displayed at the exit of the premises requesting customers leaving the premises late at night to do so quietly and with consideration so as not to disturb nearby residents.

e) The protection of children from harm

All cashiers will be trained to require evidence of age from any person seeking to buy alcohol and appearing to the cashier to be under the age of 18. This evidence shall be photographic, such as passport or photographic driving licence until other effective identification technology (for example, thumb print or pupil recognition) is introduced.

Prominent notices will be displayed at points of sale advising customers that they may be asked to provide evidence of age.

**CHECKLIST: -**

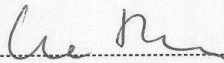
Please tick ✓ yes

- 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 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   
 Date 19 March 2008  
 Capacity Solicitors duly authorised on behalf of the Applicant

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 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)	
Winckworth Sherwood (Ref: EMF/26508/1134/RPB) 35 Great Peter Street	
Post town London	Post code SW1P 3LR
Telephone number (if any) 020 7593 5155	
If you would prefer us to correspond with you by e-mail insert your e-mail address (optional) efinlay@winckworths.co.uk	