

# ANNEX 1

590071/000001/JOSW/LDR LIC

## 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.

We, The Southern Co-operative Ltd apply for a premises licence under section 17 of the Licensing Act 2003 for the premises described in Part 1 below (the premises) and 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

The Southern Co-operative Ltd Co-op (formerly Hilliers Garden Centre), Botley Road, Romsey			
Post town	Romsey	Post code	SO51 8ZL

Telephone number at premises (if any)  
Non-domestic rateable value of premises

Under construction
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#### 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"/>            |
| b) A person other than an individual  | <input type="checkbox"/>            |
| i. as a limited company   | <input checked="" type="checkbox"/> |
| ii. as a partnership  | <input type="checkbox"/>            |
| iii. as an unincorporated association or  | <input type="checkbox"/>            |
| iv. other (for example a statutory corporation)   | <input type="checkbox"/>            |
| c) a recognised club  | <input type="checkbox"/>            |
| d) a charity  | <input type="checkbox"/>            |
| e) the proprietor of an educational establishment   | <input type="checkbox"/>            |
| f) Health Service Body  | <input type="checkbox"/>            |
| g) a person who is registered under Part 2 of the Care Standards Act 2000 (c14) in respect of an independent hospital in Wales  | <input type="checkbox"/>            |
| ga) a person who is registered under Chapter 2 of Part 1 of the Health and Social Care Act 2008 in respect of the carrying on of a regulated activity (within the meaning of that Part) in an independent hospital in England | <input type="checkbox"/>            |
| h) The Chief Officer of police of a police force in England & Wales   | <input type="checkbox"/>            |

\*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 | <input checked="" type="checkbox"/> |
| I am making the application pursuant to a statutory function or   | <input type="checkbox"/>            |
| a function discharged by virtue of Her Majesty's prerogative  | <input type="checkbox"/>            |



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

Not Applicable

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

Convenience store with licensed facilities

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).

**Provision of regulated entertainment – please tick Yes**

- 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 late night refreshment** (if ticking yes, fill in box I)

**Supply of alcohol** (if ticking yes, fill in box J)

In all cases complete boxes K, L and M.

**A**

<b>Plays</b>			<b>Will the performance of a play take place indoors or outdoors or both – please tick</b> (please read guidance note 2)	Indoors	
Standard days and timings (please read guidance note 6)				Outdoors	
Day	Start	Finish	<b>Please give further details here</b> (please read guidance note 3)	Both	
Mon					
Tue					
Wed				State any seasonal variations for performing plays (please read guidance note 4)	
Thur					
Fri				<b><u>Non standard timings. Where you intend to use the premises for the performance of plays at different times to those listed in the column on the left, please list</u></b> (please read guidance note 5)	
Sat					
Sun					

**B**

<b>Films</b> Standard days and timings (please read guidance note 6)			<b>Will the performance of films take place indoors or outdoors or both – please tick</b> (please read guidance note 2)	Indoors	
				Outdoors	
				Both	
Day	Start	Finish	<b>Please give further details here</b> (please read guidance note 3)		
Mon					
Tue					
Wed			<b>State any seasonal variations for the exhibition of films</b> (please read guidance note 4)		
Thur					
Fri			<b>Non standard timings. Where you intend to use the premises for the exhibition of films at different times to those listed in the column on the left, please list</b> (please read guidance note 5)		
Sat					
Sun					

**C**

<b>Indoor Sporting Events</b> Standard days and timings (please read guidance note 6)			<b>Please give further details</b> (please read guidance note 3)		
Day	Start	Finish			
Mon					
Tue			<b>State any seasonal variations for indoor sporting events</b> (please read guidance note 4)		
Wed					
Thur			<b>Non standard timings. Where you intend to use the premises for indoor sporting events at different times to those listed in the column on the left, please list</b> (please read guidance note 5)		
Fri					
Sat					
Sun					

**D**

<b>Boxing or wrestling entertainments</b> Standard days and timings (please read guidance note 6)			<b>Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick</b> (please read guidance note 2)	Indoors	
				Outdoors	
				Both	
Day	Start	Finish	<b>Please give further details</b> (please read guidance note 3)		
Mon					
Tue					
Wed			<b>State any seasonal variations for boxing or wrestling</b> (please read guidance note 4)		
Thur					
Fri			<b>Non standard timings. Where you intend to use the premises for boxing or wrestling entertainment at different times to those listed in the column on the left, please list</b> (please read guidance note 5)		
Sat					
Sun					

**E**

<b>Live music</b> Standard days and timings (please read guidance note 6)			Will the performance of live music take place indoors or outdoors or both – please tick (please read guidance note 2)	Indoors	
				Outdoors	
				Both	
Day	Start	Finish	<b>Please give further details</b> (please read guidance note 3)		
Mon					
Tue					
Wed					
Thur			<b>State any seasonal variations for the performance of live music</b> (please read guidance note 4)		
Fri			<b>Non standard timings. Where you intend to use the premises for the performance of live music at different times to those listed in the column on the left, please list</b> (please read guidance note 5)		
Sat					
Sun					

**F**

<b>Recorded music</b> Standard days and timings (please read guidance note 6)			Will the playing of recorded music take place indoors or outdoors or both – please tick (please read guidance note 2)	Indoors	
				Outdoors	
				Both	
Day	Start	Finish	<b>Please give further details</b> (please read guidance note 3)		
Mon					
Tue					
Wed					
Thur			<b>State any seasonal variations for the playing of recorded music</b> (please read guidance note 4)		
Fri			<b>Non standard timings. Where you intend to use the premises for the playing of recorded music at different times to those listed in the column on the left, please list</b> (please read guidance note 5)		
Sat					
Sun					

