

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 Lidl Great Britain 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 | | | |
| (Site is Currently Trading as Homebase) | | | |
| Lidl Great Britain Limited Beezon Road | | | |
| Post town | Kendal | Postcode | LA9 6EL |

| | |
|---|-------------------|
| Telephone number at premises (if any) | |
| Non-domestic rateable value of premises | £285000.00 |

Part 2 - Applicant details

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

- a) an individual or individuals * please complete section (A)
- b) a person other than an individual *
 - i as a limited company/limited liability partnership please complete section (B)
 - ii as a partnership (other than limited liability) 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 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 (by ticking yes to one box below):

- 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 | | |
| 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 9-digit '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 | | | | | |
| Where applicable (if demonstrating a right to work via the Home Office online right to work checking service), the 9-digit 'share code' provided to the applicant by that service: (please see note 15 for information) | | | | | |
| Current residential 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 Lidl Great Britain Limited |
| Address Lidl House 14 Kingston Road Surbiton KT5 9NU |
| Registered number (where applicable) 02816429 |
| Description of applicant (for example, partnership, company, unincorporated association etc.) Limited Company |

| |
|---|
| Telephone number (if any) [REDACTED] |
| E-mail address (optional) [REDACTED] |

Part 3 Operating Schedule

When do you want the premises licence to start?

| | | |
|----|----|------|
| DD | MM | YYYY |
| 13 | 07 | 2022 |

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)

Supermarket

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 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)
- 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

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|---|-------|--------|---|----------|--------------------------|
| Plays Standard days and timings (please read guidance note 7) | | | <u>Will the performance of a play 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 type="checkbox"/> |
| Day | Start | Finish | <u>Please give further details here</u> (please read guidance note 4) | | |
| Mon | | | | | |
| | | | | | |
| Tue | | | | | |
| | | | | | |
| Wed | | | | | |
| | | | | | |
| | | | <u>State any seasonal variations for performing plays</u> (please read guidance note 5) | | |
| Thur | | | | | |
| | | | | | |
| | | | <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 6) | | |
| Fri | | | | | |
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| Sat | | | | | |
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B

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|---|-------|--------|---|----------|--------------------------|
| Films Standard days and timings (please read guidance note 7) | | | Will the exhibition of films take place indoors or outdoors or both – please tick (please read guidance note 3) | Indoors | <input type="checkbox"/> |
| | | | | Outdoors | <input type="checkbox"/> |
| | | | | Both | <input type="checkbox"/> |
| Day | Start | Finish | Please give further details here (please read guidance note 4) | | |
| Mon | | | | | |
| | | | State any seasonal variations for the exhibition of films (please read guidance note 5) | | |
| Tue | | | | | |
| | | | 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 6) | | |
| Wed | | | | | |
| | | | | | |
| Thur | | | | | |
| | | | | | |
| Fri | | | | | |
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| Sat | | | | | |
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C

| Indoor sporting events Standard days and timings (please read guidance note 7) | | | <u>Please give further details</u> (please read guidance note 4) |
|--|-------|--------|---|
| Day | Start | Finish | |
| Mon | | | |
| | | | |
| | | | |
| Tue | | | <u>State any seasonal variations for indoor sporting events</u> (please read guidance note 5) |
| | | | |
| | | | |
| Wed | | | <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 6) |
| | | | |
| | | | |
| Thur | | | |
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| Fri | | | |
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| Sat | | | |
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|--|-------|--------|--|----------|--------------------------|
| Boxing or wrestling entertainments Standard days and timings (please read guidance note 7) | | | <u>Will the boxing or wrestling entertainment 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 type="checkbox"/> |
| Day | Start | Finish | | | |
| Mon | | | <u>Please give further details here</u> (please read guidance note 4) | | |
| Tue | | | | | |
| Wed | | | <u>State any seasonal variations for boxing or wrestling entertainment</u> (please read guidance note 5) | | |
| Thur | | | | | |
| Fri | | | <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 6) | | |
| Sat | | | | | |
| Sun | | | | | |

