

Reference: 2011/02852/01SPRN

Application for Premises Licence

Premises Name: Bottles Up Premises Address: 300 Shirley

300 Shirley Road Southampton SO15 3HL Hearing:

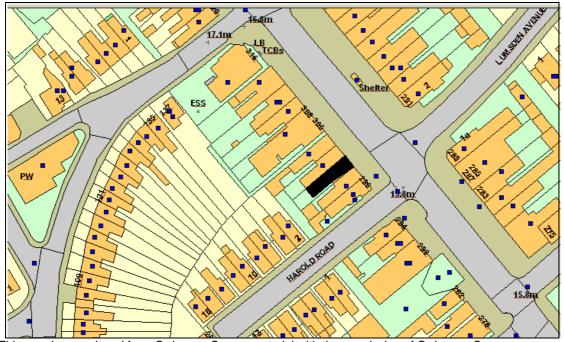
Application Date: Application Received Date:

10th November 2011 22nd November 2011

Application Valid

Date:

22nd November 2011



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Representation From Responsible Authorities

Responsible Authority	Satisfactory?	Comments
Child Protection Services - Licensing	No response received	
Hampshire Fire And Rescue - Licensing	Yes	
Environmental Health - Licensing	Yes	
Planning & Sustainability - Building Control - Licensing	Yes	
Planning & Sustainability - Development Control - Licensing	Yes	
Police - Licensing	No	See attached representation
Trading Standards - Licensing	No	See attached representation

Other Representations

Name	Address	Contributor Type
None		

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.
- 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 makes its decision based on evidence submitted in accordance with the legislation and give adequate reasons for reaching it's 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.

Southampton City Council DX 115710 SOUTHAMPTON 17

Your Ref:

Licensing Team

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2 2 NOV 2011

SOUTHERNOOPERSON

18 November 2011

Dear Sirs

Re: Premises Licence 300 Shirley Road Southampton

We enclose herewith:-

- 1. Application for a Premises Licence to sell alcohol at the above premises on behalf of Messrs Rathor.
- 2. Your fee of £190.00 in accordance with Scale B in Table 2.
- 3. A plan of the premises.

Please note that this premises has been the subject of a contested application for a licence by Harvidner and Hardeb Singh Rathor. The premises are now subject to a lease to Mr Gurdip Singh, who is no relation to the Rathor family, so a fresh application is being made in his name.

The proposed name of the business is "Bottles Up".

We confirm that we have today served by first class post copies of the application and plan to;

- (a) Southampton Licensing Unit Hampshire Constabulary.
- (b) Hampshire Fire & Rescue Service Portsmouth.
- (c) Environmental Health Services Southampton City Council.
- (d) Planning and Sustainability Southampton City Council.
- (e) Safeguarding Children Southampton City Council.
- (f) Trading Standard Service Southampton City Council.

We are arranging for the Notice of Application to be advertised in the local paper within ten days from todays date.

The applicant is arranging to display Notice of Application in accordance with the copy enclosed on the premises for a twenty-eight day period with effect from Wednesday 23rd November in the anticipation that this application will reach you not later than Tuesday 22nd.

Yours faithfully

(0)

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## Southampton City Council

# 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 Gurdip Singh (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 300 Shirley Road Shirley Southampton Post town Southampton Post code SO15 3HL Telephone number at premises (if any) Non-domestic rateable value of premises £4450 Part 2 - Applicant Details Please state whether you are applying for a premises licence as Please tick yes an individual or individuals \* a)  $\boxtimes$ 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) other (for example a statutory corporation) please complete section (B) C) a recognised club please complete section (B)
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SOUTHAMPTON CITY COUNCIL Legal Services

