

**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.

**I/We** PETROMEX FORECOURT SERVICES LIMITED

*(Insert name(s) of applicant)*

**apply for a premises licence under section 17 of the Licensing Act 2003 for the premises described in Part 1 below (the premises) and I/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			
CANAL HEAD SERVICES OUBAS HILL			
<b>Post town</b>	ULVERSTON	<b>Postcode</b>	LA12 7LY

Telephone number at premises (if any)	
Non-domestic rateable value of premises	£16250

**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 ☐ 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 Standards Act 2000 (c14) in respect of an independent hospital in Wales ☐ 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 ☐ 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)	
<b>Surname</b>					
I am 18 years old or over				<input type="checkbox"/>	Please tick yes
Current postal address if different from premises address					
Post town				Postcode	
<b>Daytime contact telephone number</b>					
<b>E-mail address (optional)</b>					

**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	PETROMEX FORECOURT SERVICE LIMITED
Address	MILLBROOK WAY SERVICE STATION MILLBROOK WAY PENWORTHAM PR1 0XZ
Registered number (where applicable)	02858704
Description of applicant (for example, partnership, company, unincorporated association etc.)	LIMITED 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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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)

THE PREMISES IS AN EXISTING CONVENIENCE STORE SITUATED AT A FORECOURT FILLING STATION, WHICH HAS BEEN OWNED & MANAGED BY THE PROPOSED LICENCE HOLDERS SINCE APPROX 1996.

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)  | <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)

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



**In all cases complete boxes K, L and M**

**A**

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

# B

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

C

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

## D

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

# E

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

# F

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

# H

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

# I

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

# J

<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</b> (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	<b>State any seasonal variations for the supply of alcohol</b> (please read guidance note 4)			
Mon	0600	2300				
Tue	0600	2300				
Wed	0600	2300				
Thur	0600	2300				
Fri	0600	2300				
Sat	0600	2300				
Sun	0600	2300				
<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)						

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

Name STEPHEN ELLIS	
Address 46 MEADOWFIELDS OAKDALE	
Postcode	BB2 4JH
Personal licence number (if known) PL29029	
Issuing licensing authority (if known) BLACKBURN WITH DARWEN BC	

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)

Day	Start	Finish
Mon	0600	2300
Tue	0600	2300
Wed	0600	2300
Thur	0600	2300
Fri	0600	2300
Sat	0600	2300
Sun	0600	2300

**State any seasonal variations** (please read guidance note 4)

**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)

**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)**

THE PREMISES WILL BE MANAGED IN LINE WITH THE FOUR LICENSING OBJECTIVES & GOVERNMENT LEGISLATION.

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

1) A COMPREHENSIVE CCTV SYSTEM WILL BE IN OPERATION AT THE PREMISES AND RECORDED IMAGES SHALL BE RETAINED FOR A MINIMUM PERIOD OF 28 DAYS. DOWNLOADS WILL BE PROVIDED TO THE POLICE AND AUTHORISED OFFICERS OF THE COUNCIL UPON REASONABLE REQUEST IN LINE WITH THE DPA.

2) A REGISTER OF REFUSALS OF ALCOHOL WILL BE MAINTAINED AT THE PREMISES. THE REGISTER SHALL BE EXAMINED ON A REGULAR BASIS BY THE DUTY MANAGER/ DPS AND THE DATE AND TIME OF EACH EXAMINATION WILL BE ENDORSED IN THE REGISTER. THE REGISTER WILL BE MADE AVAILABLE FOR INSPECTION BY THE POLICE AND OTHER AUTHORISED OFFICERS OF THE COUNCIL UPON REASONABLE REQUEST.

**c) Public safety**

CCTV CAMERAS WILL COVER THE INTERNAL & EXTERNAL OF THE PREMISES.

**d) The prevention of public nuisance**

CCTV CAMERAS WILL COVER THE INTERNAL & EXTERNAL OF THE PREMISES.

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

1) THE PREMISES WILL ADOPT A 'CHALLENGE 25' POLICY. THIS MEANS THAT IF A CUSTOMER PURCHASING ALCOHOL APPEARS TO BE UNDER THE AGE OF 25 THEY WILL BE ASKED FOR PROOF OF THEIR AGE, TO PROVE THAT THEY ARE 18 YEARS OR OLDER. POSTERS WILL BE ON DISPLAY ADVISING CUSTOMERS OF THE 'CHALLENGE 25' POLICY.

2) THE ONLY FORMS OF IDENTIFICATION THAT WILL BE ACCEPTED AT THE PREMISES ARE A PASSPORT, PHOTO-CARD DRIVING LICENCES, & CARDS BEARING THE 'PASS' HOLOGRAM.

