

Receipt No 234245
Initials EME
Date 02.12.14

**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 Tesco Stores Ltd

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 Ambleside Markt P Exp Market Place Ambleside			
Post town	Cumbria	Postcode	LA22 9BU

Telephone number at premises (if any)	
Non-domestic rateable value of premises	£91000

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) |

OK TO PROCEED.
PUBLIC CONSULTATION
END 30/12/14 RL.

- 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)	
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 Tesco Stores Ltd
Address Tesco House, Delamare Road Cheshunt Herts EN8 9SL
Registered number (where applicable) 519500
Description of applicant (for example, partnership, company, unincorporated association etc.) Ltd company
Telephone number (if any) 01707 634 837
E-mail address (optional) Licensing.team@uk.tesco.com

Part 3 Operating Schedule

When do you want the premises licence to start?

ASAP

Please give a general description of the premises (please read guidance note 1)

Retail premises (supermarket) selling a range of goods and services. This includes the sale of alcohol for consumption off the premises. Sales of alcohol for consumption off the premises are made from the supermarket sales floor as shown on the enclosed plan

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

N/A

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

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

B

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

C

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

D

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

F

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

G

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

I

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

J

Supply of alcohol Standard days and timings (please read guidance note 6)			<u>Will the supply of alcohol be for consumption – please tick</u> (please read guidance note 7)		On the premises	<input type="checkbox"/>
					Off the premises	<input checked="" type="checkbox"/>
Day	Start	Finish	Both <input type="checkbox"/>			
Mon	06:00	00.00	<u>State any seasonal variations for the supply of alcohol</u> (please read guidance note 4) N/A			
Tue	06:00	00.00				
Wed	06:00	00.00				
Thur	06:00	00.00	<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 5) N/A			
Fri	06:00	00.00				
Sat	06:00	00.00				
Sun	06:00	00.00				

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

Name Colin George Mason	
Address [REDACTED]	
Postcode	[REDACTED]
Personal licence number (if known) WBC/PLO995	
Issuing licensing authority (if known) Warrington Borough Council	

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).

N/A

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	
Mon	06:00	00.00	
Tue	06:00	00.00	
Wed	06:00	00.00	
Thur	06:00	00.00	
Fri	06:00	00.00	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)
Sat	06:00	00.00	
Sun	06:00	00.00	

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 9)

We are a national retailer that sells alcohol as part of a broad offering of goods and services. We have held off-licences in our stores for many years and are an approved British Institute of Inn-keeping examination centre. We have written training policies and formal training programmes are in place, which have been approved by our Primary Authority and ensure our people are equipped to meet all licensing objectives. All training and revision/refresher materials are reviewed regularly. All stores currently comply with our 'Think 25' policy; this is brought to customer's attention through point of sale material within the store. We take legal compliance very seriously and in addition to local training we employ a central alcohol licensing compliance manager and have a compliance committee.

b) The prevention of crime and disorder

The premises will have digital CCTV system that covers many areas of the shop floor, including the proposed area which will be used for beer and wine, should we be successful with our application. Images will be retained for a minimum of 21 days and made available on enforcement request. Ordinarily, a member of the Management team will be on the premises all the time the store is open. A person will have responsibility for the premises whilst the premises are open.

c) Public safety

A person will have responsibility for the premises whilst the premises are open. Management will be trained to support the running of the premises, including looking after our customers and staff. The store will adhere to all rules and regulations relating to public safety.

d) The prevention of public nuisance

We intend to be an active member of the community. We welcome the opportunity to liaise with Police and enforcement authorities should the need arise.

e) The protection of children from harm

All staff will be trained and regularly refreshed in the corporate 'Think 25' Policy. Staff will be trained to look at the customer and 'Think 25' when selling alcohol.
A till prompt will appear on the initial sale of alcohol that will remind the seller of their responsibilities including not to sell alcohol to anyone under the age of 18.
The store will display signage around the premises informing both staff and customers of our 'Think 25' policy on alcohol.

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	02/12/2014
Capacity	Licensing Manager

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) Licensing Team Cirrus C Shire Park			
Post town	Welwyn Garden City	Postcode	AL7 122
Telephone number (if any)			
If you would prefer us to correspond with you by e-mail, your e-mail address (optional) Licensing.team@uk.tesco.com			


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.

65 83

Consent of individual to being specified as designated premises supervisor

I, Colin George Mason 31/01/81
[insert full name] [Date of Birth]

Of 
[insert full home address & postcode]

hereby confirm that I give my consent to be specified as the designated premises supervisor in relation to the application for varying a premises licence to specify an individual as designated premises supervisor under section 37 of the Licensing Act 2003 by Tesco Stores Ltd relating to a premises licence:

Tesco Express Ambleside

for

Market Place
Ambleside
Cumbria
LA22 9BU
[insert store address to where the application relates]

and any premises licence to be granted or varied in respect of the application made by Tesco Stores Ltd concerning the supply of alcohol at the above premises.