E

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|--|-------|--------|--|----------|--------------------------|
| Live music Standard days and timings (please read guidance note 7) | | | <u>Will the performance of live music 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 type="checkbox"/> |
| Day | Start | Finish | <u>Please give further details here</u> (please read guidance note 4) | | |
| Mon | | | | | |
| | | | | | |
| Tue | | | | | |
| | | | | | |
| Wed | | | | | |
| | | | | | |
| | | | <u>State any seasonal variations for the performance of live music</u> (please read guidance note 5) | | |
| Thur | | | <u>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</u> (please read guidance note 6) | | |
| | | | | | |
| Fri | | | | | |
| | | | | | |
| Sat | | | | | |
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| Sun | | | | | |

F

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|--|-------|--------|--|----------|--------------------------|
| Recorded music Standard days and timings (please read guidance note 7) | | | <u>Will the playing of recorded music 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 type="checkbox"/> |
| Day | Start | Finish | <u>Please give further details here</u> (please read guidance note 4) | | |
| Mon | | | | | |
| Tue | | | <u>State any seasonal variations for the playing of recorded music</u> (please read guidance note 5) | | |
| 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 6) | | |
| Fri | | | | | |
| Sat | | | | | |
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G

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|---|-------|--------|---|----------|--------------------------|
| Performances of dance Standard days and timings (please read guidance note 7) | | | <u>Will the performance of dance 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 type="checkbox"/> |
| Day | Start | Finish | | | |
| Mon | | | <u>Please give further details here</u> (please read guidance note 4) | | |
| Tue | | | | | |
| Wed | | | <u>State any seasonal variations for the performance of dance</u> (please read guidance note 5) | | |
| 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 6) | | |
| Sat | | | | | |
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H

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|--|-------|--------|--|----------|--------------------------|
| Anything of a similar description to that falling within (e), (f) or (g) Standard days and timings (please read guidance note 7) | | | 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 3) | 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 4) | | |
| 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 5) | | |
| 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 6) | | |
| Sun | | | | | |

I

| | | | | | |
|--|-------|--------|---|----------|--------------------------|
| Late night refreshment Standard days and timings (please read guidance note 7) | | | Will the provision of late night refreshment take place indoors or outdoors or both – please tick (please read guidance note 3) | 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 4) | | |
| | | | | | |
| Tue | | | | | |
| | | | | | |
| Wed | | | <u>State any seasonal variations for the provision of late night refreshment</u> (please read guidance note 5) | | |
| | | | | | |
| 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 6) | | |
| | | | | | |
| Sat | | | | | |
| Sun | | | | | |
| | | | | | |

J

| | | | | | |
|---|-------|--------|--|------------------|-------------------------------------|
| Supply of alcohol Standard days and timings (please read guidance note 7) | | | Will the supply of alcohol be for consumption – please tick (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 | State any seasonal variations for the supply of alcohol (please read guidance note 5) | | |
| Mon | 07:00 | 23:00 | | | |
| | | | | | |
| Tue | 07:00 | 23:00 | | | |
| | | | | | |
| Wed | 07:00 | 23:00 | | | |
| | | | | | |
| Thur | 07:00 | 23:00 | | | |
| | | | | | |
| Fri | 07:00 | 23:00 | | | |
| | | | | | |
| Sat | 07:00 | 23:00 | | | |
| | | | | | |
| Sun | 07:00 | 23:00 | | | |
| | | | | | |

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 Rebecca Bough | |
| Date of birth [REDACTED] | |
| Address [REDACTED] [REDACTED] | |
| Postcode | [REDACTED] |
| Personal licence number (if known) [REDACTED] | |
| Issuing licensing authority (if known) [REDACTED] | |

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).

L

| Hours premises are open to the public Standard days and timings (please read guidance note 7) | | | <u>State any seasonal variations</u> (please read guidance note 5) |
|--|-------|--------|---|
| Day | Start | Finish | |
| Mon | 07:00 | 23:00 | <p><u>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</u> (please read guidance note 6)</p> |
| | | | |
| Tue | 07:00 | 23:00 | |
| | | | |
| Wed | 07:00 | 23:00 | |
| | | | |
| Thur | 07:00 | 23:00 | |
| | | | |
| Fri | 07:00 | 23:00 | |
| | | | |
| Sat | 07:00 | 23:00 | |
| | | | |
| Sun | 07:00 | 23:00 | |
| | | | |