3) STAFF WILL BE TRAINED BEFORE MAKING SALES OF ALCOHOL IN THEIR RESPONSIBILITIES UNDER THE LICENSING ACT 2003. TRAINING WILL BE DOCUMENTED & MADE AVAILABLE TO THE POLICE & AUTHORISED

OFFICERS OF THE COUNCIL UPON REASONABLE REQUEST.


**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	
Date	10/11/15
Capacity	AUTHORISED AGENT

**For joint applications, signature of 2<sup>nd</sup> applicant or 2<sup>nd</sup> 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)			
LICENSING MATTERS LTD TIME TECHNOLOGY PARK BLACKBURN RD			
Post town	SIMONSTONE	Postcode	BB12 7TW
Telephone number (if any)	01282 500322		
If you would prefer us to correspond with you by e-mail, your e-mail address (optional) gemma.goodwin@licensingmatters.net			

### Notes for Guidance

1. 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.
2. Where taking place in a building or other structure please tick as appropriate (indoors may include a tent).
3. 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.
4. For example (but not exclusively), where the activity will occur on additional days during the summer months.
5. For example (but not exclusively), where you wish the activity to go on longer on a particular day e.g. Christmas Eve.
6. Please give timings in 24 hour clock (e.g. 16:00) and only give details for the days of the week when you intend the premises to be used for the activity.
7. If you wish people to be able to consume alcohol on the premises, please tick 'on the premises'. If you wish people to be able to purchase alcohol to consume away from the premises, please tick 'off the premises'. If you wish people to be able to do both, please tick 'both'.
8. Please give information about anything intended 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 or the presence of gaming machines.
9. Please list here steps you will take to promote all four licensing objectives together.
10. The application form must be signed.
11. An applicant's agent (for example solicitor) may sign the form on their behalf provided that they have actual authority to do so.
12. Where there is more than one applicant, each of the applicant or their respective agent must sign the application form.
13. This is the address which we shall use to correspond with you about this application.

and any premises licence to be granted or varied in respect of this application made by

PETROMEX FORECAST SERVICES LIMITED  
[name of applicant]

concerning the supply of alcohol at

CANAL HEAD SERVICES

OURDAS HILL

ULVERSTON

CUMBRIA

LA12 7LY

-----  
[name and address of premises to which application relates]

I also confirm that I am applying for, intend to apply for or currently hold a personal licence, details of which I set out below.

Personal licence number

PL 29029

-----  
[insert personal licence number, if any]

Personal licence issuing authority

BURTON WITH DARREN BOROUGH COUNCIL

-----  
[insert name and address and telephone number of personal licence issuing authority, if any]

Signed



Name (please print)

STEPHEN GILL

Date

9<sup>th</sup> November 2015.

**Consent of individual to being specified as premises supervisor**

I STEPHEN ELLIS  
[full name of prospective premises supervisor]

of



-----  
[home address of prospective premises supervisor]

hereby confirm that I give my consent to be specified as the designated premises supervisor in relation to the application for

Premises Licence Grant

-----  
[type of application]

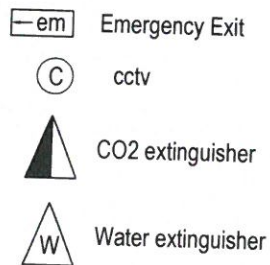
by

PETROMEX FORECOURT SERVICES LIMITED  
[name of applicant]

relating to a premises licence TBA  
[number of existing licence, if any]

for CANAL HEAD SERVICES  
OURAS HILL  
ULVERSTON  
LA12 7LY

-----  
[name and address of premises to which the application relates]



PETROMEX LTD  
CLIENT

CANAL HEAD SERVICE STATION,  
ULVERSTONE  
PROJECT

LICENSING PLAN

TITLE

1354-L-101-A

DRAWING NO.

1:100

SCALE@A4

SW  
DRAWN

**WALKER DESIGN**  
UNIT 8, FIRST FLOOR, LOSTOCK OFFICE PARK, LYNSTOCK WAY, BOLTON, BL6 4SG  
TELEPHONE: 01204 357822 EMAIL: [info@walker-design.net](mailto:info@walker-design.net)



### Canal Head Services - Primary Use Summary

Tally charts have been completed over a 3 month period between 1/7/15 to 30/9/15.

Each tally chart has been used to collect data of the intensity of use by footfall of customers, split by fuel only customers, shop only customers & combined customers.

Below is a summary of the information collated. Raw data can be made available upon request (90+pages in total).

#### July

Fuel Only	7464	46.9%
Shop Only & Combined	8451	53.1%

#### Aug

Fuel Only	7136	46.9%
Shop Only & Combined	8075	53.1%

#### Sep

Fuel Only	6733	48.5%
Shop Only & Combined	7138	51.5%