

APPENDIX 1  
 VWHDC: Licensing  
 28 AUG 2012  
 Received

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 JD Wetherspoon plc  
 (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**

<b>Postal address of premises or, if none, ordnance survey map reference or description</b>			
Wetherspoons (former Post Office) 25 High Street			
<b>Post town</b>	Abingdon	<b>Post code</b>	OX14 5AA

Telephone number at premises (if any)	
Non-domestic rateable value of premises	£0

**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 in Wales  please complete section (B)
- ga) a person who is registered under Chapter 2 of Part 1 of the Health and Social Care Act 2008 (within the meaning of that Part) in an independent hospital in England  please complete section (B)
- h) the chief officer of police of a police force in England and Wales  please complete section (B)

\* If you are applying as a person described in (a) or (b) please confirm:

Please tick yes

- I am carrying on or proposing to carry on a business which involves the use of the premises for licensable activities; or
- I am making the application pursuant to a
  - statutory function or
  - a function discharged by virtue of Her Majesty's prerogative

**(A) INDIVIDUAL APPLICANTS (fill in as applicable)**

Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
<b>Surname</b>			<b>First names</b>		
I am 18 years old or over					<input type="checkbox"/> Please tick yes
<b>Current postal address if different from premises address</b>					
<b>Post Town</b>				<b>Postcode</b>	
<b>Daytime contact telephone number</b>					
<b>E-mail address (optional)</b>					

**SECOND INDIVIDUAL APPLICANT (if applicable)**

Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
<b>Surname</b>			<b>First names</b>		

I am 18 years old or over		<input type="checkbox"/> Please tick yes	
Current postal address if different from premises address			
Post Town		Postcode	
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 JD Wetherspoon plc
Address Wetherspoon House Central Park Reeds Crescent Watford Hertfordshire WD24 4QL
Registered number (where applicable) 01709784
Description of applicant (for example, partnership, company, unincorporated association etc.) Public Limited Company
Telephone number (if any)
E-mail address (optional)

**Part 3 Operating Schedule**

When do you want the premises licence to start?

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

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

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

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

A proposed two storey public house and restaurant. The customer area for licensable activities is to be located on the ground floor together with an external outside area, kitchen and cellar. Customer toilet facilities and staff facilities on the first floor.

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)

L

<b>Late night refreshment</b> Standard days and timings (please read guidance note 6)			<b>Will the provision of late night refreshment take place indoors or outdoors or both – please tick</b> (please read guidance note 2)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input checked="" type="checkbox"/>
<b>Day</b>	<b>Start</b>	<b>Finish</b>	<b>Please give further details here</b> (please read guidance note 3) Hot food together with hot drinks including tea and coffee		
Mon	2300	0000			
Tue	2300	0000	<b>State any seasonal variations for the provision of late night refreshment</b> (please read guidance note 4)		
Wed	2300	0000			
Thur	2300	0100	<b>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</b> (please read guidance note 5) Christmas Eve/Boxing Day/Maundy Thursday/Sundays preceding Bank Holiday Mondays - an additional hour New Year's Eve: 2300 to 0500		
Fri	2300	0100			
Sat	2300	0100			
Sun	2300	0000			

**M**

<b>Supply of alcohol</b> Standard days and timings (please read guidance note 6)			<b>Will the supply of alcohol be for consumption (Please tick box)</b> (please read guidance note 7)	On the premises	<input type="checkbox"/>
				Off the premises	<input type="checkbox"/>
				Both	<input checked="" type="checkbox"/>
<b>Day</b>	<b>Start</b>	<b>Finish</b>	<b>State any seasonal variations for the supply of alcohol</b> (please read guidance note 4)		
Mon	0800	0000			
Tue	0800	0000			
Wed	0800	0000			
Thur	0800	0100			
Fri	0800	0100			
Sat	0800	0100			
Sun	0800	0000	<b>Non standard timings. Where you intend to use the premises for the supply of alcohol at different times to those listed in the column on the left, please list</b> (please read guidance note 5)		
			Christmas Eve/Boxing Day/Maundy Thursday/Sundays preceding Bank Holiday Mondays - an additional hour		
			New Year's Eve from the end of the permitted hours until the start of permitted hours on New Year's Day.		

