

Insert name and address of relevant licensing authority and its reference number (optional)

LICENSING TEAM WORCESTERSHIRE REGULATORY SERVICES REDDITCH BOROUGH COUNCIL
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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 ASDA STORES LTD
(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	
ASDA JINNAH ROAD SMALLWOOD	
Post town REDDITCH, WORCS	Post code B98 7ER
Telephone number at premises (if any)	
Non-domestic rateable value of premises	£

Part 2 - Applicant Details

Please state whether you are applying for a premises licence as

Please tick as appropriate

- | | | |
|---|-------------------------------------|-----------------------------|
| a) an individual or individuals* | <input type="checkbox"/> | please complete section (A) |
| b) a person other than an individual* | | |
| i as a limited company | <input checked="" type="checkbox"/> | please complete section (B) |
| ii as a partnership | <input type="checkbox"/> | please complete section (B) |
| iii as an unincorporated association or | <input type="checkbox"/> | please complete section (B) |
| iv other (for example a statutory corporation) | <input type="checkbox"/> | please complete section (B) |
| c) a recognised club | <input type="checkbox"/> | please complete section (B) |
| d) a charity | <input type="checkbox"/> | please complete section (B) |
| e) the proprietor of an educational establishment | <input type="checkbox"/> | please complete section (B) |

- f) a health service body 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			Post code	
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			Post code	
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 ASDA STORES LTD
Address ASDA HOUSE SOUTHBANK GREAT WILSON STREET LEEDS LS11 5AD
Registered number (where applicable) 464777
Description of applicant (for example, partnership, company, unincorporated association etc.) COMPANY
Telephone number (if any) 0113 952 0101
E-mail address (optional)

Part 3 - Operating Schedule

When do you want the premises licence to start?

DD		MM		YYYY			
A		S		A	P		

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

DD		MM		YYYY			

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

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

SUPERMARKET

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)

Please tick any that apply

Provision of regulated entertainment

- a) plays (if ticking yes, fill in box A)
- b) films (if ticking yes, fill in box B)
- c) indoor sporting events (if ticking yes, fill in box C)
- d) boxing or wrestling entertainment (if ticking yes, fill in box D)
- e) live music (if ticking yes, fill in box E)
- f) recorded music (if ticking yes, fill in box F)
- g) performances of dance (if ticking yes, fill in box G)
- h) anything of a similar description to that falling within (e), (f) or (g) (if ticking yes, fill in box H)

Provision of late night refreshment (if ticking yes, fill in box I)

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

In all cases complete boxes K, L and M

A

Plays Standard days and timings (please read guidance note 6)			<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"/>	
Day	Start	Finish		Outdoors	<input type="checkbox"/>	
Mon			<u>Please give further details here</u> (please read guidance note 3)	Both	<input type="checkbox"/>	
Tue						
Wed				<u>State any seasonal variations for performing plays</u> (please read guidance note 4)		
Thur						
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"/>	
Day	Start	Finish		Outdoors	<input type="checkbox"/>	
Mon			<u>Please give further details here</u> (please read guidance note 3)	Both	<input type="checkbox"/>	
Tue						
Wed				<u>State any seasonal variations for the exhibition of films</u> (please read guidance note 4)		
Thur						
Fri						
Sat						
Sun				<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)		

C

Indoor sporting events Standard days and timings (please read guidance note 6)			Please give further details (please read guidance note 3)
Day	Start	Finish	
Mon			State any seasonal variations for indoor sporting events (please read guidance note 4)
Tue			
Wed			
Thur			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)
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			Both	<input type="checkbox"/>	Please give further details here (please read guidance note 3)
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					

G

Performances of dance Standard days and timings (please read guidance note 6)			Will the performance of dance take place indoors or outdoors or both - please tick (please read guidance note 2)		Indoors	<input type="checkbox"/>
					Outdoors	<input type="checkbox"/>
					Both	<input type="checkbox"/>
Day	Start	Finish				
Mon			Please give further details here (please read guidance note 3)			
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)			Please give a description of the type of entertainment you will be providing			
Day	Start	Finish	Will this entertainment take place indoors or outdoors or both - please tick (please read guidance note 2)		Indoors	<input type="checkbox"/>
					Outdoors	<input type="checkbox"/>
Mon					Both	<input type="checkbox"/>
Tue			Please give further details here (please read guidance note 3)			
Wed						
Thur			State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g) (please read guidance note 4)			
Fri						
Sat			Non standard timings. Where you intend to use the premises for the entertainment of a similar description to that falling within (e), (f) or (g) at different times to those listed in the column on the left, please list (please read guidance note 5)			
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"/>	
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 live music (please read guidance note 4)		
Thur						
Fri				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)		
Sat						
Sun						

F

Recorded music Standard days and timings (please read guidance note 6)			Will the playing of recorded music take place indoors or outdoors or both - please tick (please read guidance note 2)	Indoors	<input type="checkbox"/>
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 playing of recorded music (please read guidance note 4)		
Thur					
Fri			Non standard timings. Where you intend to use the premises for the playing of recorded music at different times to those listed in the column on the left, please list (please read guidance note 5)		
Sat					
Sun					