**G**

<b>Performances of dance</b> Standard days and timings (please read guidance note 6)			Will the performance of dance take place indoors or outdoors or both – please tick (please read guidance note 2)	Indoors	
				Outdoors	
				Both	
Day	Start	Finish	<b>Please give further details</b> (please read guidance note 3)		
Mon					
Tue					
Wed					
Thur			<b>State any seasonal variations for the performance of dance</b> (please read guidance note 4)		
Fri			<b>Non standard timings. Where you intend to use the premises for the performance of dance at different times to those listed in the column on the left, please list</b> (please read guidance note 5)		
Sat					
Sun					

H

<b>Anything of a similar description to that falling within (e), (f) or (g)</b> Standard days and timings (please read guidance note 6)			<b><u>Please give a description of the type of entertainment you will be providing.</u></b>		
Day	Start	Finish	Will the performance of dance take place indoors or outdoors or both – please tick (please read guidance note 2)	Indoors	
Mon				Outdoors	
				Both	
Tue			<b><u>Please give further details</u></b> (please read guidance note 3)		
Wed					
Thur			<b><u>State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g)</u></b> (please read guidance note 4)		
Fri					
Sat			<b><u>Non standard timings. Where you intend to use the premises for the entertainment of a similar description to that falling within (e), (f) or (g) at different times to those listed in the column on the left, please list</u></b> (please read guidance note 5)		
Sun					

I

<b>Late night refreshment</b> 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	
Day	Start	Finish		Outdoors	
Mon				Both	
Tue			<b><u>Please give further details</u></b> (please read guidance note 3)		
Wed			<b><u>State any seasonal variations for provision of late night refreshment</u></b> (please read guidance note 4)		
Thur					
Fri			<b><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></b> (please read guidance note 5)		
Sat					
Sun					

J

<b>Supply of alcohol</b> Standard days and timings (please read guidance note 6)			Will the supply of alcohol be for consumption (please read guidance note 7)	On the premises	
Day	Start	Finish		Off the premises	✓
Mon	08:00	22:00		Both	
Tue	08:00	22:00	<b><u>State any seasonal variations for the supply of alcohol</u></b> (please read guidance note 4)		
Wed	08:00	22:00			
Thur	08:00	22:00	<b><u>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</u></b>		

Fri	08:00	22:00	<b>the left, please list</b> (please read guidance note 5)
Sat	08:00	22:00	
Sun	08:00	22:00	

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

Name \_\_\_\_\_ The manager when appointed will be nominated as the DPS and the

Address \_\_\_\_\_ Premises licence if granted will then be varied.

Postcode \_\_\_\_\_

Personal Licence Number (if known) \_\_\_\_\_

Issuing licensing authority (if known) \_\_\_\_\_

**K**

**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)

**L**

<b>Hours premises are open to the public</b> Standard days and timings (please read guidance note 6)			<b>State any seasonal variations</b> (please read guidance note 4)
Day	Start	Finish	
Mon	06:00	22:00	
Tue	06:00	22:00	
Wed	06:00	22:00	
Thur	06:00	22:00	
Fri	06:00	22:00	
Sat	06:00	22:00	
Sun	06:00	22:00	

## M

Describe the steps that you intend to take in order to promote the four licensing objectives:

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

1. All staff will be trained in the law and their responsibility in selling and written records shall be kept of all training and refresher training.
2. CCTV will be provided within the store.
3. A refusal log will be maintained.
4. A Challenge 25 policy will be adopted.

The manager, when appointed will be nominated as the DPS if the licence is granted

### **The prevention of crime and disorder**

As above – no additional steps identified

### **Public safety**

As above – no additional steps identified

### **The prevention of public nuisance**

As above – no additional steps identified

### **The protection of children from harm**

As above – no additional steps identified

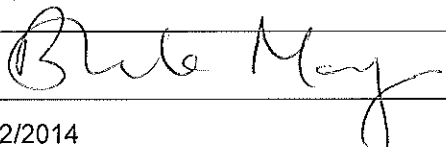


- Please tick yes
- I have made or enclosed payment of the fee
- I have enclosed the plan of the premises
- I have sent copies of this application and the plan to responsible authorities and others where applicable
- I have enclosed the consent form completed by the individual I wish to be premises supervisor, 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	
Date	03/12/2014
Capacity	Solicitors and agents for the applicant

For joint applicants 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 address for correspondence associated with this application (please read guidance note 13)

Blake Morgan LLP New Kings Court, Tollgate, Chandler's Ford  
590071/000001/JOSW/LDRLIC

Post town	Eastleigh	Postcode	SO53 3LG
Telephone number (if any)		Tel: 02380 908090	
If you would prefer us to correspond with you by e-mail, your e-mail address (optional)			

**Notes for guidance**

- Describe the premises. For example the type of premises, its general situation and layout and any other information which could be relevant to the licensing objectives. Where your application includes off-supplies of alcohol and you intend to provide a place for consumption of these off-supplies you must include a description of where the place will be and its proximity to the premises
- Where taking place in a building or other structure please tick as appropriate. Indoors may be in a tent.