

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 H.K.S. Retail 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 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	
HKS Ockford Ockford Road Filling Station Ockford Road	
Post town Godalming	Post code GU7 1QY

Telephone number at premises (if any)	<input type="text"/>
Non-domestic rateable value of premises	£13,250

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	H.K.S. Retail Limited
Address	Registered Office: Aquis House 211 Belgrave Gate Leicester LE1 3HT
Registered number (where applicable)	05448285
Description of applicant (for example partnership, company, unincorporated association etc)	Company
Telephone number (if any)	
E-mail address (optional)	N/A

Part 3 Operating Schedule

When do you want the premises licence to start?

Day		Month		Year			
1	2	0	2	2	0	0	9

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)

A petrol forecourt store at HKS Ockford, Ockford Road Filling Station, Ockford Road, Godalming, GU7 1QY. The store sells a wide range of convenience store goods.

The layout of the premises is shown on the plan which accompanies the 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)
- 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)			<u>Please give a description of the type of entertainment you will be providing</u>		
Day	Start	Finish	<u>Will the entertainment facility be indoors or outdoors or both - please tick ✓ (please read guidance note 2)</u>	Indoors	<input type="checkbox"/>
Mon				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Tues			<u>Please give further details here (please read guidance note 3)</u>		
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 (please read guidance note 4)</u>		
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 (please read guidance note 5)</u>		
Sun					

L

Late night refreshment Standard days and timings (please read guidance note 6)			<u>Will the provision of late night refreshment take place indoors or outdoors or both - please tick ✓ (please read guidance note 2)</u>		Indoors	<input type="checkbox"/>
Day	Start	Finish			Outdoors	<input type="checkbox"/>
					Both	<input checked="" type="checkbox"/>
Mon	0000	0500	<u>Please give further details here (please read guidance note 3)</u>			
	2300	2400	Late night refreshment may be provided at the premises for consumption on or off the premises.			
Tues	0000	0500				
	2300	2400				
Wed	0000	0500	<u>State any seasonal variations for the provision of late night refreshment (please read guidance note 4)</u>			
	2300	2400				
Thur	0000	0500				
	2300	2400				
Fri	0000	0500	<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 (please read guidance note 5)</u>			
	2300	2400				
Sat	0000	0500				
	2300	2400				
Sun	0000	0500				
	2300	2400				

M

Supply of alcohol Standard days and timings (please read guidance note 6)			Will the sale of alcohol be for consumption (Please tick box ✓) (please read guidance note 7)	On the premises	<input type="checkbox"/>			
				Off the premises	<input checked="" type="checkbox"/>			
				Both	<input type="checkbox"/>			
Day	Start	Finish	State any seasonal variations for the supply of alcohol (please read guidance note 4)					
Mon	0600	2300						
Tues	0600	2300						
Wed	0600	2300						
Thur	0600	2300						
Fri	0600	2300						
Sat	0600	2300						
Sun	0600	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)		

State the name and details of the individual whom you wish to specify on the licence as premises supervisor	
Name	FRANK THOMAS BELL
Address	7 WOODSIDE COTTAGES THURSLEY ROAD, ELSTEAD
Post code	GU8 6DP
Personal Licence number (if known)	LN/000001828
Issuing licensing authority (if known)	WAVERLEY 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)
The premises sell alcohol and other age related products.

O

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

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 *De Heen*

Date 13 January 2009

Capacity Solicitors duly authorised on behalf of the 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)	
Winckworth Sherwood LLP (Ref: EMF/29640/27/RPB) 35 Great Peter Street Westminster	
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@wslaw.co.uk	

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 maintained which is fit for the purpose and which is to the reasonable satisfaction of the police. The system will incorporate a camera covering the entrance door and be capable of providing an image which is regarded as identification standard.
2. The CCTV system will incorporate a recording facility and any recording will be retained and stored in a suitable and secure manner for a minimum of one calendar month. A system will be in place to maintain the quality of the recorded image and a complete audit trail maintained.
3. The CCTV system will be maintained and fully operational throughout the hours that the premises are open for any licensable activity.
4. The precise position of the cameras may be agreed with police from time to time.
5. Alcohol will be displayed in units that will be locked or protected by shutters or screens during non permitted hours but only when the shop doors are open and customers have access to the shop floor.
6. All spirits will be displayed behind the counter.

c) Public safety

1. 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.
 2. All staff training records will be made available to any police officer or trading standards officer at any reasonable time.
 3. All cashiers shall be instructed, through training, to enter in a refusal book (or electronic equivalent) details of any refusal to make a sale of alcohol to a customer. Cashiers will be instructed to record the following information:
 - Time of refusal
 - Item refused
 - Description of person refused sale
 - Reason for refusal
 - Name of staff member making refusal.
- The log will be made available for inspection to any Police officer or Trading Standards officer at any reasonable time.

d) The prevention of public nuisance

Adequate waste receptacles for use by customers shall be provided in and immediately outside the premises.

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

A 'Challenge 21' (or equivalent) scheme shall be adopted so that all cashiers are trained to ask any customer attempting to purchase alcohol, who appears to be under the age of 21 years, for evidence of age. This evidence shall be photographic, such as a passport or photographic driving licence or ID card bearing the PASS hologram until other effective identification technology (for example, thumb print or pupil recognition) is adopted by the licence holder. All cashiers will be instructed, through training, that a sale shall not be made unless this evidence is produced.



"Hathaway, Pete 10378"
<Hathaway10378@Surrey.p
nn.Police.uk>
11/02/2009 17:05

To "Robert Botkai" <rbotkai@wslaw.co.uk>
cc <rhughes@waverley.gov.uk>
bcc
Subject RE: HKS Ockford

Robert,

Thank you very much for your co-operation.

We are now content with the application and I will be informing Waverley Borough Council that we have no objections.

Regards

Pete

Pete Hathaway (Fin 10378)

Waverley Licensing Officer
Cranleigh Police Station
Horsham Road
Cranleigh
Surrey
GU6 8DR
Tel: 01483 639512
Fax: 01483 634853
e-mail: 10378@surrey.police.uk

-----Original Message-----

From: Robert Botkai [mailto:rbotkai@wslaw.co.uk]
Sent: Wednesday, February 11, 2009 14:16
To: rosemary.hughes@waverley.gov.uk
Cc: Hathaway, Pete 10378
Subject: RE: HKS Ockford
Importance: High

Rosemary

I have had various email exchanges with the police licensing officer, Pete Hathaway.

As a consequence of our negotiations I attach an amended operating schedule.

Pete, please let me know if you think I have missed anything.