

Reference: 2013/02066/01SPRN

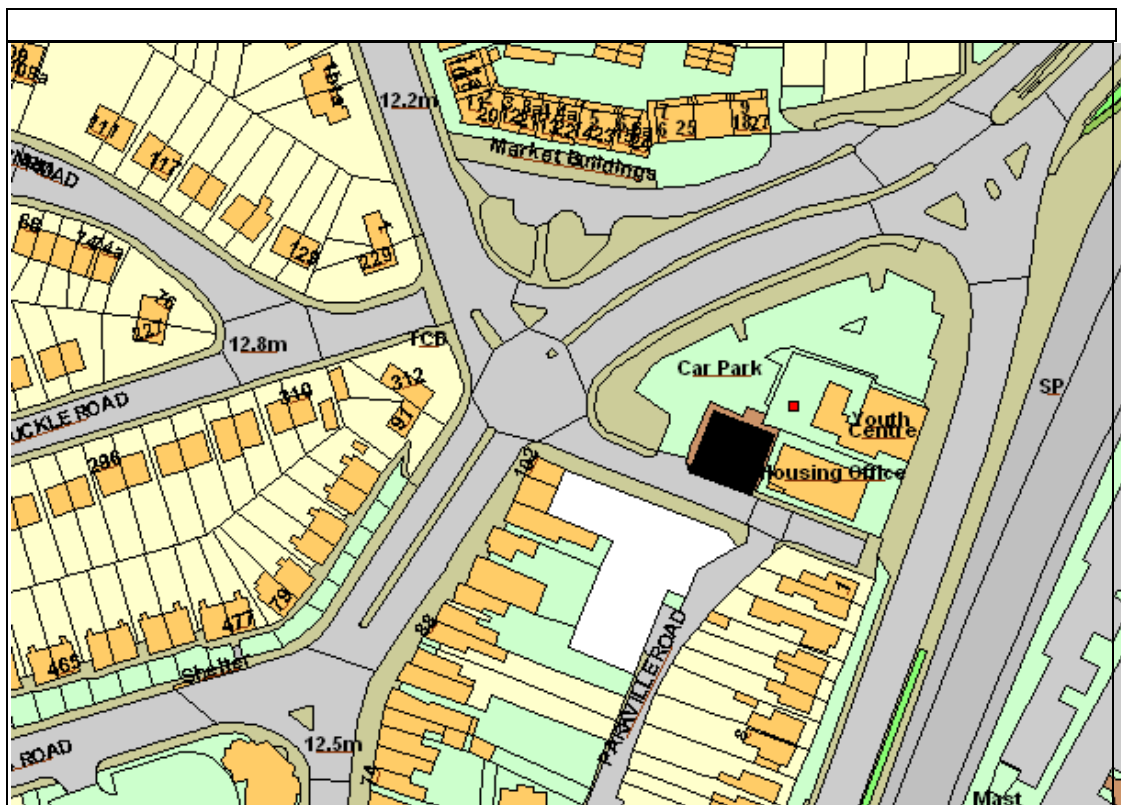
Hearing: **31st October 2013**

Application for Premises Licence

Premises Name: Morrisons Local
 Premises Address: Unit 1
 City Gateway
 Parkville Road
 Southampton

Application Date: 5th September 2013
 Application Received Date: 6th September 2013

Application Valid Date: 6th September 2013



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Representation From Responsible Authorities

Responsible Authority	Satisfactory?	Comments
Child Protection Services - Licensing	Yes	

Hampshire Fire And Rescue - Licensing	No Response Received	
Environmental Health - Licensing	Yes	
Planning & Sustainability - Building Control - Licensing	Yes	
Primary Care Trust - Public Health Manager	No Response Received	
Planning & Sustainability - Development Control - Licensing	Yes	
Police - Licensing	Yes	
Trading Standards - Licensing	Yes	

Other Representations

Name	Address	Contributor Type
Mr. K Kumar	Hampers News 6-11 Westfield Corner Wide Lane Southampton SO18 2LE	Resident
Councillor Spiros Vassiliou	Members Office Councillor Swaythling Ward Southampton City Council Civic Centre Southampton SO14 7LY	Ward Councillor

Legal Implications

1. The Licensing Act 2003 specifically restricts the grounds on which the Council, as Licensing Authority (LA), may refuse an application for a new Premises Licence, or impose conditions. Where relevant representations are made, the LA may refuse on the grounds that the licensing objectives are not met or the operating schedule is inadequate. Equally, conditions may be imposed where relevant and necessary. The LA may also refuse an application in part and thereby only permit some of the licensable activities sought.
2. The decision making committee, in considering an application, must have regard to the adopted Statement of Licensing Policy and any relevant representations made by those directly affected.
3. An applicant for a new Premises Licence whose application has been refused, or who is aggrieved by conditions imposed, may appeal against the decision to the Magistrates' Court.
4. In considering this application the committee will sit in a quasi-judicial capacity and is thus obliged to consider applications in accordance with both the Licensing Act 2003 (Hearings) Regulations 2005, and amending secondary legislation and the rules of natural justice. The practical effect of this is that the committee must make its decision based on evidence submitted in accordance with the legislation and give adequate reasons for reaching its decision.

