

Appendix 1

LICENSING TEAM – VALE OF WHITE HORSE DISTRICT COUNCIL, BENSON LANE, CROWMARSH GIFFORD, OX10 8ED.

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.

We HIGHWAY STOPS RETAIL 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			
VINEYARD SERVICE STATION 56 VINEYARD			
Post town	ABINGDON	Postcode	OX14 3PB

Telephone number at premises (if any)	01235 536598
Non-domestic rateable value of premises	£25500

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 ☐ 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)	
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 HIGHWAY STOPS RETAIL LIMITED
Address UNIT 11 METRO TRADING CENTRE SECOND WAY WEMBLEY HA9 0YJ
Registered number (where applicable) 07732029
Description of applicant (for example, partnership, company, unincorporated association etc.) LIMITED COMPANY
Telephone number (if any)
E-mail address (optional)

Part 3 Operating Schedule

When do you want the premises licence to start?

DD	MM	YYYY
2	9	072014

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)

CONVENIENCE STORE LOCATED ON A FORECOURT

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 any 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)

☐

J

Supply of alcohol Standard days and timings (please read guidance note 6)			<u>Will the supply of alcohol be for consumption – please tick</u> (please read guidance note 7)	On the premises	<input type="checkbox"/>
				Off the premises	X
				Both	<input type="checkbox"/>
Day	Start	Finish	<u>State any seasonal variations for the supply of alcohol</u> (please read guidance note 4)		
Mon	06.00	23.00			
Tue	06.00	23.00			
Wed	06.00	23.00			
Thur	06.00	23.00			
Fri	06.00	23.00			
			<u>Non standard timings. Where you intend to use the premises for the supply of alcohol at different times to those listed in the column on the left, please list</u> (please read guidance note 5)		
Sat	06.00	23.00			
Sun	06.00	23.00			

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

Name RICHARD WILLIAM READ BAKER
Address
Personal licence number (if known) 06/00644/LAPER - NO. 00248
Issuing licensing authority (if known) MALDON DISTRICT 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).

L

Hours premises are open to the public Standard days and timings (please read guidance note 6)			State any seasonal variations (please read guidance note 4)
Day	Start	Finish	
Mon	06.00	23.00	
Tue	06.00	23.00	
Wed	06.00	23.00	
Thur	06.00	23.00	
Fri	06.00	23.00	Non standard timings. Where you intend the premises to be open to the public at different times from those listed in the column on the left, please list (please read guidance note 5)
Sat	06.00	23.00	
Sun	06.00	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 9)

CCTV SYSTEM WITH RECORDING FACILITIES IN PLACE AT SITE WITH A 28 DAY RECORDING LIBRARY MADE AVAILABLE TO THE POLICE UPON REASONABLE REQUEST, STAFF ALCOHOL SALES 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 USED BY ALL STAFF, SPIRITS LOCATED BEHIND THE COUNTER, CHALLENGE 25 TO BE OPERATED BY ALL STAFF WITH ACCEPTABLE IDENTIFICATION ONLY A PHOTO DRIVING LICENCE, A PASSPORT OR A PASS ACCREDITED PROOF OF AGE SCHEME. FORECOURT TO BE SWEEPED REGULARLY AND THE WASTE BINS TO BE EMPTIED REGULARLY, APPROPRIATELY WORDED NOTICES TO BE DISPLAYED PROMINENTLY REQUESTING CUSTOMERS TO LEAVE THE PREMISES QUIETLY AT NIGHT RESPECTING LOCAL RESIDENTS

b) The prevention of crime and disorder

CCTV SYSTEM WITH RECORDING FACILITIES IN PLACE AT SITE WITH A 28 DAY RECORDING LIBRARY MADE AVAILABLE TO THE POLICE UPON REASONABLE REQUEST, STAFF ALCOHOL SALES 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 USED BY ALL STAFF, SPIRITS LOCATED BEHIND THE COUNTER,


