

Application to vary a premises licence 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 MURCO PETROLEUM LIMITED

*(Insert name(s) of applicant)*

being the premises licence holder, apply to vary a premises licence under section 34 of the Licensing Act 2003 for the premises described in Part 1 below

<b>Premises licence number</b> LN/00536
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Part 1 – Premises Details

<b>Postal address of premises or, if none, ordnance survey map reference or description</b>  MURCO COSTCUTTER EXPRESS HALE ROAD			
<b>Post town</b>	FARNHAM	<b>Post code</b>	GU9 9RD

Telephone number at premises (if any)	01252 716899
Non-domestic rateable value of premises	£21750

Part 2 – Applicant details

<b>Daytime contact telephone number</b>	01727 892 400		
<b>E-mail address (optional)</b>			
<b>Current postal address if different from premises address</b>	4 BEACONSFIELD ROAD		
<b>Post Town</b>	ST ALBANS	<b>Postcode</b>	AL1 3RH

**Part 3 - Variation**

Please tick yes

Do you want the proposed variation to have effect as soon as possible?

If not do you want the variation to take effect from

Day		Month		Year	

**Please describe briefly the nature of the proposed variation (Please see guidance note 1)**

TO EXTEND THE HOURS FOR THE SALE OF ALCOHOL

If your proposed variation would mean that 5,000 or more people are expected to attend the premises at any one time, please state the number expected to attend

#### Part 4 Operating Schedule

Please complete those parts of the Operating Schedule below which would be subject to change if this application to vary is successful.

##### 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)

Sale by retail of alcohol (if ticking yes, fill in box M)

In all cases complete boxes N, O and P

L

Late night refreshment Standard days and timings (please read guidance note 6)			Will the provision of late night refreshment <u>take place indoors or outdoors or both – please tick</u> (please read guidance note 2)	Indoors	<input checked="" type="checkbox"/>		
Day	Start	Finish		Outdoors	<input type="checkbox"/>		
Mon	00.00	05.00	<b>Please give further details here</b> (please read guidance note 3)  PROVISION OF HOT DRINKS AND WARMED FOOD	Both	<input type="checkbox"/>		
	23.00	24.00					
Tue	00.00	05.00					
	23.00	24.00					
Wed	00.00	05.00		<b>State any seasonal variations for the provision of late night refreshment</b> (please read guidance note 4)			
	23.00	24.00					
Thur	00.00	05.00					
	23.00	24.00					
Fri	00.00	05.00			<b>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</b> (please read guidance note 5)		
	23.00	24.00					
Sat	00.00	05.00					
	23.00	24.00					
Sun	00.00	05.00					
	23.00	24.00					

**M**

<b>Supply of alcohol</b> Standard days and timings (please read guidance note 6)			<b>Will the supply 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"/>			
				Both	<input type="checkbox"/>			
<b>Day</b>	<b>Start</b>	<b>Finish</b>	<b>State any seasonal variations for the supply of alcohol</b> (please read guidance note 4)					
Mon	00.00	24.00						
Tue	00.00	24.00						
Wed	00.00	24.00						
Thur	00.00	24.00				<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)		
Fri	00.00	24.00						
Sat	00.00	24.00						
Sun	00.00	24.00						

**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)

NONE

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<b>Hours premises are open to the public</b> <b>Standard days and timings (please read guidance note 6)</b>			<u>State any seasonal variations (please read guidance note 4)</u>          <u>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 (please read guidance note 5)</u>
Day	Start	Finish	
Mon	00.00	24.00	
Tue	00.00	24.00	
Wed	00.00	24.00	
Thur	00.00	24.00	
Fri	00.00	24.00	
Sat	00.00	24.00	
Sun	00.00	24.00	

Please identify those conditions currently imposed on the licence which you believe could be removed as a consequence of the proposed variation you are seeking

HOURS RESTRICTING THE SALE OF ALCOHOL

Please tick yes

- I have enclosed the premises licence
- I have enclosed the relevant part of the premises licence

If you have not ticked one of these boxes please fill in reasons for not including the licence, or part of it, below

Reasons why I have failed to enclose the premises licence or relevant part of premises licence

A COPY OF THE PREMISES LICENCE IS ENCLOSED FOR INFORMATION - THE ORIGINAL IS TO BE SUPPLIED UNDER SEPARATE COVER DIRECTLY FROM THE ST ALBANS HEAD OFFICE.

**P** Describe any additional steps you intend to take to promote the four licensing objectives as a result of the proposed variation:

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

ALARM SYSTEM, TRAINED STAFF WITH ONGOING REFRESHER TRAINING, CCTV SYSTEM WITH 31 DAY RECORDING FACILITY, CHALLENGE 21 TRADING INITIATIVE WITH REFUSALS SYSTEM AND REFUSALS BOOK, SIGNAGE, SPIRITS LOCATED BEHIND THE COUNTER, CONTROLLED ACCESS AT THE DISCRETION OF THE CASHIER USING SHUNT LOCKS 23.00 TP 06.00

**b) The prevention of crime and disorder**

ALARM SYSTEM, CCTV SYSTEM WITH 31 DAY RECORDING FACILITY, TRAINED STAFF, CHALLENGE 21, REFUSALS SYSTEM,

**c) Public safety**

STAFF TRAINED IN EVACUATION PROCEDURES AND USE OF FIRE SAFETY EQUIPMENT

**d) The prevention of public nuisance**

TRAINED STAFF WITH ONGOING REFRESHER TRAINING, CCTV SYSTEM WITH 31 DAY RECORDING FACILITY, CHALLENGE 21 TRADING INITIATIVE WITH REFUSALS SYSTEM AND REFUSALS BOOK, SIGNAGE, SPIRITS LOCATED BEHIND THE COUNTER, ADEQUATE PROVISION OF USEABLE WASTE CONTAINERS LOCATED ON THE FORECOURT

**e) The protection of children from harm**

TRAINED STAFF WITH ONGOING REFRESHER TRAINING, CCTV SYSTEM WITH RECORDING FACILITY, CHALLENGE 21 TRADING INITIATIVE WITH REFUSALS SYSTEM AND REFUSALS BOOK, SIGNAGE, SPIRITS LOCATED BEHIND THE COUNTER



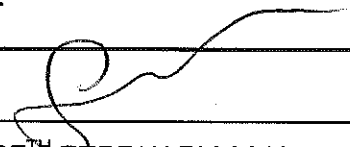
Please tick yes

- I have made or enclosed payment of the fee
- 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 have enclosed the premises licence or relevant part of it or explanation
- 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 5 – Signatures** (please read guidance note 10)

**Signature of applicant (the current premises licence holder) or applicant’s solicitor or other duly authorised agent (please read guidance note 11). If signing on behalf of the applicant please state in what capacity.**

Signature	
Date	27 <sup>TH</sup> FEBRUARY 2013
Capacity	AUTHORISED LICENSING AGENT

**Where the premises licence is jointly held signature of 2nd applicant (the current premises licence holder) 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)**

LICENSING SOLUTIONS  
235 BOTLEY ROAD  
BURRIDGE

Post town	SOUTHAMPTON	Post code	SO31 1BJ
Telephone number (if any)	01489 583932		
If you would prefer us to correspond with you by e-mail your e-mail address (optional) applications@licensingsolutions.org.uk			