I

Late night refreshment Standard days and timings (please read guidance note 6)			Will the provision of late night refreshment take place <u>indoors or outdoors or both - please tick</u> (please read guidance note 2)	Indoors	<input 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 checked="" type="checkbox"/>
Tue	23.00	05.00			
Wed	23.00	05.00		State any seasonal variations for the provision of late night refreshment (please read guidance note 4)	
Thur	23.00	05.00			
Fri	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)	
Sat	23.00	05.00			
Sun	23.00	05.00			

FOR AN ADDITIONAL HOUR ON THE DAY ON WHICH BRITISH SUMMER
TIME BEGINS

J

Supply of alcohol Standard days and timings (please read guidance note 6)			Will the supply of alcohol be for consumption <u>- please tick</u> (please read guidance note 7)	On the premises	<input type="checkbox"/>
Day	Start	Finish		Off the premises	<input checked="" type="checkbox"/>
Mon	00.00	24.00	State any seasonal variations for the supply of alcohol (please read guidance note 4)	Both	<input type="checkbox"/>
Tue	00.00	24.00			
Wed	00.00	24.00			
Thur	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)	
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 designated premises supervisor:

Name JAMES WOODBURY	
Address [REDACTED]	
Post code	[REDACTED]
Personal licence number (if known) LEEDS.PERL.07399/14	
Issuing licensing authority (if known) LEEDS CITY 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).

NONE

L

Hours premises are open to the public Standard days and timings (please read guidance note 6)			<u>State any seasonal variations</u> (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 to 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	

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 constructed in accordance with Plan No12.096.A(100)00_02 GF dated March 2014 and Plan No 12.096.A(100)00_03 FF.
 All staff shall be trained in the premises licence holder's procedures which include liquor licensing and all checkout operators and their team trainers shall have additional training in the sale of alcohol.
 The premises will offer an alcohol delivery service

b) The prevention of crime and disorder

The premises to have internal & external CCTV cameras. The CCTV system will be registered in accordance with the Data Protection Act. The system will be capable of continuously recording and copies of such recordings shall be kept for a period of not less than 31 days and handed to a police constable or authorised person upon request. The system shall be maintained in working order & recordings will be made for each trading period conducted at the premises. Adoption of challenge 25 or similar proof of age scheme which is recognized by the police. The proof of age scheme shall be effected by the inspection of a recognized form of photographic identification such as passport, photo driving licence, proof of age card or any other form of identification agreed with the police. If the appropriate proof of age is not produced there will be no sale. Notices are to be prominently displayed advising customers of the challenge 25(or similar scheme) policy

c) Public safety

The premise licence holder seeks to comply with the requirements of the health and safety legislation.

d) The prevention of public nuisance

External CCTV system in place to deter anti-social behaviour.

e) The protection of children from harm

All stores will have a till prompt system for age restricted products. Adoption of challenge 25 or similar proof of age scheme which is recognized by the police. The proof of age scheme shall be effected by the inspection of a recognized form of photographic identification such as passport, photo driving licence, proof of age card or any other form of identification agreed with the police. If the appropriate proof of age is not produced there will be no sale. Notices are to be prominently displayed advising customers of the challenge 25 (or similar scheme) policy.

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.

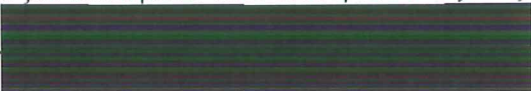
IT IS AN OFFENCE, LIABLE ON SUMMARY CONVICTION TO A FINE NOT EXCEEDING LEVEL 5 ON THE STANDARD SCALE, UNDER SECTION 158 OF THE LICENSING ACT 2003, TO MAKE A FALSE STATEMENT IN OR IN CONNECTION WITH THIS APPLICATION.

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	Gosschalke
Date	29 July 2014
Capacity	Solicitors for and on behalf of the applicants

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) Gosschalke Solicitors Queens Gardens Hull East Yorkshire	
Post town	Post code HU1 3DZ
Telephone number (if any)	01482 324252
If you would prefer us to correspond with you by e-mail, your e-mail address (optional) 	

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.

Consent of individual to being specified as premises supervisor

(full name of prospective premises supervisor)
(home address of prospective premises supervisor)

I, JAMES WOODBURY
of 

(type of application)

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

(name of applicant)

by ASDA STORES LTD

(number of existing licence, if any)

relating to a premises licence

(name and address of premises to which the application relates)

for ASDA
JINNAH ROAD
SMALLWOOD, REDDITCH B98 7ER

(name of applicant)

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

(name and address of premises to which application relates)

concerning the supply of alcohol at
ASDA
JINNAH ROAD
SMALLWOOD, REDDITCH B98 7ER


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.

(insert personal licence number, if any)

Personal licence number LEEDS/PERL/07399/14

(insert name and address and telephone number of personal licence issuing authority, if any)

Personal licence issuing authority
LEEDS CITY COUNCIL



Signed _____

Name J WOODBURY
(please print)

Dated 24.7.2014 _____