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

<b>Name</b> Deborah McCallum	
<b>Address</b> 6 Roehampton Court Queens Ride Barnes	
<b>Postcode</b>	SW13 0HU
<b>Personal Licence number (if known)</b> 30659	
<b>Issuing licensing authority (if known)</b> London Borough of Richmond upon Thames	

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)

None

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	0700	0030	<p><b><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></b> (please read guidance note 5)</p> <p>Christmas Eve/Boxing Day/Maundy Thursday/Sundays preceding Bank Holiday Mondays/the morning BST commences - an additional hour</p> <p>New Year's Eve from the end of the permitted hours until the start of permitted hours on New Year's Day.</p>
Tue	0700	0030	
Wed	0700	0030	
Thur	0700	0130	
Fri	0700	0130	
Sat	0700	0130	
Sun	0700	0030	

**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)

1. The premises licence holder will ensure that all staff at the premises have been trained in accordance with established JD Wetherspoon plc trading procedures. Specifically the premises licence holder will ensure that all employees are trained in their responsibilities to prevent alcohol being served to anybody who is under the legal age limit or to anyone who appears to be drunk or to anyone who is trying to purchase alcohol on their behalf.

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

1. The premises licence holder will ensure that there are sufficient staffing levels including managers to encourage responsible behaviour on the premises at all times.

2. CCTV shall be installed in the premises in compliance with many reasonable requirements of the police. Images will be retained for a minimum of 30 days and will be available to the police upon request. Members of the management team will be trained in the use of the system.

3. Non-alcoholic beverages including soft drinks, water, coffee and tea shall be available at all times, sale by retail of alcohol carried out at the premises.

**c) Public safety**

See conditions 1 to 3 Box B above.

**d) The prevention of public nuisance**

See conditions 1 to 3 Box B above.



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

- |    |                                                                                                                 |
|----|-----------------------------------------------------------------------------------------------------------------|
| 1. | The premises licence holder will operate a "Challenge 21" Policy at all times.                                  |
| 2. | Suitable food and non-alcoholic beverages shall be available at all times children are allowed on the premises. |

**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	<i>J. W. [unclear] PLC</i>
Date	<i>24/8/12</i>
Capacity	<i>APPLICANT</i>

**For joint applications signature of 2<sup>nd</sup> applicant or 2<sup>nd</sup> applicant’s solicitor or other authorised agent.** (please read guidance note 12). **If signing on behalf of the applicant please state in what capacity.**

Signature	
Date	
Capacity	

<b>Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 13)</b>			
Barbara Morrice c/o Legal Department Wetherspoon House Central Park Reeds Crescent			
<b>Post town</b>	Watford	<b>Post code</b>	WD24 4QL
<b>Telephone number (if any)</b>	01923 477 804		
<b>If you would prefer us to correspond with you by e-mail your e-mail address (optional)</b>			
bmorrice@jdwetherspoon.co.uk			

### 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, if you wish people to be able to purchase alcohol to consume away from the premises please tick off. 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, 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, both applicants or their respective agents must sign the application form.
13. This is the address which we shall use to correspond with you about this application.

**Kate Fisher - Fwd: Application for wetherspoons Abingdon**

**From:** Licensing unit  
**To:** Kate Fisher; Melanie Hemmings  
**Date:** 25/09/2012 11:46  
**Subject:** Fwd: Application for wetherspoons Abingdon

From the inbox...

Licensing Unit  
 Vale of White Horse District Council  
 Abbey House, Abingdon, OX14 3JE

Tel: 01235 520202

Textphone: 18001 01235 540534

>>> "Morris Laura" <Laura.Morris@thamesvalley.pnn.police.uk> 25/09/2012 11:13 >>>

Hello

I have today spoke to Nigel Connors who has advised me that the email is down at his end so he is unable to confirm via email the agreed conditions. They have been confirmed via phone so Thames Valley Police have no objections to the Application if the following is attached to the licence.

