

WKA/202400815

30/5/24

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.

(1) Delete as applicable.
(2) Insert name(s) of applicant.

(1) ~~[[[We]]]~~(2)
EURO GARAGES 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 (1) ~~[I am]~~~~[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			
ASDA EXPRESS PFS MANOR WEALD MANOR WEALD BY-PASS ROAD MILFORD			
Post town	GODALMING SURREY	Postcode	GU8 5EL
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 as appropriate |
|---|---|
| a) an individual or individuals* | <input type="checkbox"/> please complete section (A) |
| b) a person other than an individual* | |
| i. as a limited company/limited liability partnership | <input checked="" type="checkbox"/> please complete section (B) |
| ii. as a partnership (other than limited liability) | <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 | <input type="checkbox"/> please complete section (B) |
| f) a health service body | <input type="checkbox"/> please complete section (B) |
| 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"/> please complete section (B) |
| ga) a person who is registered under Chapter 2 of Part 1 of the Health and Social Care Act 2008 (within the meaning of that Part) in an independent hospital in England | <input type="checkbox"/> 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 (by ticking yes to one box below):

- o I am carrying on or proposing to carry on a business which involves the use of the premises for licensable activities; or
- o I am making the application pursuant to a
 - o statutory function or
 - o a function discharged by virtue of Her Majesty's prerogative

(A) INDIVIDUAL APPLICANTS (fill in as applicable)

Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
Surname			First names		
Date of birth		I am 18 years old or over		<input type="checkbox"/>	Please tick yes
Nationality					
Current residential address if different from premises address					
Post town		Postcode			
Daytime contact telephone number					
E-mail address (optional)					
Where applicable (if demonstrating a right to work via the Home Office online right to work checking service), the 'share code' provided to the applicant by that service (please see note 15 for information)					

SECOND INDIVIDUAL APPLICANT (if applicable)

Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
Surname			First names		
Date of birth		I am 18 years old or over		<input type="checkbox"/>	Please tick yes
Nationality					
Current residential address if different from premises address					
Post town		Postcode			
Daytime contact telephone number					
E-mail address (optional)					
Where applicable (if demonstrating a right to work via the Home Office online right to work checking service), the 'share code' provided to the applicant by that service (please see note 15 for information)					

(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	EURO GARGES LIMITED
Address	ASDA HOUSE SOUTHBANK GREAT WILSON STREET LEEDS LS11 5AD
Registered number (where applicable) (
Description of applicant (for example, partnership, company, unincorporated association etc.)	COMPANY
Telephone number (if any)	
E-mail address (optional)	

Part 3 - Operating Schedule

When do you want the premises licence to start?

DD	MM	YYYY
<input type="text" value="3"/> <input type="text" value="1"/>	<input type="text" value="0"/> <input type="text" value="5"/>	<input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="2"/> <input type="text" value="4"/>

If you wish the licence to be valid only for a limited period, when do you want it to end?

DD	MM	YYYY
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Please give a general description of the premises (please read guidance note 1)
CONVENIENCE STORE / PETROL FILLING STATION

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

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What licensable activities do you intend to carry on from the premises?
 (please see sections 1 and 14 and Schedules 1 and 2 to the Licensing Act 2003)

Provision of regulated entertainment (please read guidance note 2)	Please tick all that apply
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) (if ticking yes, fill in box H)	<input type="checkbox"/>

Provision of late night refreshment (if ticking yes, fill in box I)	<input checked="" type="checkbox"/>
Supply of alcohol (if ticking yes, fill in box J)	<input checked="" type="checkbox"/>

In all cases complete boxes K, L and M

Late night refreshment Standard days and timings (please read guidance note 7)			<u>Will the provision of late night refreshment take place indoors or outdoors or both - please tick</u> (please read guidance note 3)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input checked="" type="checkbox"/>
Day	Start	Finish	<u>Please give further details here</u> (please read guidance note 4)		
Mon	23.00	05.00			
Tue	23.00	05.00			
Wed	23.00	05.00			
Thur	23.00	05.00			
Fri	23.00	05.00			
Sat	23.00	05.00			
Sun	23.00	05.00			
			<u>State any seasonal variations for the provision of late night refreshment</u> (please read guidance note 5)		
			<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 6)		

J

Supply of alcohol Standard days and timings (please read guidance note 7)			<u>Will the supply of alcohol be for consumption - please tick</u> (please read guidance note 8)	On the premises	<input type="checkbox"/>
				Off the premises	<input checked="" type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<u>State any seasonal variations for the supply of alcohol</u> (please read guidance note 5)		
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			
			<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 the left, please list</u> (please read guidance note 6)		

State the name and details of the individual whom you wish to specify on the licence as designated premises supervisor (Please see declaration about the entitlement to work in the checklist at the end of the form):

Name BASANTA KUMAR LIMBU	
Date of birth	
Address	
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 9).

