

**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 MARTIN MCCOLL 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			
MCCOLLS 14 – 15 BRETTON CENTRE			
PETERBOROUGH CITY COUNCIL 20 FEB 2015 LICENSING			
Post town	PETERBOROUGH	Postcode	PE3 8DN

Telephone number at premises (if any)	01733 260348
Non-domestic rateable value of premises	£40,500.00

Part 2 - Applicant Details

Please state whether you are applying for a premises licence as

Please tick as appropriate

- | | | |
|---|-------------------------------------|-----------------------------|
| a) an individual or individuals * | <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				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 MARTIN MCCOLL LIMITED
Address MARTIN MCCOLL HOUSE ASHWELLS ROAD BRENTWOOD ESSEX CM15 9ST
Registered number (where applicable) 298945
Description of applicant (for example, partnership, company, unincorporated association etc.) PRIVATE 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	1	0	3	2	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)

PLEASE SEE ATTACHED OVERVIEW.

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) | <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 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"/>
				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					
			<u>State any seasonal variations for performing plays</u> (please read guidance note 4)		
Wed					
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 5)		
Fri					
Sat					
Sun					

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

C

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

D

Boxing or wrestling entertainments Standard days and timings (please read guidance note 6)			<u>Will the boxing or wrestling entertainment 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					
			<u>State any seasonal variations for boxing or wrestling entertainment</u> (please read guidance note 4)		
Wed					
Thur					
			<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 5)		
Fri					
Sat					
Sun					

E

Live music Standard days and timings (please read guidance note 6)			<u>Will the performance of live music 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 live music</u> (please read guidance note 4)		
Thur					
Fri			<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 5)		
Sat					
Sun					

F

Recorded music Standard days and timings (please read guidance note 6)			<u>Will the playing of recorded music 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					
			<u>State any seasonal variations for the playing of recorded music</u> (please read guidance note 4)		
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 5)		
Fri					
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						
			<u>State any seasonal variations for the performance of dance</u> (please read guidance note 4)			
Wed						
Thur						
			<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)			
Fri						
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					
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 4)		
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 5)		
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					
Fri					
Sat			<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)		
Sun					

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	<input checked="" type="checkbox"/>
				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: DAVID HAROLD DAVENPORT	
Address: <div style="background-color: black; width: 100%; height: 150px;"></div>	

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

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	06:00	23:00	
Tue	06:00	23:00	
Wed	06:00	23:00	
Thur	06:00	23:00	
Fri	06:00	23:00	
Sat	06:00	23:00	
Sun	06:00	23:00	
<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 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)

PLEASE SEE PROPOSED CONDITIONS – ATTACHED.

b) The prevention of crime and disorder

PLEASE SEE PROPOSED CONDITIONS – ATTACHED.

c) Public safety

PLEASE SEE PROPOSED CONDITIONS – ATTACHED.

d) The prevention of public nuisance

PLEASE SEE PROPOSED CONDITIONS – ATTACHED.

e) The protection of children from harm

PLEASE SEE PROPOSED CONDITIONS – ATTACHED.

Section M Describe the steps you intend to take to promote the four licensing objectives:

a) General-all four licensing objectives (b, c, d, e)

A suitable and sufficient CCTV system with recording facilities will be in place at site and will operate at all times the premise is open for licensable activities. Images can be made available upon reasonable request by the Police or other relevant officers of a responsible authority.

Staff will be trained with regard to their responsibilities in the retail sale of alcohol and regular refresher training will also be undertaken. Training records can be made available for inspection upon reasonable request by the Police or other relevant officers of a responsible authority.

A till prompt system will be in operation at the store and used for the refusal of all age restricted products.

A computer based refusal log will be operated and maintained and will be produced to a relevant officer of the Police or other relevant officers of a responsible authority upon reasonable request.

A Challenge 25 policy will be operated at the premise; forms of identification that will be accepted are a valid passport, photo card driving licence and PASS accredited identification card.

The licence holder shall display prominent signage confirming the company's Challenge 25 policy.