| d)                                                 | a charit                                                              | ty                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |                                |                    |        | please compl             | ete section (B) |             |
|----------------------------------------------------|-----------------------------------------------------------------------|---------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|--------------------------------|--------------------|--------|--------------------------|-----------------|-------------|
| e)                                                 | the pro                                                               | prietor                         | of an e                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | educationa     | ıl establishn                  | nent               |        | please compl             | ete section (B) |             |
| f)                                                 | a health                                                              | n servi                         | ce body                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | y              |                                |                    |        | please compl             | ete section (B) |             |
| g)                                                 |                                                                       | tandar                          | ds Act :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 2000 (c14)     | ler Part 2 of<br>) in respect  |                    |        | please compl             | ete section (B) |             |
| h)                                                 |                                                                       | ef office                       | er of po                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                | olice force i                  | n                  |        | please compl             | ete section (B) |             |
| * If y                                             | ou are a                                                              | pplying                         | g as a p                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | person des     | scribed in (a                  | ı) or (b) pl       | lease  | confirm:                 |                 |             |
| -                                                  |                                                                       | ,                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                | •                              |                    |        |                          | Please tick     | yes         |
| •                                                  |                                                                       |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                | g to carry or<br>ctivities; or | n a busine         | ess wh | ich involves th          | ne use of       | $\boxtimes$ |
|                                                    | l am ı                                                                |                                 | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                | oursuant to                    | а                  |        |                          |                 |             |
|                                                    | 0                                                                     |                                 | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | nction or      |                                | r:                 |        |                          |                 |             |
|                                                    | 0                                                                     | a fur                           | nction o                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | lischarged     | by virtue of                   | r Her Maje         | esty's | prerogative              |                 |             |
| (A) II                                             | NDIVIDI                                                               | JAL A                           | PPLIC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ANTS (fill     | in as applic                   | able)              |        |                          |                 |             |
| Mr                                                 | $\boxtimes$                                                           | Mrs                             | A CONTRACTOR OF THE CONTRACTOR | Miss [         |                                | ∕ls □              | 1      | er Title (for mple, Rev) |                 |             |
|                                                    |                                                                       |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |                                |                    | exai   | ripie, rvev)             |                 |             |
| <b>Surn</b><br>Singl                               |                                                                       |                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |                                | First na<br>Gurdip |        | npie, ivev)              |                 |             |
| Sing                                               |                                                                       | 's old                          | or ove                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ja             |                                | 1                  |        |                          | tick yes        |             |
| Single I am  Curr addr                             | 18 year<br>ent pos<br>ess if d                                        | tal<br>ifferer                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | r<br>60 Brinto | ns Road                        | 1                  |        |                          | tick yes        |             |
| I am Curr addr from addr                           | 18 year<br>ent pos<br>ess if d                                        | tal<br>ifferer<br>ses           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 60 Brinto      | ns Road                        | 1                  |        |                          | tick yes        |             |
| Single I am  Curr addr from addr                   | 18 year<br>ent pos<br>ess if d<br>premis<br>ess                       | tal<br>ifferer<br>ses           | <b>nt</b><br>hampto                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 60 Brinto      |                                | 1                  |        | ⊠ Please                 |                 |             |
| Single I am  Curr addr from addr  Post  Dayt  E-ma | 18 year<br>ent pos<br>ess if d<br>premis<br>ess                       | ital ifferer ses South          | <b>nt</b><br>hampto                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 60 Brinto      |                                | 1                  |        | ⊠ Please                 |                 |             |
| Curr addr from addr Post Dayt                      | ent pos<br>ess if d<br>premis<br>ess<br>Town<br>time cor<br>ail addre | stal<br>ifferer<br>ses<br>South | nt<br>hampto<br>elepho                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 60 Brinto      |                                | Gurdip             |        | ⊠ Please                 |                 |             |
| Curr addr from addr Post Dayt                      | ent pos<br>ess if d<br>premis<br>ess<br>Town<br>time cor<br>ail addre | stal<br>ifferer<br>ses<br>South | nt<br>hampto<br>elepho                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 60 Brinto      | er<br><br>Γ (if applical       | Gurdip             | Othe   | ⊠ Please                 |                 |             |
| Curraddr from addr Post Dayt E-ma (opti            | ent pos<br>ess if d<br>premis<br>ess<br>Town<br>time cor<br>ail addre | South                           | nt<br>hampto<br>elepho                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | on PPLICANT    | er<br><br>Γ (if applical       | Gurdip             | Othe   | Please  Postcode         |                 |             |