- The premises licence holder will erect signage adjacent to the front entrance to the premises requesting that customers smoke in the dedicated smoking area at the rear of the premises.
- A minimum of 2 door supervisors individual registered by the SIA will be employed at the premises from 21.00 to 01.00 on every Friday and Saturday evening. In addition to this requirement, the premise licence holder will risk assess to need for door supervisors at all times the premise is open to the public and employ such door supervisors at such times and in such numbers as deemed necessary by the risk assessment.

Nigel has stated that he is happy for you to contact him via phone in order to confirm this verbally. Phone: 01923 477892

Laura Morris | Oxfordshire Licensing Officer | Telephone : 01865 846 150 | Internal: 700 6150 |  
 Mobile: 07989 497913

Address: Licensing, Thames Valley Police, HQ South, Oxford Rd, Kidlington, OX5 2NX  
 For information, guidance and the Licensing Toolkit, visit: <http://knowzone/kz-lic-homepage.htm>

**Thames Valley Police Currently use the Microsoft Office 2002 suite of applications. Please be aware of this if you intend to include an attachment with your email. This communication contains information which is confidential and may also be privileged. Any views or opinions expressed are those of the originator and not necessarily those of Thames Valley Police. It is for the exclusive use of the addressee(s). If you are not the intended recipient(s) please note that any form of distribution, copying or use of this communication or the information in it is strictly prohibited and may be unlawful. If you have received this communication in error please forward a copy to: informationsecurity@thamesvalley.pnn.police.uk and to the sender. Please then delete the e-mail and destroy any copies of it. Thank you.**

**Kate Fisher - Wetherspoons, 25 High St, Abingdon - Application for Premises Licence**

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**From:** "Nigel Connor" <NConnor@jdwetherspoon.co.uk>  
**To:** "Melanie Hemmings" <melanie.hemmings@southandvale.gov.uk>  
**Date:** 25/09/2012 13:04  
**Subject:** Wetherspoons, 25 High St, Abingdon - Application for Premises Licence  
**CC:** "Kate Fisher" <kate.fisher@southandvale.gov.uk>

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Melanie

\* Our e-mails have been down since Sunday but I have agreed a set of conditions with Laura over the phone this morning and I understand she is to e-mail those to you. I am happy to confirm our acceptance and authorise you to amend the operating schedule accordingly. \*

The possible alteration to the location of the smoking area at the request of Alick will need to be signed off internally and this will be done on Thursday. I have spoken to Alick to make him aware of the situation and I understand he has put in holding rep. in the interim. Are you happy to accept an amended plan showing the relocated area if it is agreed?

I note the concerns of the Councillors. I will contact them directly in the hope they can be addressed.

Regards

Nigel

**From:** Melanie Hemmings [mailto:melanie.hemmings@southandvale.gov.uk]  
**Sent:** 24 September 2012 12:45  
**To:** Nigel Connor  
**Cc:** Kate Fisher  
**Subject:** Fwd: RE: Wetherspoons

Hello Nigel,

See the thread below regarding objections received from two councillors.

Please let Kate know ASAP if you wish to respond in any way to these.

**Kate Fisher - Fwd: RE: Wetherspoons, 25 High St, Abingdon - Application for Premises Licence**

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**From:** Alick Natton  
**To:** Kate Fisher; Melanie Hemmings; Robert Draper  
**Date:** 26/09/2012 15:17  
**Subject:** Fwd: RE: Wetherspoons, 25 High St, Abingdon - Application for Premises Licence

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Melanie et al  
 That confirms the conditions then.  
 Regards

Alick Natton  
 Environmental Health Officer  
 Vale of White Horse District Council  
 01235 540543  
 >>> "Nigel Connor" <NConnor@jdwetherspoon.co.uk> 26/09/2012 14:31 >>>

Melanie

Thanks for your response.

We would not wish to have to restart the process with a fresh application given the time and expense. If a change to the location of the outside terrace is agreed then we will deal with it as a variation after any grant. This will allow the necessary consultation to occur without delaying the new premises licence process.

The conditions which we would be happy to agree to are as follows:

- 1) There shall be no consumption food and drink in any external area of the premises after 2200.
- 2) There shall be no external heating in any external area of the premises.