The committee must also have regard to:-

5. *Crime and Disorder Act 1998*
Section 17 of the Crime and Disorder Act 1998 places the Council under a duty to exercise its various functions with due regard to the likely effect of the exercise of those functions on, and the need to do all that it reasonably can to prevent, crime and disorder in its area.
6. *Human Rights Act 1998*
The Act requires UK legislation to be interpreted in a manner consistent with the European Convention on Human Rights. It is unlawful for the Council to act in a way that is incompatible (or fail to act in a way that is compatible) with the rights protected by the Act. Any action undertaken by the Council that could have an effect upon another persons Human Rights must be taken having regard to the principle of Proportionality - the need to balance the rights of the individual with the rights of the community as a whole. Any action taken by the Council which affect another's rights must be no more onerous than is necessary in a democratic society. The matter set out in this report must be considered in light of the above obligations.

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

LICENSING TEAM
SOUTHAMPTON CITY COUNCIL
PO BOX 1767
SOUTHAMPTON
SO18 9LA



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.

XWe WM MORRISON SUPERMARKETS 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 **Xwe** 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 M LOCAL UNIT 1 CITY GATEWAY PARKVILLE ROAD/STONEHAM WAY	
Post town SOUTHAMPTON	Post code SO16 2JA
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)				

500 PREMIS BAND A
 SEPTORAL
 CHICHESTER
 ANDY
 4001-07-124-001 06/09/2013 14:03-R
 100 00

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 WM MORRISON SUPERMARKETS PLC
Address HILMORE HOUSE GAIN LANE BRADFORD BD3 7DL
Registered number (where applicable) 00358949
Description of applicant (for example, partnership, company, unincorporated association etc.) COMPANY
Telephone number (if any) 0845 611 5000
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			<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)		
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"/>
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			<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)			Please give further details (please read guidance note 3)
Day	Start	Finish	
Mon			
Tue			State any seasonal variations for indoor sporting events (please read guidance note 4)
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"/>
Tue					
Wed			State any seasonal variations for boxing or wrestling entertainment (please read guidance note 4)		
Thur					
Fri			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)		
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"/>
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 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"/>
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 playing of recorded music</u> (please read guidance note 4)	
Thur					
Fri			<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)		
Sat					
Sun					



G

Performances of dance Standard days and timings (please read guidance note 6)			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 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)			<u>Please give a description of the type of entertainment you will be providing</u>		
Day	Start	Finish	Indoors <input type="checkbox"/>	Outdoors <input type="checkbox"/>	Both <input type="checkbox"/>
Mon					
Tue					
Wed			<u>Please give further details here</u> (please read guidance note 3)		
Thur					
Fri			<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)		
Sat					
Sun					
			<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)		

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

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"/>
Day	Start	Finish		Off the premises	<input checked="" type="checkbox"/>
Mon	0600	2400	State any seasonal variations for the supply of alcohol (please read guidance note 4)	Both	<input type="checkbox"/>
Tue	0600	2400			
Wed	0600	2400			
Thur	0600	2400		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	2400			
Sat	0600	2400			
Sun	0600	2400			

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

Name NICOLA WOOD	
Address [REDACTED]	
Post code	[REDACTED]
Personal licence number (if known) LEEDS/PERL/05817/11	
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)			State any seasonal variations (please read guidance note 4)
Day	Start	Finish	
Mon	0600	2400	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	0600	2400	
Wed	0600	2400	
Thur	0600	2400	
Fri	0600	2400	
Sat	0600	2400	
Sun	0600	2400	

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 DRAWING NO. SK02 AS SERVED WITH THE APPLICATION OR IN THE CASE OF ALTERATION TO THOSE PLANS ANY FURTHER PLANS SERVED ON THE RESPONSIBLE AUTHORITIES AND LICENSING AUTHORITY PRIOR TO COMPLETION OF THE PREMISES.

ALL STAFF ENGAGED IN THE SALE OF ALCOHOL WILL BE TRAINED IN ACCORDANCE WITH THE PREMISES LICENCE HOLDER'S TRAINING PROCEDURES.

b) The prevention of crime and disorder

ALL STAFF WILL RECEIVE SUITABLE TRAINING (INCLUDING REFRESHER TRAINING) IN RELATION TO THE PROOF OF AGE "CHALLENGE 25" SCHEME TO BE APPLIED ON THE PREMISES. THE FOLLOWING FORMS OF IDENTIFICATION ARE ACCEPTABLE; PHOTO DRIVING LICENCE, PASSPORT, PROOF OF AGE STANDARDS SCHEME (PASS) CARD AND ANY OTHER LOCALLY OR NATIONALLY APPROVED FORM OF IDENTIFICATION.

CCTV SHALL BE PROVIDED ON THE PREMISES AND SHALL BE KEPT IN GOOD WORKING ORDER.

