

Tamworth Borough Council

**Marmion House
Lichfield Street
Tamworth
Staffordshire
B79 7BZ**

Tel: 01827 709 445

Fax: 01827 709 434

Email: publicprotection@tamworth.gov.uk

**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 in 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 Tamworth Co-operative Society Limited

(Insert name(s) of applicant)

apply for a premises licence under section 17 of the Licensing Act 2003 for the premises Part 1 below (the premises) and I/we are making this application to you as the relevant authority in accordance with section 12 of the Licensing Act 2003

or
Environment

Date

Received

Cheque

5

Part 1 – Premises Details

Postal address of premises or, if none, ordnance survey map reference or description			
The Co-operative Dosthill 69 High Street Dosthill			
Post town	Tamworth	Postcode	B77 1LG

Telephone number at premises (if any)	Not applicable
Non-domestic rateable value of premises	£Not yet registered Band C

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)

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 1 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 virtue of ...
 (...)

<input type="checkbox"/>		
s	<input type="checkbox"/> Please tick yes	
s s		
Post town		Postcode

Daytime contact telephone number	
-mail address optional)	

SECOND INDIVIDUAL APPLICANT (if applicable)

Surname

First names

(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 Tamworth Co-operative Society Limited
Address 54-56 High Street Tamworth Staffordshire B79 4SE
Registered number (where applicable) 1802189R
Description of applicant (for example, partnership, company, unincorporated association etc.) Company
Telephone number (if any) 01827 523001
E-mail address (optional)

Part 3 Operating Schedule

When do you want the premises licence to start?

DD	MM	YYYY		
1	9	0	1	5

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)

Single storey general convenience store with ancillary storage, staff facilities with servicing and car parking, selling a wide variety of goods including alcohol for consumption off the premises

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)

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

C

Indoor sporting events Standard days and timings (please read guidance note 6)			<u>Please give further details (please read guidance note 3)</u>
Day	Start	Finish	
Mon			
Tue			<u>State any seasonal variations for indoor sporting events (please read guidance note 4)</u>
Wed			
Thur			<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 (please read guidance note 5)</u>
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"/>
				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 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					
Wed					
			State any seasonal variations for the performance of live music (please read guidance note 4)		
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)			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					

G

Performances of dance Standard days and timings (please read guidance note 6)			<u>Will the performance of dance 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 performance of dance</u> (please read guidance note 4)			
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 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	<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			<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)		
Thur					
Fri			<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)		
Sat					
Sun					

I

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 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 provision of late night refreshment</u> (please read guidance note 4)		
Thur			<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 5)		
Fri					
Sat					
Sun					

J

Supply of alcohol Standard days and timings (please read guidance note 6)			Will the supply of alcohol be for consumption – please tick (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	0600	2300						
Tue	0600	2300						
Wed	0600	2300						
Thur	0600	2300				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	0600	2300						
Sat	0600	2300						
Sun	0600	2300						

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

Name Annette Margaret Brindley	
Address 40 Emberton Way Amington Tamworth Staffordshire	
Postcode	B77 3QQ
Personal licence number (if known) PA/06/0083	
Issuing licensing authority (if known) Tamworth Borough 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)			State any seasonal variations (please read guidance note 4)
Day	Start	Finish	
Mon	0600	2300	
Tue	0600	2300	
Wed	0600	2300	
Thur	0600	2300	
Fri	0600	2300	
Sat	0600	2300	
Sun	0600	2300	

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)

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)

Prevent of Crime and Disorder

1. The CCTV system will operate internally to cover all internal areas that licensable activities take place.
2. A competent trained person in the use of and operation of the CCTV will be in attendance at the premises at all times that licensable activities take place and be able to fully operate the CCTV system to be able to down load in a recognised format any information requested by the Police.
3. A facility will be available for the Police to remove from the CCTV system a copy of any material relevant to any ongoing Police investigation.
4. All CCTV images will be retained for a period of not less than 31 days.
5. The CCTV system clock should be set correctly and maintained (taking account of GMT and BST)
6. An incident register of all occurrences and ejections from the premises will be maintained at the premises and all details of public order offences will be recorded. The register will be produced and made available for inspection upon request by a responsible authority.
7. All persons involved in the sale of alcohol who are not the holders of a Personal Licence to sell alcohol will receive initial and regular 6 monthly refresher training by the Designated Premises Supervisor or another suitably trained representative of the Premises Licence holder with regards to the law in relation to the sale of alcohol
8. Such training will be recorded and up to date training records of all such persons will be maintained at the premises and produced and made available for inspection upon request by a responsible authority.