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

WBC/PL0995

Personal Licence issuing authority

Warrington Borough Council

Signed

Name (Please Print)

Date



C. MASON

4.9.14

New Store	Trading Store	New Rules	Required Space	Planned Space
P5A Snacking		2	1	1
F51 Chilled Drinks		2	0	3
D5P Chilled Water		0	0	3
D5C Milk & Juice		2	3	3
D5D Yogurts & Desserts		3	2	2
D5E Butcher & Cheese		2	2	2
P5B Chilled Produce		5	3	3
M5A Meat & Poultry		2	1	1
D5A Tied Fridge		2	2	2
D5B Ready Meals		3	2	2
V5B Chilled Fridge		0	0	0
Chilled Total		22	19	19
P5C Flowers		1	1.00	1
I5A Bake Off		3	3	3
B5A Shred Bread		2	1	1
B5B Morning Goods		2	1	1
E5E Whisky Reme		0	0	0
B5C Cake		2	2	2
P5A Ambient Produce		5	4	4
Hot Rels		0	0	0
Short Code Total		15	12	12
W5C Alcohol - Beer/Cider		2	3	3
W5A Alcohol - White Wine		2	2	2
W5J Alcohol - Fine Wine		0	0	0
W5B Alcohol - Red Wine		1	2	2
S5C Beverages		2	2	2
S5B Biscuits		2	2	2
S5D Cereal		2	4	4
S5B Single Coffee		4	5	5
S5A Confectionery		4	5	5
S5G Crisps - Multipack		2	2	2
S5F Crisps - Sharing		2	2	2
S5E Crisps - Single		2	2	2
S5H Drinks - Cans		3	3	3
S5L Drinks - Water		2	2	2
C5E Afro Caribbean		0	0	0
C5C Asian		0	0	0
C5J Kosher - Ambient		0	0	0
R5B Kosher - Frozen		0	0	0
D5K Kosher - Chilled		0	0	0
D5F Polish		0	0	0
D5A Frozen - Doses		3	3	3
V5C Process - Ice Cream		4	4	4
G5A Grocery - Canned		4	4	4
G5B Grocery - Food Acc		4	4	4
G5T Grocery - Student		2	2	2
L5A Provisional		1	2	2
C5B Seasonal		1	2	2
Long Code Food		41	47	13
L5A Car Care		0	0	0
H5B Cards		1	1	1
H5B Household		2	3	3
J5B Magazines		3	3	3
N5D Paper Goods		2	2	2
N5A Pet Food		1	1	1
H5A Stationery		0	0	0
N5C Toiletries & Baby		3	3	3
Long Code Non Food		12	13	3
N5Q Re-Usable Bags		1	1	1
V5E Champagne		0	0	0
V5E Coal Burner		0	0	0
N5I Batteries		1	1	1
V5D Softies		2	2	2
V5F Mobile Phones		0	0	0
V5G Tobacco		1	2	2
Other Total		6	6	6
Store Total		97	97	97

Recommendation completed:	29-Oct-11
Assurance	Met & Jacket
Cluster	Merchandised
Commodity Flex	No
Format	Standard
Receivables	2477
Gross	4187
Net/Gross	% 77%
Total Net Count	97
Ladder racks	8
Lines	114
Yield	7.3

PLAN/GRAPHIC COMPONENTS
FIGURE
FORMAT COMPONENTS
ASILE WIDTH REDUCED TO 1:1M
Deliveries
Plant
Refrigeration
Shelving
Building
STEPS/PODS
FIGURE

RDG PHASE 3 APPROVED ON 28.09.2011

REV.	AMENDMENTS	DATE	REV.	AMENDMENTS	DATE
A	RDG PHASE 3 APPROVED ON 28.09.2011				
	FROZEN PLAN				
B	CHILLED PRODUCE TO SWAP LOCATION WITH CHILLED MEAT 3 DOOR FREEZER TO SWAP LOCATION WITH CHILLED MILK	19.10.11			
	FROZEN PLAN				

REV.	AMENDMENTS	DATE

DRAWING NO.	6583 RG1B.dgn
PHASE	3
ISSUE	B
SYSTEM ID. No.	RETAIL
SCALE	NTS
DATE	21.10.2011
PLANNER	TRISTAN EMPTAGE
DRAWN	@HSC RESHMA

PROJECT	6583
AMBLESIDE MARK P EXP	
DESCRIPTION	STANDALONE PROPOSED RETAIL LAYOUT

TESCO express

TESCO STORES LIMITED
EXPRESS GROUP

P.O. BOX 400, CIRRUS BUILDING, SHIRE PARK
WELWYN GARDEN CITY, HERTS. AL7 1AB

TELEPHONE : 01707 395150

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