ALL CHECKOUT OPERATORS WILL OPERATE A REFUSAL LOG.

c) Public safety

THE PREMISES LICENCE HOLDER UNDERTAKES ONGOING RISK ASSESSMENTS IN ORDER TO COMPLY WITH HEALTH & SAFETY LEGISLATION.

d) The prevention of public nuisance

THE PREMISES ARE RESPONSIBLY MANAGED AND SUPERVISED. NO ADDITIONAL MEASURES ARE BELIEVED NECESSARY.

e) The protection of children from harm

ALL STAFF WILL RECEIVE SUITABLE TRAINING (INCLUDING REFRESHER TRAINING) IN RELATION TO THE PROOF OF AGE "CHALLENGE 25" SCHEME TO BE APPLIED ON THE PREMISES. THE FOLLOWING FORMS OF IDENTIFICATION ARE ACCEPTABLE; PHOTO DRIVING LICENCE, PASSPORT, PROOF OF AGE STANDARDS SCHEME (PASS) CARD AND ANY OTHER LOCALLY OR NATIONALLY APPROVED FORM OF IDENTIFICATION.

TILL PROMPTS ARE IN USE AT THE STORE.

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	[REDACTED]
Date	5 SEPTEMBER 2013
Capacity	SOLICITORS ON BEHALF OF THE APPLICANT

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) Gosschalks 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) mcj@gosschalks.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 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

Nicola Wood

I
[full name of prospective premises supervisor]

of



.....
[home address 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

.....
[type of application]

by

Wm Morrison Supermarkets Plc

.....
[name of applicant]

relating to a premises licence

.....
[number of existing licence, if any]

for

Wm Morrison Supermarkets Plc
Unit 1, City Gateway
Parkville Road
Stoneham Way
Hants
SO16 SJA

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

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

Wm Morrison Supermarkets Plc

[name of applicant]

concerning the supply of alcohol at

Unit 1, City Gateway
Parkville Road
Stoneham Way
Hants
SO16 SJA

[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

LEEDS/PERL/05817/11

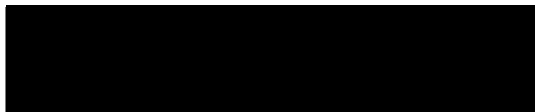
[insert personal licence number, if any]

Personal licence issuing authority

Leeds City Council

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

Signed



Name (please print)

Nicola Wood

Date

5.9.13

Jeffery, Andy

From: Vassiliou, Spiros (Cllr)
Sent: 03 October 2013 19:07
To: Licensing
Subject: Morrisons Alcohol Application - Swaythling Gateway

To Licensing,

Having had a number of my constituents contact me to express their objection to the Morrisons alcohol application at the City gateway building in Swaythling, I feel that I must make a representation and express my concerns with this application and highlight some questions which I feel need to be addressed.

My main concern is that this application could have a detrimental effect on crime and disorder in the local area which could potentially in turn breach one of the main Licensing objectives on the protection of children from harm.

I would like Morrisons to address the following questions in detail and for Licensing to take these into due consideration when determining the application:

- 1) How will Morrisons ensure that under age young people will be properly prevented from purchasing alcohol?**
- 2) How will Morrisons try and prevent any proxy buying from young people asking older people to buy them alcohol?**
- 3) Will Morrisons operate a Challenge 25 policy and ensure proper staff training?**

I feel that these questions must be highlighted especially due to the fact that the premises will be directly under a large student block and also, in an area with a large number of young people where crime and disorder must not be increased.

Yours faithfully,

Cllr Spiros Vassiliou
Swaythling Ward (Conservative)
Southampton City Council

Councillor.S.Vassiliou@southampton.gov.uk
[REDACTED]

Hampers News,
6-/-11, Westfield Corner,
Wide Lane,
Mansbridge,
SOUTHAMPTON.
SO18 2LE
26th September 2013

Your Reference 2013/02066/01SPRN

Dear Sir/Madam,

With reference to Wm Morrisons T/A M Local application for a alcohol licence At Unit 1 City Gateway, Park Road/ Stoneham Way, Southampton SO16 2JA. I wish to lodge my objection to the Alcohol Licence between the hours of 0600 to 2400 Monday to Sunday inclusive. Within 1 mile there are 9 Retail Shops selling alcohol. There are going to be more Students residing at City Gateway Complex on top of those already living in Wessex Lane and Swaythling SO16 post code area. We do not want to become another Polygon area where there is a lot of friction between Southampton Residents and Students, causing anti-social Behaviour caused through alcohol abuse.

I myself as a Retailer have worked very hard to curb anti social behaviour for the Last 8 Years with the help of local Police and dispersal notices to which has Worked, I do not want all the hard work we have done in Mansbridge and revert back to 8 years ago, there are enough problems from around the Flower Gardens and do want to encourage more anti social behaviour spreading further afield thus putting more pressure on our Police Resources.

I hope you will consider my objection and the reasons for it.

Yours Sincerely 


Mr. K. Kumar