Public Nuisance

None

Public Safety

None

Protection of Children from Harm

9. Challenge 25 policy will be adopted in order to reduce the potential for underage sales of age restricted products including alcohol. If a customer appears to be under 25 years of age and cannot prove that they are eligible to purchase the age restricted item with a valid UK or Ireland Photocard Driving Licence, a valid Passport or PASS accredited

proof of age scheme card, they will be refused service

10. Challenge 25 posters will be displayed at the premises to reinforce this policy. Posters will be placed at each till, each area alcohol is stocked and at the point of entry into the store. The posters will be displayed prominently and in sight of customers and staff.
11. A Refusals Register is to be used to record all incidents when a sale is refused. The register is to be kept on the premises at all times unless it is requested by authorised officers of responsible authorities. The Refusal/Challenge Register is to be checked and signed off by the Designated Premises Supervisor every two weeks.
12. All staff working at the premises involved in the sale of alcohol will receive on-going Challenge 25 training and will be refreshed at least every 6 months. This will be recorded in a staff training register. The Training records must be made available to authorised officers of responsible authorities on request. Records shall be retained at the premises.

b) The prevention of crime and disorder

Save as mentioned in (a) above, it is not believed any additional steps are required as a result of this application.

c) Public safety

Save as mentioned in (a) above, it is not believed any additional steps are required as a result of this application.

d) The prevention of public nuisance

Save as mentioned in (a) above, it is not believed any additional steps are required as a result of this application.

e) The protection of children from harm

Save as mentioned in (a) above, it is not believed any additional steps are required as a result of this application.

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	
Date	21.01.2015
Capacity	Chief Executive Officer

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)			
John O'Connor Dewes LLP 2 Beaumont Street			
Post town	Tamworth	Postcode	B79 7BA
Telephone number (if any)	01827 551111		
If you would prefer us to correspond with you by e-mail, your e-mail address (optional)			
john.oconnor@dewesllp.com			

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

~~ANNETTE MARGARET BRIBBLEY~~

.....
[full name of prospective premises supervisor]

of

~~40 Broad Street Way~~
~~Amington~~
~~Tamworth~~
~~Staffordshire~~
~~B77 1LG~~

.....
s supe

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

A PREMISES LICENCE

.....
[type of application]

by

TAMWORTH CO-OPERATIVE SOCIETY LIMITED

.....
[name of applicant]

relating to a premises licence

[number of existing licence, if any]

