

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) ~~I~~ **[We]** (2)

LICENSING DEPARTMENT, SOUTH SOMERSET DISTRICT COUNCIL, COUNCIL OFFICES, BRYMPTON WAY, YEOVIL, SOMERSET, BA20 2HT.

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 MORRISONS DAILY PETROL FILLING STATION LYSANDER ROAD			
Post town	YEOVIL	Postcode	BA20 2AU
Telephone number at premises (if any)			
Non-domestic rateable value of premises		£ 1,450,000.00	

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 | <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 | <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:

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
- 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	<input type="checkbox"/>	Mrs	<input type="checkbox"/>	Miss	<input type="checkbox"/>	Ms	<input type="checkbox"/>	Other Title (for example, Rev.)	
Surname					First names				
I am 18 years old or over								<input type="checkbox"/>	Please tick yes
Current postal address if different from premises address									
Post town							Postcode		
Daytime contact telephone number									
E-mail address (optional)									

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				
I am 18 years old or over								<input type="checkbox"/>	Please tick yes
Current postal address if different from premises address									
Post town							Postcode		
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	WM MORRISON SUPERMARKETS PLC
Address	HILMORE HOUSE GAIN LANE BRADFORD BD3 7DL
Registered number (where applicable)	00358949
Description of applicant (for example, partnership, company, unincorporated association etc.)	COMPANY
Telephone number (if any)	0845 611 5000
E-mail address (optional)	

Part 3 - Operating Schedule

When do you want the premises licence to start?

DD	MM	YYYY					
0	8	1	0	2	0	1	6

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

DD	MM	YYYY					

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.

What licensable activities do you intend to carry on from the premises?

(Please see sections 1 and 14 of the Licensing Act 2003 and Schedules 1 and 2 to the Licensing Act 2003)

Provision of regulated entertainment

Please tick any that apply

(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

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

B

Films Standard days and timings (please read guidance note 6)			Will the exhibition of films take place indoors or outdoors or both - please tick. (please read guidance note 2)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 3)		
Mon					
Tue					
Wed			State any seasonal variations for the exhibition of films (please read guidance note 4)		
Thur					
Fri					
Sat			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 (please read guidance note 5)		
Sun					

C

Indoor sporting events Standard days and timings (please read guidance note 6)			Please give further details (please read guidance note 3)
Day	Start	Finish	
Mon			State any seasonal variations for indoor sporting events (please read guidance note 4)
Tue			
Wed			
Thur			
Fri			
Sat			
Sun			
			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 (please read guidance note 5)

D

Boxing or wrestling entertainments Standard days and timings (please read guidance note 6)			Will the boxing or wrestling entertainment take place indoors or outdoors or both - please tick (please read guidance note 2)	
			Indoors	<input type="checkbox"/>
			Outdoors	<input type="checkbox"/>
			Both	<input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 3)	
Mon				
Tue			State any seasonal variations for boxing or wrestling entertainment (please read guidance note 4)	
Wed				
Thur				
Fri				
Sat			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 (please read guidance note 5)	
Sun				

E

Live music 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	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 3)		
Mon					
Tue					
Wed			State any seasonal variations for the performance of live music (please read guidance note 4)		
Thur					
Fri					
Sat			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 (please read guidance note 5)		
Sun					

F

Recorded music 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	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 3)		
Mon					
Tue					
Wed			State any seasonal variations for the playing of recorded music (please read guidance note 4)		
Thur					
Fri					
Sat			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 (please read guidance note 5)		
Sun					

G

Performances of dance 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	<input type="checkbox"/>
					Outdoors	<input type="checkbox"/>
					Both	<input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 3)			
Mon			State any seasonal variations for the performance of dance (please read guidance note 4)			
Tue						
Wed						
Thur			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 (please read guidance note 5)			
Fri						
Sat						
Sun						

H

Anything of a similar description to that falling within (e), (f) or (g) Standard days and timings (please read guidance note 6)			Please give a description of the type of entertainment you will be providing					
					Will this entertainment take place indoors or outdoors or both - please tick (please read guidance note 2)		Indoors	<input type="checkbox"/>
							Outdoors	<input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 3)					
Mon			State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g) (please read guidance note 4)					
Tue								
Wed								
Thur			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 (please read guidance note 5)					
Fri								
Sat								
Sun								