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 will be trained regarding appropriate precautions to prevent the sale of alcohol to persons under the age of 18, the signs and symptoms of drunk persons and the refusal of sale due to intoxication. Staff will also be trained to recognise the signs of proxy purchases.
- Records will be kept of such training for the member of staff who has received that training.
- All staff will receive refresher training every six months as a minimum and records are to be kept of this refresher training.
- Confirmation of training can be made available to the Licensing Authority or Police within 7 days of a request.
- Any person found to be in breach of the Company alcohol policy is subject to disciplinary proceedings

b) The prevention of crime and disorder

- The operators of the premises will maintain a good relationship with the local police and other relevant authorities
- A comprehensive digital CCTV system to be installed internally giving storage of images for a period of not less than 28 days Images can be provided on to removable media to authorised bodies with 48 hours notice

c) Public safety

- Fire safety equipment is provided at the premises, and staff are trained on the use of this equipment

d) The prevention of public nuisance

- Alcohol will not be sold in an open container and the consumption of alcohol on the premises will not be permitted

e) The protection of children from harm

- There will be a Challenge 25 policy operating at the premises. Challenge 25 means that the holder of the premises licence shall ensure that every individual, who visually appears to be under 25 years of age and is seeking to purchase or be supplied with alcohol at the premises or from the premises, shall produce identification proving that individual to be 18 years of age or older. Acceptable identification for the purposes of age verification will include a driving licence, passport or photographic identification bearing the “PASS” logo and the person’s date of birth. If the person seeking alcohol is unable to produce acceptable means of

identification, no sale or supply of alcohol will be made to or for that person.

- In the event that an employee suspects that a person attempting to purchase alcohol is under the age of 25, is a street drinker or is attempting a proxy purchase they will immediately call the duty manager. The duty manager will make appropriate enquiries and will determine whether the sale should be permitted.
- 'Challenge 25' posters shall be displayed in prominent positions at the premises.
- An automated till prompt will be set up so that the operator has to positively confirm that Challenge 25 has been complied with when the first item of alcohol has been scanned.

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.
- [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).

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 | 07.06.2022 |
| Capacity | Licensing Manager |

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) | | | |
|  | | | |
| Post town |  | Postcode |  |
| Telephone number (if any) |  | | |
| If you would prefer us to correspond with you by e-mail, your e-mail address (optional) | | | |
|  | | | |

Consent of individual to being specified as premises supervisor

Rebecca Bough

I
[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

New Application

.....
[type of application]

by

Lidl Great Britain Limited

.....
[name of applicant]

relating to a premises licence N/A
.....
[number of existing licence, if any]

for

Lidl Great Britain Limited
Beezon Road
Kendal
LA9 6EL

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

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

Lidl Great Britain Limited

[name of applicant]

concerning the supply of alcohol at

Lidl Great Britain Limited
Beezon Road
Kendal
LA9 6EL

[name and address of premises to which application relates]

I also confirm that I am entitled to work in the United Kingdom and am applying for, intend to apply for or currently hold a personal licence, details of which I set out below.

Personal licence number

██████████

[insert personal licence number, if any]

Personal licence issuing authority

████████████████████

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

Signed

██████████

Name (please print)