for

The Co-operative Dosthill
69 High Street
Dosthill
Tamworth
B77 1LG

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

PLAN B

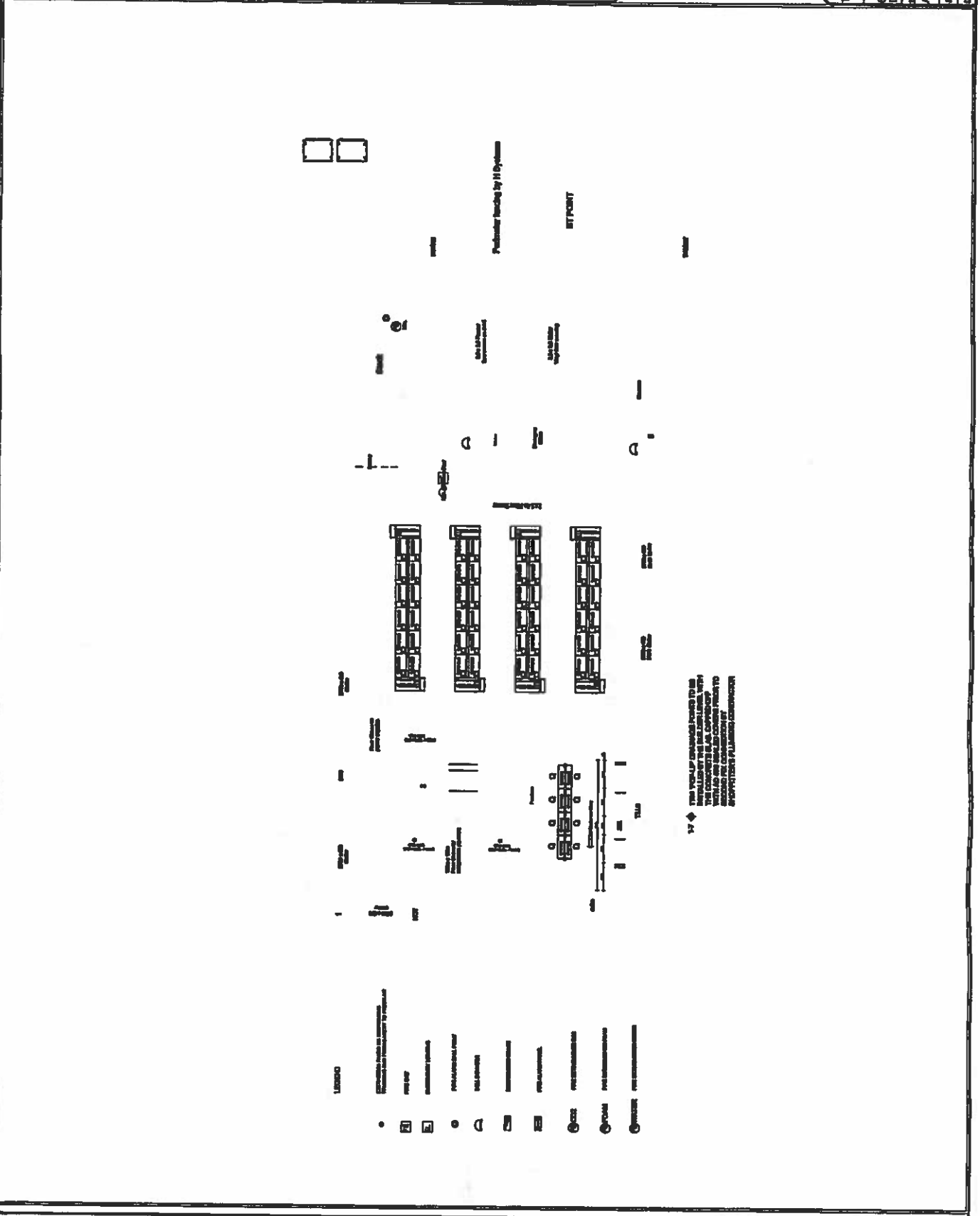
GENERAL NOTES:
 ALL DIMENSIONS TO BE CHECKED ON SITE AND TO
 COMPLEMENT OF ANY WORKS IN EXISTENCE.
 ALL DIMENSIONS SHOULD BE REFERRED TO
 THE AUTHOR.
 ALL WORK CARRIED OUT IN ACCORDANCE WITH
 CURRENT BEST PRACTICE AND SAFETY
 STANDARDS AND BUILDING REGULATIONS.
 DO NOT SCALE DRAWING
 USE PROVIDED DIMENSIONS AS A CHECK ONLY

Start	Description	End

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TAMWORTH COOPERATIVE SOCIETY
 89 HIGH STREET
 DOSTHILL, TAMWORTH, B77 1LF
 Address: **ADDRESSED PLAN LAYOUT**
 Made: 14/08/14
 Project No: 14065
 Date: 14/08/14
 Page 2 of 2



- LEGEND**
- External Wall (indicated by a thick line)
 - ① Wall
 - ② Window
 - ③ Door
 - ④ Partition Wall
 - ⑤ Wall
 - ⑥ Floor Slab
 - ⑦ Floor Slab
 - ⑧ Floor Slab
 - ⑨ Floor Slab
 - ⑩ Floor Slab
 - ⑪ Floor Slab

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 This plan is a preliminary drawing and is not to be used for construction purposes. It is intended for use as a guide only. All dimensions and levels are approximate and subject to change without notice. The client is responsible for the accuracy of the information provided. © H:SYSTEMS LTD 2014

