

**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 JAMES ATKINSON & SON 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 GARAGE CROOKLANDS			
Post town	MILNTHORPE	Post code	LA7 7NX
Telephone number at premises (if any)		01539 567280	
Non-domestic rateable value of premises		£20750	

Part 2 - Applicant Details

Please state whether you are applying for a premises licence as
Please tick yes

- a) an individual or individuals * please complete section (A)
- b) a person other than an individual *
 - i. as a limited company please complete section (B)
 - ii. as a partnership please complete section (B)
 - iii. as an unincorporated association or please complete section (B)
 - iv. other (for example a statutory corporation) please complete section (B)
- c) a recognised club please complete section (B)
- d) a charity 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 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 JAMES ATKINSON & SON LIMITED
Address CANAL GARAGE PRESTON PATRICK MILNTHORPE LA7 7NX
Registered number (where applicable) 01585080
Description of applicant (for example, partnership, company, unincorporated association etc.) LIMITED COMPANY
Telephone number (if any) 01539 567280
E-mail address (optional)

Part 3 Operating Schedule

When do you want the premises licence to start?

Day			Month			Year		
1	0	0	7	2	0	1	2	

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

Day			Month			Year		

Please give a general description of the premises (please read guidance note1)

A WELL ESTABLISHED LOCAL FORECOURT STORE WITH A RETAIL SELLING SPACE IN EXCESS OF 800 SQUARE FEET SERVING BOTH THE LOCAL COMMUNITY AND THOSE FROM FURTHER AFIELD. THE STORE OFFERS A RANGE OF FRESH FOODS, GROCERIES AND OTHER PRODUCTS.

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 yes |
|---|--------------------------|
| 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 entertainment facilities:

- | | |
|---|--------------------------|
| i) making music (if ticking yes, fill in box I) | <input type="checkbox"/> |
| j) dancing (if ticking yes, fill in box J) | <input type="checkbox"/> |
| k) entertainment of a similar description to that falling within (i) or (j) (if ticking yes, fill in box K) | <input type="checkbox"/> |

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

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

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

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				
Wed			<u>State any seasonal variations for the playing of recorded music</u> (please read guidance note 4)	
Thur				
Fri				
Sat			<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)	
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"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon			Please give further details here (please read guidance note 3)	Both	<input type="checkbox"/>
Tue					
Wed			State any seasonal variations for the performance of dance (please read guidance note 4)		
Thur					
Fri			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)		
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)			<u>Please give a description of the type of entertainment you will be providing</u>		
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					

Provision of facilities for making music Standard days and timings (please read guidance note 6)			<u>Please give a description of the facilities for making music you will be providing</u>	
			<u>Will the facilities for making music be indoors or outdoors or both – please tick</u> (please read guidance note 2)	
Day	Start	Finish	Indoors	<input type="checkbox"/>
			Outdoors	<input type="checkbox"/>
			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 facilities for making music</u> (please read guidance note 4)	
Thur				
Fri			<u>Non standard timings. Where you intend to use the premises for provision of facilities for making music at different times to those listed in the column on the left, please list</u> (please read guidance note 5)	
Sat				
Sun				

J

Provision of facilities for dancing Standard days and timings (please read guidance note 6)			Will the facilities for dancing be indoors or outdoors or both – please tick (see guidance note 2)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	Please give a description of the facilities for dancing you will be providing		
Mon			Please give further details here (please read guidance note 3)		
Tue					
Wed					
Thur			State any seasonal variations for providing dancing facilities (please read guidance note 4)		
Fri					
Sat			Non standard timings. Where you intend to use the premises for the provision of facilities for dancing entertainment at different times to those listed in the column on the left, please list (please read guidance note 5)		
Sun					

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 facility you will be providing</u>		
Day	Start	Finish	<u>Will the entertainment facility be indoors or outdoors or both – please tick</u> (please read guidance note 2)	Indoors	<input type="checkbox"/>
Mon				Outdoors	<input type="checkbox"/>
Tue			<u>Please give further details here</u> (please read guidance note 3)	Both	<input type="checkbox"/>
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</u> (please read guidance note 4)		
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</u> (please read guidance note 5)		
Sun					



L

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 checked="" type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon	23.00	05.00	Please give further details here (please read guidance note 3)	Both	<input type="checkbox"/>
Tue	23.00	05.00			
Wed	23.00	05.00	THE PROVISION OF HOT PIES, SAVOURIES, SOUP, HOTDRINKS ETC CONSISTENT WITH A TAKEOUT SERVICE FOR CONSUMPTION ON OR OFF THE PREMISES		
Thur	23.00	05.00			
Fri	23.00	05.00	State any seasonal variations for the provision of late night refreshment (please read guidance note 4)		
Sat	23.00	05.00			
Sun	23.00	05.00	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)		

M

Supply of alcohol Standard days and timings (please read guidance note 6)			Will the supply 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	00.00	24.00			
Tue	00.00	24.00	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)		
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			