c) Public safety

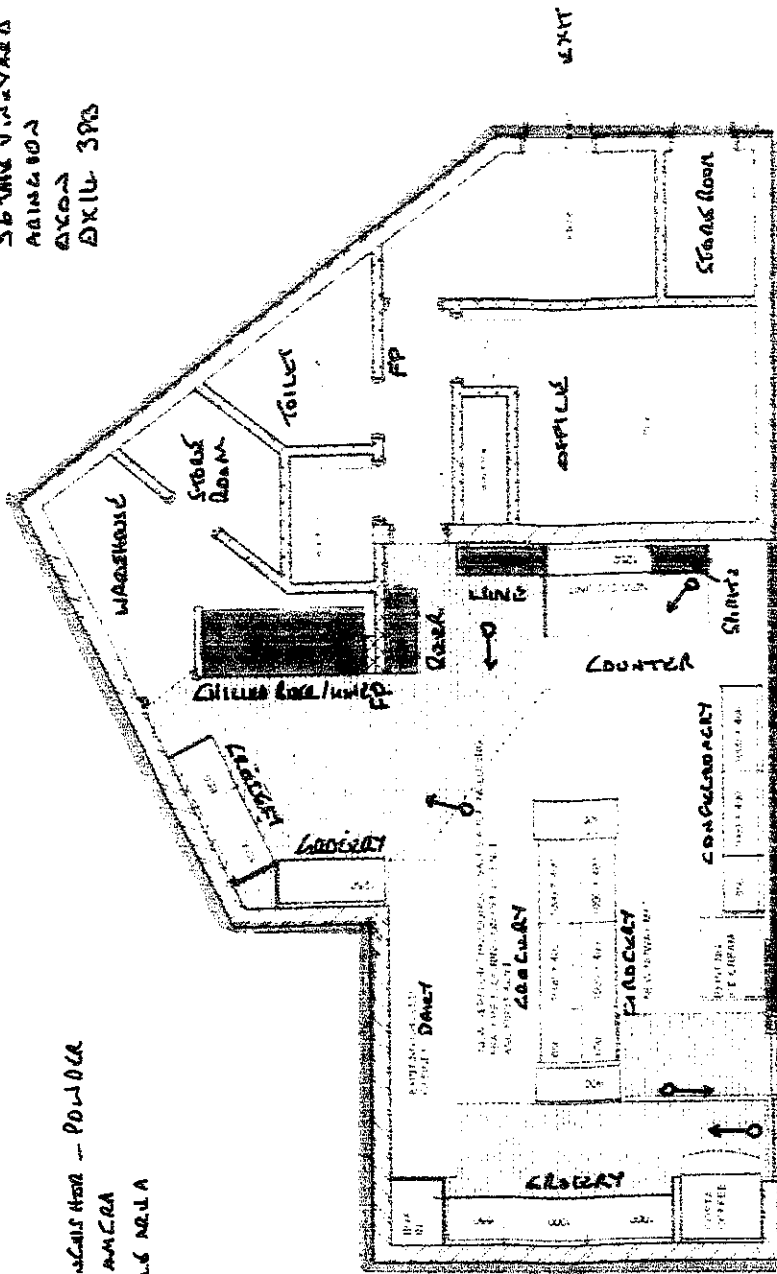
CCTV SYSTEM WITH RECORDING FACILITIES IN PLACE AT SITE WITH A 28 DAY RECORDING LIBRARY MADE AVAILABLE TO THE POLICE UPON REASONABLE REQUEST,

d) The prevention of public nuisance

FORECOURT TO BE SWEEPED REGULARLY AND THE WASTE BINS TO BE EMPTIED REGULARLY, APPROPRIATELY WORDED NOTICES TO BE DISPLAYED PROMINENTLY REQUESTING CUSTOMERS TO LEAVE THE PREMISES QUIETLY AT NIGHT RESPECTING LOCAL RESIDENTS

e) The protection of children from harm

KBY
FD - FIRE EXTINGUISHER - POWDER
O-A - C-C TV CAMERA
 - UNUSABLE MULA



NISA
ABINGDON

[illegible]

TONY HEAD
 1980-1981
 1982-1983
 1984-1985
 1986-1987