Spirits will be located behind the counter.

b) The prevention of crime and disorder.

A suitable and sufficient CCTV system with recording facilities will be in place at site and will operate at all times the premise is open for licensable activities. Images can be made available upon reasonable request by the Police or other relevant officers of a responsible authority.

Spirits will be located behind the counter.

Staff will be trained with regard to their responsibilities in the retail sale of alcohol and regular refresher training will also be undertaken. Training records can be made available for inspection upon reasonable request by the Police or other relevant officers of a responsible authority.

c) Public Safety.

A suitable and sufficient CCTV system with recording facilities will be in place at site and will operate at all times the premise is open for licensable activities. Images can be made available upon reasonable request by the Police or other relevant officers of a responsible authority.

d) Prevention of public nuisance.

Staff will be trained with regard to their responsibilities in the retail sale of alcohol and regular refresher training will also be undertaken. Training records can be made available for inspection upon reasonable request by the Police or other relevant officers of a responsible authority.

e) The protection of children from harm.

Staff will be trained with regard to their responsibilities in the retail sale of alcohol and regular refresher training will also be undertaken. Training records can be made available for inspection upon reasonable request by the Police or other relevant officers of a responsible authority.

A till prompt system will be in operation at the store and used for the refusal of all age restricted products.

A computer based refusal log will be operated and maintained and will be produced to a relevant officer of the Police or other relevant officers of a responsible authority upon reasonable request.

A Challenge 25 policy will be operated at the premise; forms of identification that will be accepted are a valid passport, photo card driving licence and PASS accredited identification card.

The licence holder shall display prominent signage confirming the company's Challenge 25 policy.

Spirits will be located behind the counter.

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	19 TH FEBRUARY 2015
Capacity	DULY AUTHORISED AGENTS

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)

MELISSA ZAFFINO



Consent of individual to being specified as premises supervisor

I, **DAVID HAROLD DAVENPORT**

[full name 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 PREMISES LICENCE APPLICATION FOR THE SALE OF ALCOHOL FOR CONSUMPTION OFF THE PREMISES

[type of application]

by **MARTIN MCCOLL LIMITED**

[name of applicant]

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

or MCCOLLS, 14-15 BRETTON CENTRE, PETERBOROUGH, CAMBRIDGESHIRE,
[name and address of premises to which the application relates] **PE3 8DN**

and any premises licence to be granted or varied in respect of this application made by: **MARTIN MCCOLL LIMITED**

[name of applicant]

concerning the supply of alcohol at:

MCCOLLS, 14-15 BRETTON CENTRE, PETERBOROUGH, CAMBRIDGESHIRE, PE3 8DN
[name and address of premises to which application relates]

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.

Personal licence number: **P1484** *[insert personal licence number, if any]*

Personal licence issuing authority: **BRAINTREE DISTRICT COUNCIL, LICENSING SERVICES, CAUSEWAY HOUSE, BRAINTREE, ESSEX, CM7 9HB**
TEL: 01376 552525

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

Name (please print) **DAVID HAROLD DAVENPORT**

Dated 19/02/15

Convenience Store Overview:

Convenience Store:

This is a well-established convenience store site with a post office traded by Martin McColl Limited. This convenience store has been designed to serve both the local community and those from further a-field. The convenience store provides a range of fresh foods, groceries and other products. The off-licence is an important part of the service that the store will be expected to provide. The convenience store has a retail area of approximately 2100 sq ft.

Security:

The digital CCTV system benefits from a recorder with image retention. Recordings can be made available to Police and other enforcement agencies as needed.

The Operation:

The store is to be operated by the manager, assisted by a team of staff. The designated premises supervisor, trained and certified through the APLH training scheme will be responsible for training all staff and keeping and maintaining ongoing training records. The **Challenge 25** trading initiative will also be used supported by the refusals system with records kept in the **Refusals Scanning System** to tie in with the CCTV system. The scanning system has an age restricted till prompt for all age restricted products. Challenge 25 signage will be displayed throughout the store to advise customers of the Challenge 25 Policy that is in place at the store.