| Current pos<br>address if d<br>from premis<br>address | ifferent                                                                                                                                                                                                                                                           |                  |                        |              |                      |  |
|-------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|------------------------|--------------|----------------------|--|
| Post Town                                             |                                                                                                                                                                                                                                                                    | <u></u>          |                        | Postcode     | •                    |  |
| Daytime cor                                           | ntact teleph                                                                                                                                                                                                                                                       | one number       |                        |              |                      |  |
| E-mail addre<br>(optional)                            | ess                                                                                                                                                                                                                                                                |                  |                        |              |                      |  |
| (B) OTHER                                             | APPLICAN                                                                                                                                                                                                                                                           | rs               |                        |              |                      |  |
| please give                                           | 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                                                  |                                                                                                                                                                                                                                                                    |                  |                        |              |                      |  |
| Address                                               |                                                                                                                                                                                                                                                                    |                  |                        |              |                      |  |
| Registered n                                          | umber (whe                                                                                                                                                                                                                                                         | re applicable)   |                        |              |                      |  |
| Description of                                        | f applicant                                                                                                                                                                                                                                                        | (for example, pa | irtnership, company,   | unincorporat | ed association etc.) |  |
| Telephone n                                           | umber (if an                                                                                                                                                                                                                                                       | y)               |                        |              |                      |  |
| E-mail addre                                          | ss (optional                                                                                                                                                                                                                                                       | )                |                        |              |                      |  |
| Part 3 Opera                                          | nting Sched                                                                                                                                                                                                                                                        | lule             |                        |              | -                    |  |
| When do you                                           | ı want the p                                                                                                                                                                                                                                                       | remises licence  | to start?              |              | Day Month Year       |  |
| If you wish th<br>you want it to                      |                                                                                                                                                                                                                                                                    | be valid only fo | r a limited period, wh | en do [      | Day Month Year       |  |

| Lock                | ase give a general description of the premises (please read guidance note1) k-up shop with window/door to pavement, secured by lockable steel shutter. et provision. |                                       |
|---------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
|                     |                                                                                                                                                                      |                                       |
|                     |                                                                                                                                                                      |                                       |
| en renamentario sue |                                                                                                                                                                      | Westerlandscore and American American |
|                     | 000 or more people are expected to attend the premises at any time, please state the number expected to attend.                                                      |                                       |
| Wha                 | at licensable activities do you intend to carry on from the premises?                                                                                                |                                       |
|                     | ase see sections 1 and 14 of the Licensing Act 2003 and Schedules 1 and 2 to<br>ensing Act 2003)                                                                     | the                                   |
| Prov                | vision of regulated entertainment Pl                                                                                                                                 | ease tick yes                         |
| 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)                                                             |                                       |
| Prov                | vision of entertainment facilities:                                                                                                                                  |                                       |
| i)                  | making music (if ticking yes, fill in box I)                                                                                                                         |                                       |
| j)                  | dancing (if ticking yes, fill in box J)                                                                                                                              |                                       |
| k)                  | entertainment of a similar description to that falling within (i) or (j) (if ticking yes, fill in box K)                                                             |                                       |
| Prov                | vision of late night refreshment (if ticking yes, fill in box L)                                                                                                     |                                       |
| Sup                 | pply of alcohol (if ticking yes, fill in box M)                                                                                                                      | $\boxtimes$                           |
| In al               | II cases complete boxes N, O and P                                                                                                                                   |                                       |

4

A

| Plays Standard days and timings (please read |           |        | Will the performance of a play take place indoors or outdoors or both – please tick (please read guidance note 2)                             | Indoors                  |             |
|----------------------------------------------|-----------|--------|-----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-------------|
|                                              | ce note 6 |        | (produce roda gardanies note 2)                                                                                                               | Outdoors                 |             |
| Day                                          | Start     | Finish |                                                                                                                                               | Both                     |             |
| Mon                                          |           |        | Please give further details here (please read gu                                                                                              | idance note 3)           |             |
| Tue                                          |           |        |                                                                                                                                               |                          |             |
| Wed                                          |           |        | State any seasonal variations for performing p<br>guidance note 4)                                                                            | l <b>lays</b> (please re | ead         |
| Thur                                         |           |        |                                                                                                                                               |                          |             |
| Fri                                          |           |        | Non standard timings. Where you intend to us for the performance of plays at different times the column on the left, please list (please read | to those liste           | <u>d in</u> |
| Sat                                          |           |        |                                                                                                                                               |                          |             |
| Sun                                          |           |        |                                                                                                                                               |                          |             |