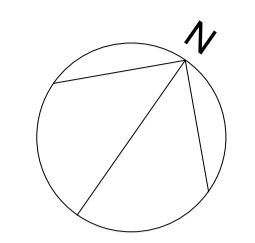
Rebecca Bough

Date

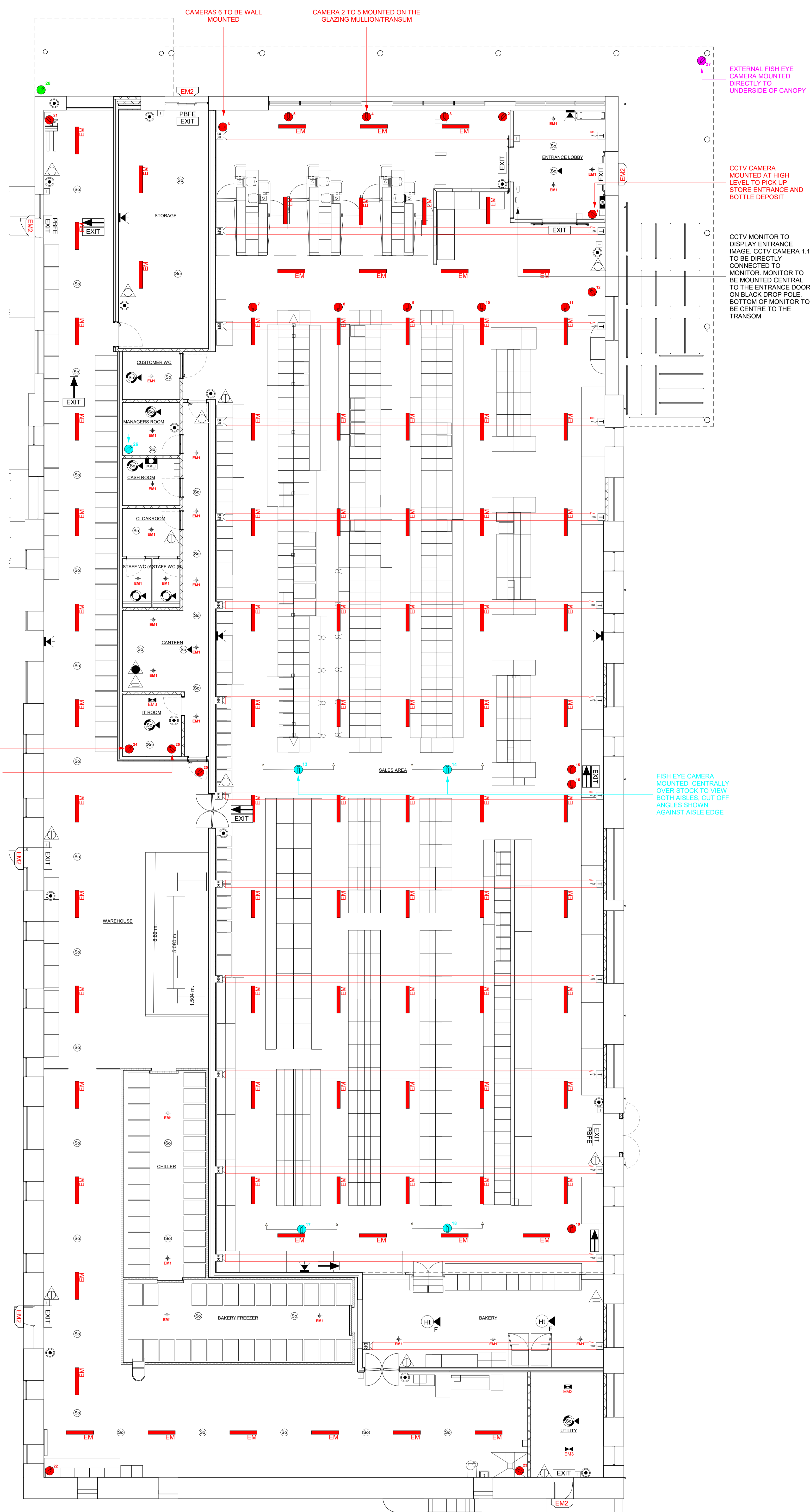
14.6.22

Do not scale the drawing.
Architects are to be notified of any discrepancies.
Contractors must check all dimensions on site.
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For other information refer to the latest revision of any associated drawings.
To be read in conjunction with relevant design standards/procedures.

This is a colour drawing. In order to ensure any subsequent reproduction is viewed correctly it should be printed in full colour.



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SCALE 1:100
m



EXTERNAL FISH EYE CAMERA MOUNTED DIRECTLY TO UNDERSIDE OF CANOPY

CCTV CAMERA MOUNTED AT HIGH LEVEL TO PICK UP STORE ENTRANCE AND BOTTLE DEPOSIT

CCTV MONITOR TO DISPLAY ENTRANCE IMAGE. CCTV CAMERA 1.1 TO BE DIRECTLY CONNECTED TO MONITOR. MONITOR TO BE MOUNTED CENTRAL TO THE ENTRANCE DOOR ON BLACK DROP POLE. BOTTOM OF MONITOR TO BE CENTRE TO THE TRANSOM