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	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input checked="" type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 3)		
Mon	2300	0500			
Tue	2300	0500			
Wed	2300	0500			
Thur	2300	0500			
Fri	2300	0500			
Sat	2300	0500			
Sun	2300	0500			
			State any seasonal variations for the provision of late night refreshment (please read guidance note 4)		
			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)		

Supply of alcohol Standard days and timings (please read guidance note 6)			Will the supply of alcohol be for consumption - please tick (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	0000	2400			
Tue	0000	2400			
Wed	0000	2400			
Thur	0000	2400			
Fri	0000	2400			
Sat	0000	2400			
Sun	0000	2400			
			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 designated premises supervisor:

Name	KELLY LOUISE NICHOLS

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)

NONE

L

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 to the public at different times to those listed in the column on the left, please list (please read guidance note 5)
Mon	0000	2400	
Tue	0000	2400	
Wed	0000	2400	
Thur	0000	2400	
Fri	0000	2400	
Sat	0000	2400	
Sun	0000	2400	

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 9)

ALL STAFF ENGAGED IN THE SALE OF ALCOHOL WILL BE TRAINED IN ACCORDANCE WITH THE PREMISES LICENCE HOLDER'S TRAINING PROCEDURES.

(b) The prevention of crime and disorder

ALL STAFF ENGAGED IN THE SALE OF ALCOHOL WILL RECEIVE SUITABLE TRAINING (INCLUDING REFRESHER TRAINING) IN RELATION TO THE PROOF OF AGE "CHALLENGE 25" SCHEME TO BE APPLIED ON THE PREMISES. THE FOLLOWING FORMS OF IDENTIFICATION ARE ACCEPTABLE: PHOTO DRIVING LICENCE, PASSPORT, PROOF OF AGE STANDARDS SCHEME (PASS) CARD, MILITARY ID AND ANY OTHER LOCALLY OR NATIONALLY APPROVED FORM OF IDENTIFICATION.

CCTV SHALL BE PROVIDED ON THE PREMISES AND SHALL BE KEPT IN GOOD WORKING ORDER.

ALL CHECKOUT OPERATORS WILL OPERATE A REFUSAL LOG.

(c) Public safety

THE PREMISES LICENCE HOLDER UNDERTAKES ONGOING RISK ASSESSMENTS IN ORDER TO COMPLY WITH HEALTH & SAFETY LEGISLATION.

(d) The prevention of public nuisance

THE PREMISES ARE RESPONSIBLY MANAGED AND SUPERVISED. NO ADDITIONAL MEASURES ARE BELIEVED NECESSARY.

(e) The protection of children from harm

ALL STAFF ENGAGED IN THE SALE OF ALCOHOL WILL RECEIVE SUITABLE TRAINING (INCLUDING REFRESHER TRAINING) IN RELATION TO THE PROOF OF AGE "CHALLENGE 25" SCHEME TO BE APPLIED ON THE PREMISES. THE FOLLOWING FORMS OF IDENTIFICATION ARE ACCEPTABLE: PHOTO DRIVING LICENCE, PASSPORT, PROOF OF AGE STANDARDS SCHEME (PASS) CARD, MILITARY ID AND ANY OTHER LOCALLY OR NATIONALLY APPROVED FORM OF IDENTIFICATION.

TILL PROMPTS ARE IN USE AT THE STORE.

Checklist:

Please tick to indicate agreement

- 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 designated 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 SUMMARY CONVICTION TO A FINE NOT EXCEEDING 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	<i>Goschalks</i>		
Date	19 OCTOBER 2016		
Capacity	SOLICITORS 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)			
Goschalks Solicitors Queens Gardens Hull DX 11902 Hull			
Post town		Postcode	HU1 3DZ
Telephone number (if any)	01482 324252		
If you would prefer us to correspond with you by e-mail, your e-mail address (optional) info@goschalks.co.uk			