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

Name		RICHARD WILLIAM READ BAKER
Address		
Postcode		
Personal Licence number (if known)		06/00644/LAPER - 00248
Issuing licensing authority (if known)		MALDON DISTRICT 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)

O

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	00.00	24.00	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)
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	

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)

CCTV SYSTEM WITH RECORDING FACILITIES IN PLACE AT SITE, APPROPRIATE STAFF TRAINING TO BE SATISFACTORILY COMPLETED AND RECORDED. WRITTEN TRAINING RECORDS CAN BE MADE AVAILABLE FOR INSPECTION UPON REASONABLE REQUEST BY A RELEVANT OFFICER OF A RESPONSIBLE AUTHORITY. APPROPRIATE LICENSING MANUAL TO BE OPERATED, REFUSALS BOOK TO BE MAINTAINED, CHALLENGE 21 AND PASS ACCREDITED PROOF OF AGE INITIATIVE TO BE OPERATED BY ALL STAFF.

b) The prevention of crime and disorder

CCTV SYSTEM WITH RECORDING FACILITIES IN PLACE AT SITE, APPROPRIATE STAFF TRAINING TO BE SATISFACTORILY COMPLETED AND RECORDED. WRITTEN TRAINING RECORDS CAN BE MADE AVAILABLE FOR INSPECTION UPON REASONABLE REQUEST BY A RELEVANT OFFICER OF A RESPONSIBLE AUTHORITY. APPROPRIATE LICENSING MANUAL TO BE OPERATED, REFUSALS BOOK TO BE MAINTAINED, CHALLENGE 21 AND PASS ACCREDITED PROOF OF AGE INITIATIVE TO BE OPERATED BY ALL STAFF.

c) Public safety

CCTV SYSTEM WITH RECORDING FACILITIES IN PLACE AT SITE.

d) The prevention of public nuisance

APPROPRIATE STAFF TRAINING TO BE SATISFACTORILY COMPLETED AND RECORDED. WRITTEN TRAINING RECORDS CAN BE MADE AVAILABLE FOR INSPECTION UPON REASONABLE REQUEST BY A RELEVANT OFFICER OF A RESPONSIBLE AUTHORITY.

e) The protection of children from harm

APPROPRIATE STAFF TRAINING TO BE SATISFACTORILY COMPLETED AND RECORDED. WRITTEN TRAINING RECORDS CAN BE MADE AVAILABLE FOR INSPECTION UPON REASONABLE REQUEST BY A RELEVANT OFFICER OF A RESPONSIBLE AUTHORITY. APPROPRIATE TRAINING MANUAL TO BE OPERATED, REFUSALS BOOK TO BE MAINTAINED, SPIRITS LOCATED BEHIND THE COUNTER, CHALLENGE 21 AND PASS ACCREDITED PROOF OF AGE INITIATIVE TO BE OPERATED BY ALL STAFF.

- 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 have enclosed the consent form completed by the individual I wish to be 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 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	[REDACTED]
Date	9 TH JUNE 2012
Capacity	RB RETAIL & LICENSING SERVICES LIMITED DULY AUTHORISED AGENT

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)

RICHARD BAKER
RB RETAIL & LICENSING SERVICES LIMITED
23 MAGISTER DRIVE
LEE ON THE SOLENT

Post town	PORTSMOUTH	Post code	PO13 8GE
Telephone number (if any)	[REDACTED]		
If you would prefer us to correspond with you by e-mail your e-mail address (optional)			
[REDACTED]			



- Key**
-  Fire Extinguisher - Powder
 -  Fire Bucket
 -  Heat Detector
 -  Fire Blanket
 -  Security Camera

James Atkinson & Son
Canal Garage, Crooklands, Milnthorpe, LA7 7NX
Scale- 1:100 Drawing Reference; RB/0735
Drawn by: R Baker RB Retail & Licensing - 28TH May 2012

All retail selling areas to be licensed for alcohol display. Copyright – RB Retail & Licensing Services Limited,
23 Magister Drive, Lee on the Solent, Portsmouth PO123 8GE, Site dimensions to be used at all times

I, RICHARD WILLIAM READ BAKER
[full name of prospective premises supervisor]

of [REDACTED]
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 LICENCES TO SELL ALCOHOL FOR CONSUMPTION
[type of application] OFF THE PREMISES

by JAMES ATKINSON & SON LTD
[name of applicant]

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

or CANAL GARAGE, BROOKLANDS, MILNTHORPE
[name and address of premises to which the application relates] LA7 7NX

and any premises licence to be granted or varied in respect of this application made by: JAMES ATKINSON & SON LTD
[name of applicant]

concerning the supply of alcohol at:

CANAL GARAGE, BROOKLANDS, MILNTHORPE
[name and address of premises to which application relates] LA7 7NX

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: 06/00644
LA.P.E.R. 70242 [insert personal licence number, if any]

Personal licence issuing authority: MARLOW DISTRICT COUNCIL

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

Signed [REDACTED]

Name (please print) RICHARD WILLIAM READ BAKER

Dated 8/6/12