CCTV CAMERA TO COVER FRONT OF SAFE AND ROOM. PRIVACY BOX REQUIRED OVER KEY PAD ONLY

CCTV CAMERA TO COVER COMMS ROOM DOOR MOUNTED BELOW DATA CONTAINMENT

WALL MOUNTED CCTV CAMERA TO COVER IT RACK FRONT

FISH EYE CAMERA MOUNTED CENTRALLY OVER STOCK TO VIEW BOTH AISLES. CUT OFF ANGLES SHOWN AGAINST AISLE EDGE

| LEGEND | | SECURITY LEGEND | |
|--------|--|-----------------|---|
| | SMOKE DETECTOR OPTICAL | | FIRE ALARM REPEATER PANEL |
| | SMOKE DETECTOR OPTICAL WITH SOUNDER BASE | | POWER SUPPLY UNIT |
| | SMOKE DETECTOR OPTICAL WITH STROBE AND SOUNDER BASE | | PORTABLE WATER FIRE EXTINGUISHER |
| | COMBINED STROBE AND SOUNDER BASE | | PORTABLE FOAM FIRE EXTINGUISHER |
| | HEAT DETECTOR (F = FIXED TEMP. R = RATE OF RISE) WITH SOUNDER BASE | | FIRE BLANKET |
| | SMOKE BEAM DETECTOR TRANSMITTER | | PUSH BAR FIRE EXIT |
| | SMOKE BEAM DETECTOR REFLECTOR | | PICTOGRAM 3H LIGHT LED, SURFACE |
| | INTERFACE UNIT | | FIRE EXIT DIRECTIONAL SIGNAGE |
| | MANUAL CALL POINT | | EMERGENCY 3H LIGHT LED SURFACE |
| | ELECTRONIC SOUNDER AND STROBE UNIT | | EMERGENCY LIGHT |
| | MAIN FIRE ALARM PANEL | | EMERGENCY LIGHT VERSION |
| | | | EMERGENCY 2H LIGHT LED SURFACE |
| | | | CCTV CAMERA IN A DOME INTERNAL - FISH EYE (HANWHA TECHWIN XNF-8010R) |
| | | | CCTV CAMERA IN A DOME INTERNAL - FIXED (HANWHA TECHWIN XND-6080R) |
| | | | CCTV CAMERA IN A DOME EXTERNAL - FIXED (HANWHA TECHWIN XNV-6080R) |
| | | | CCTV CAMERA IN A DOME EXTERNAL - FISH EYE (HANWHA TECHWIN XNF-8010 RV) |
| | | | CCTV MONITOR TYPE 1 - 22" (WBOX TECHNOLOGIES WBXM1 2153) |
| | | | CCTV MONITOR TYPE 2 - VESTEL VISUAL SOLUTIONS - 43" PROFESSIONAL HIGH BRIGHT SIGNAGE DISPLAY. Ref - PDH43UG32/6 |

DRAWING FOR LICENSING PURPOSES ONLY - THIS IS NOT A DESIGN OR CONSTRUCTION DRAWING.
ALL INFORMATION SHOWN IS SUBJECT TO DETAILED, SPECIALIST DESIGN NUMBERS AND LOCATIONS OF ALL ITEMS OF EQUIPMENT ARE DIAGRAMMATIC ONLY AND SUBJECT TO DETAILED DESIGN.
FIRE ALARM DETECTION TO BS5839
EMERGENCY LIGHTING TO BS5266

P2 DRAWING UPDATED UPON 13.06.22 JH HF
CLIENT'S REQUEST
P1 FIRST ISSUE 26.05.22 SM HF
Rev. Description Date. Dm. Cld

Status: TECHNICAL DESIGN



Project: KENDAL, BEEZON ROAD



Licensing Plan

| Proj Ref | Drawn | Zone | Level | Type | Rule | Norm | Status | Rev |
|--------------|-------|-------|-------|------|------|------|--------|-----|
| 7330-00-1001 | SMR | 00 | ZZ | DR | A | 1001 | S2 | P2 |
| SMR Job Ref | Sheet | Scale | Drawn | HF | | | | |
| 7330-00-1001 | A0 | 1:100 | | HF | | | | |

THIS PAGE IS RESERVED FOR OFFICIAL OBSERVATIONS
CETTE PAGE EST RESERVEE AUX OBSERVATIONS OFFICIELLES (11)

THERE ARE NO OFFICIAL OBSERVATIONS



HOME ADDRESS / ADRESSE DU TITULAIRE



UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND

PASSPORT
PASSEPORT

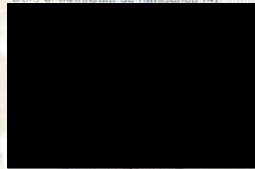


Surname/Nom (1)
BOUGH

Given names/Prénoms (2)
REBECCA LOUISE

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BRITISH CITIZEN

Date of birth/Date de naissance (4)



Place of birth (5)

