

572142/000001/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, Southern Co-operatives 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

Co-op (formerly Bennets Electrical), 47-51 Farnborough Road, Farnham, Surrey	
Post town	Post code GU9 9AJ

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

£43250.00

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"/> |



(A) INDIVIDUAL APPLICANTS (fill in as applicable)

If an individual or 1 of 2 applicants is applying ie, Area manager, Manager, Assistant Manager, details in the box

Mr/Mrs/Miss/Miss or other	
Surname	First Names
I am 18 years old or over	<input type="checkbox"/>
Current address if different from premises address	
Post Town	
Daytime contact number	
E-mail address (optional)	

Second applicants details ie Area manager, Manager, Assistant Manager, details in the box
SECOND INDIVIDUAL APPLICANT (if applicable)

Mr/Mrs/Miss/Miss or other	
Surname	First Names
I am 18 years old or over	<input type="checkbox"/> Yes
Current address if different from premises address	
Post Town	Post Code
Daytime contact 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 case of a partnership or other joint nature (other than a body corporate), please give the name and address of each party concerned.

Name Southern Co-operatives Ltd
Address Retail Offices, 44 High Street, Fareham, Hampshire, PO16 7BN
Company registered number 1591R
Description of applicant (for example partnership, company, unincorporated association etc.) Limited Company
Telephone number (if any) 01329 223000
Email address (optional)

PART A3 - Operating Schedule

When do you want the premises licence to start?

Day	Month	Year
as soon as possible		

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 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 entertainment facilities:

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)

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

✓

In all cases complete boxes N, O and P.

A

Plays			Will the performance of a play take place indoors or outdoors or both – please tick (please read guidance note 2)	Indoors		
Standard days and timings (please read guidance note 6)				Outdoors		
Day	Start	Finish	Please give further details here (please read guidance note 3)	Both		
Mon						
Tue						
Wed				State any seasonal variations for performing plays (please read guidance note 4)		
Thur						
Fri				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 (please read guidance note 5)		
Sat						
Sun						

B

Fri			Non standard timings. Where you intend to use the premises for the provision of facilities for dancing at different times to those listed in the column on the left, please list (please read guidance note 5)
Sat			
Sun			

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 (please read guidance note 2)	Indoors	
Mon				Outdoors	
Tue			Please give further details (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 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 (please read guidance note 2)	Indoors	
Day	Start	Finish		Outdoors	
Mon			Both		
Tue			Please give further details (please read guidance note 3)		
Wed			State any seasonal variations for provision of late night refreshment (please read guidance note 4)		
Thur					
Fri			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					
Sun					

M

Supply of alcohol 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	<input checked="" type="checkbox"/>
Mon	0800	2300	Both		
			State any seasonal variations for the supply of alcohol (please read guidance note 4)		

Tue	0800	2300	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)
Wed	0800	2300	
Thur	0800	2300	
Fri	0800	2300	
Sat	0800	2300	
Sun	0800	2300	

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

Name Sarah Wallsgrove

Address 1 Ellachie Gardens

Gosport

Postcode PO12 2DS

Personal Licence Number (if known) 06/00223/LAPER

Issuing licensing authority (if known) Gosport 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)

NA

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	Non standard timings. Where you intend the premises to be open at different times to those listed in the column on the left, please list (please read guidance note 5)
Mon	0600	2300	
Tue	0600	2300	
Wed	0600	2300	
Thur	0600	2300	
Fri	0600	2300	
Sat	0600	2300	
Sun	0600	2300	

P

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)

The designated premises supervisor is nominated for the purposes of the application only and will not be in day to day control of the premises. If the licence is granted the DPS will be varied to the manager in day to day control before alcohol is sold.

1. All staff will be trained in the law and their responsibility in selling alcohol
2. CCTV will be provided within the store
3. A refusal log will be maintained
4. A Challenge 25 policy
5. Only the following ID will be accepted as prove of age: Passport, UK photo driving licence, any ID Card with the PASS logo or other ID card which is identified by the Local Authority as being acceptable proof of age.

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

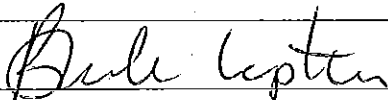
Please tick yes

- 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	
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Date	09/05/2011
Capacity	Solicitors and agents for the applicant

For joint applicants 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 address for correspondence associated with this application (please read guidance note 13)			
Blake Laphorn New Kings Court, Tollgate, Chandler's Ford 572142/000001/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.
- For example the type of activity to be authorised, if not already stated, and give relevant further details, for example (but not exclusively) whether or not music will be amplified or unamplified.
- For example (but not exclusively), where the activity will occur on additional days during the summer months.
- For example (but not exclusively), where you wish the activity to go on longer on a particular day, e.g. Christmas Eve.
- Please give timings in 24 hour clock (e.g. 16:00) and only give details for days of the week when you intend the premises to be used for the activity
- If you wish people to be able to consume alcohol on the premises please tick on, if you wish people to be able to purchase alcohol to consume away from the premises please tick off. If you wish people to be able to do both please tick both.
- Please give information about anything to occur at the premises or ancillary to the use of the premises which may give rise to concern in respect of children regardless of whether you intend children to have access to the premises, for example (but not exclusively) nudity or semi-nudity, films for restricted age groups, the presence of gaming machines
- Please list here steps you will take to promote all four licensing objectives together.
- The application form must be signed.
- An applicant's agent (for example solicitor) may sign the form on their behalf provided that they have actual authority to do so.
- Where there is more than one applicant, both applicants or their respective agents must sign the application form.
- This is the address which we shall use to correspond with you about this application.