NONE

L

Hours premises are open to the public Standard days and timings (please read guidance note 7)			State any seasonal variations (please read guidance note 5)
Day	Start	Finish	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 6)
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	

M

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

a) General - all four licensing objectives (b, c, d and e) (please read guidance note 10)

Staff shall be trained in the premises licence holder's procedures which include liquor licensing and all checkout operators shall have additional training in the sale of alcohol.
All spirits will be displayed behind the counter.
No miniature bottles of spirits of 20cl or below shall be sold from the premises.
Please note this does not apply to pre packaged gift packs which may contain a spirit miniature.

b) The prevention of crime and disorder

A CCTV system will be installed and maintained at the premises. Cameras will cover internal areas and the external area immediately in front of the store. The system will be capable of continuously recording and copies of such recordings shall be kept for a period of not less than 31 days and handed to the Police or authorised person upon production of a compliant 'Access Request'.
All spirits will be displayed behind the counter.

c) Public safety

The premise licence holder seeks to comply with the requirements of the health and safety legislation.

d) The prevention of public nuisance

NA

e) The protection of children from harm

The store will have a till prompt system for alcohol products.
 When prompted, staff will adopt a Challenge 25 proof of age scheme.
 Only recognised forms of photographic identification such as Passport, Photo Driving Licence, 'Proof of Age' card, Military ID or any other form of identification agreed with the police will be accepted as proof of age. If the appropriate proof of age is not produced there will be no sale.
 Notices are to be prominently displayed advising customers of the Challenge 25 policy.

Checklist:

Please tick to indicate agreement

• I have made or enclosed payment of the fee.	<input checked="" type="checkbox"/>
• I have enclosed the plan of the premises.	<input checked="" type="checkbox"/>
• I have sent copies of this application and the plan to responsible authorities and others where applicable.	<input checked="" type="checkbox"/>
• I have enclosed the consent form completed by the individual I wish to be designated premises supervisor, if applicable.	<input checked="" type="checkbox"/>
• I understand that I must now advertise my application.	<input checked="" type="checkbox"/>
• I understand that if I do not comply with the above requirements my application will be rejected.	<input checked="" type="checkbox"/>
• [Applicable to all individual applicants, including those in a partnership which is not a limited liability partnership, but not companies or limited liability partnerships] I have included documents demonstrating my entitlement to work in the United Kingdom or my share code issued by the Home Office online right to work checking service (please read note 15).	<input type="checkbox"/>

It is an offence, under Section 158 of the Licensing Act 2003, to make a false statement in or in connection with this application. Those who make a false statement may be liable on summary conviction to a fine of any amount.

It is an offence under Section 24b of the Immigration Act 1971 for a person to work when they know, or have reasonable cause to believe, that they are disqualified from doing so by reason of their immigration status. Those who employ an adult without leave or who is subject to conditions as to employment will be liable to a civil penalty under Section 15 of the Immigration, Asylum and Nationality Act 2006 and pursuant to Section 21 of the same act, will be committing an offence where they do so in the knowledge, or with reasonable cause to believe, that the employee is disqualified.

Part 4 - Signatures (please read guidance note 11)

Signature of applicant or applicant's solicitor or other duly authorised agent (see guidance note 12).
If signing on behalf of the applicant, please state in what capacity.

Declaration	<ul style="list-style-type: none"> ● [Applicable to individual applicants only, including those in a partnership which is not a limited liability partnership] I understand I am not entitled to be issued with a licence if I do not have the entitlement to live and work in the UK (or if I am subject to a condition preventing me from doing work relating to the carrying on of a licensable activity) and that my licence will become invalid if I cease to be entitled to live and work in the UK (please read guidance note 15). ● The DPS named in this application form is entitled to work in the UK (and is not subject to conditions preventing him or her from doing work relating to a licensable activity) and I have seen a copy of his or her proof of entitlement to work, or have conducted an online right to work check using the Home Office online right to work checking service which confirmed their right to work (please see note 15)
Signature	
Date	2ND MAY 2024
Capacity	SOLICITORS FOR AND ON BEHALF OF THE APPLICANTS

For joint applications, signature of 2nd applicant or 2nd applicant's solicitor or other authorised agent (please read guidance note 13). **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 14) Gosschalks LLP Queens Gardens Hull			
Post town		Postcode	HU1 3DZ
Telephone number (if any)			
If you would prefer us to correspond with you by e-mail, your e-mail address (optional) info@gosschalks.co.uk			