I understand that Alick is happy with these conditions but no doubt he will confirm.

Could you please forward me the details of the residential representation.

Regards

Nigel

**From:** Melanie Hemmings [mailto:melanie.hemmings@southandvale.gov.uk]  
**Sent:** 25 September 2012 17:39  
**To:** Nigel Connor  
**Cc:** Alick Natton; Kate Fisher; Robert Draper  
**Subject:** Re: Wetherspoons, 25 High St, Abingdon - Application for Premises Licence  
**Importance:** High

Visit us at [www.southoxon.gov.uk](http://www.southoxon.gov.uk) or [www.whitehorsedc.gov.uk](http://www.whitehorsedc.gov.uk)

>>> penny mcdougall <oxon4@live.co.uk> 19/09/2012 22:00 >>>

Dear Mr Draper,

We were worried enough about the idea of serving alcohol from 8am daily to bring the matter up at the Full Town Council meeting this evening.



We would like our objection to this noted, it is not something we want to encourage in Abingdon-on-Thames.



We would also like a consultation with the near residents in the Town Centre.

Kind regards,

Cllr Penny McDougall

&

Cllr Lesley Legge

Abbey/Barton Ward

Abingdon-on-Thames Town Council

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From: oxon4@live.co.uk

To: oxon4@live.co.uk

Subject: RE: Wetherspoons

Date: Sat, 15 Sep 2012 09:04:52 +0100

Dear Mr Draper,

I have just found the application.

file://C:\Documents and Settings\katef\Local Settings\Temp\XPgrpwise\506055D5V... 26/09/2012

Technical Officer, Licensing Team  
Vale of White Horse District Council  
Abbey House  
Abingdon  
Oxon  
OX14 3JE

T: 01235 520202

F: 01235 531981

Textphone: 18001 01235 547642

>>> penny mcdougall <oxon4@live.co.uk> 21 September 2012 19:02 >>>

Dear Melanie,

It is not a town Council formal objection, but one from the ward Councillors.

Really our objections could be covered by all four objectives, but mainly public nuisance if it may mean people are intoxicated on the streets at an early hour whilst people are going about their daily business.

\* When The Grapes put in their amended application we, as Councillors, did a letter drop to local residents to inform them of the application, not persuading them either way, just informing, so they felt part of the process. For several reasons we are unable to do that in this case and very few people read the notices put on posts near the site. We worry that residents may feel they have been overlooked and find out after the fact. \*

kind regards,

Cllrs McDougall & Legge  
Abbey/Barton Ward

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Date: Fri, 21 Sep 2012 14:29:24 +0100  
From: melanie.hemmings@southandvale.gov.uk  
To: oxon4@live.co.uk  
Subject: RE: Wetherspoons

file://C:\Documents and Settings\katef\Local Settings\Temp\XPgrpwise\506055D5V... 26/09/2012

Mrs Celia J Warman

25th September 2012

Licensing Team  
Vale of White Horse District Council  
Abbey House  
Abbey Close  
Abingdon  
Oxon OX14 3JE

**Licensing Application for Wetherspoons (former Post Office)**

25 High Street  
Abingdon, Oxon  
OX14 5AA

Dear Kate Fisher

I am writing to object to the planning application for licensing at the Post Office at 25 High Street, Abingdon for the following reasons.

1. The fact that the alcohol will be cheaper will encourage more inebriated customers in the town centre. I have witnessed this in my Mother's home town of Caversham. Being ninety years old, she had distressing times when men called out verbal abuse to her.
2. I have heard that the crime rate went up in Newbury when the Wetherspoons was opened there. Older people are less inclined to go out in the evenings in Newbury because the riot vans are always around Newbury and doesn't give encouragement for them to do so.
3. Wetherspoons application in Haywards Heath in Sussex was turned down. Perhaps you could look into the reasons for that.
4. The Wetherspoons in Caversham (The Baron) is frequently causing traffic chaos when the very large vehicles are delivering supplies.

I trust these points might make a good case for rejecting the application and they match with some of the Licensing Objectives you brought up in your letter 24<sup>th</sup> September 2012.

Yours sincerely

Celia Warman