B

| Films Standard days and timings (please read |       |        | Will the exhibition of films take place indoors or outdoors or both – please tick (please read guidance note 2)                                  | Indoors          |     |
|----------------------------------------------|-------|--------|--------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-----|
| guidance note 6)                             |       |        | galisarios riote 2)                                                                                                                              | Outdoors         |     |
| Day                                          | Start | Finish |                                                                                                                                                  | Both             |     |
| Mon                                          |       |        | Please give further details here (please read gu                                                                                                 | idance note 3)   |     |
| Tue                                          |       |        |                                                                                                                                                  |                  |     |
| Wed                                          |       |        | State any seasonal variations for the exhibition read guidance note 4)                                                                           | n of films (plea | ase |
| Thur                                         |       |        |                                                                                                                                                  |                  |     |
| F.                                           |       |        | Non standard timings. Where you intend to us for the exhibition of films at different times to column on the left, please list (please read guid | those listed in  |     |
| Sat                                          |       |        |                                                                                                                                                  | ,                |     |
| Sun                                          |       |        |                                                                                                                                                  |                  |     |

| 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                                                                            | Administration of the Contraction of the Contractio |        | State any seasonal variations for indoor sporting events (please read guidance note 4)                                                                                                        |
| Wed                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |        |                                                                                                                                                                                               |
| Thur                                                                           | 44                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |        | 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                                                                                                                                                                        |                        |        | Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick (please read guidance note 2)                             | Indoors         |     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|--------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----|
| timings                                                                                                                                                                                                                     | (please i<br>ce note 6 | read   | production (produce road galadinos fieto 2)                                                                                                               | Outdoors        |     |
| Day                                                                                                                                                                                                                         | Start                  | Finish |                                                                                                                                                           | Both            |     |
| Mon                                                                                                                                                                                                                         |                        |        | Please give further details here (please read gu                                                                                                          | idance note 3)  |     |
| Tue                                                                                                                                                                                                                         |                        |        |                                                                                                                                                           |                 |     |
| Wed                                                                                                                                                                                                                         |                        |        | State any seasonal variations for boxing or wr entertainment (please read guidance note 4)                                                                | estling         |     |
| Thur                                                                                                                                                                                                                        |                        |        |                                                                                                                                                           |                 |     |
| - Communication of Communication |                        |        | Non standard timings. Where you intend to us for boxing or wrestling entertainment at differentiated in the column on the left, please list (please list) | ent times to th | ose |
| Sat                                                                                                                                                                                                                         |                        |        | note 5)                                                                                                                                                   | -               |     |
| Sun                                                                                                                                                                                                                         |                        |        |                                                                                                                                                           |                 |     |

100

| Live music<br>Standard days and<br>timings (please read |       |        | Will the performance of live music take place indoors or outdoors or both – please tick (please read guidance note 2)                                     | Indoors              |      |
|---------------------------------------------------------|-------|--------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------|
| guidance note 6)                                        |       |        | (piedee read galadilee riele 2)                                                                                                                           | Outdoors             |      |
| Day                                                     | Start | Finish |                                                                                                                                                           | Both                 |      |
| Mon                                                     |       |        | Please give further details here (please read gu                                                                                                          | idance note 3)       |      |
| Tue                                                     |       |        |                                                                                                                                                           |                      |      |
| Wed                                                     |       |        | State any seasonal variations for the performation (please read guidance note 4)                                                                          | nce of live mu       | ısic |
| Thur                                                    |       |        |                                                                                                                                                           |                      |      |
| Fri                                                     |       |        | Non standard timings. Where you intend to us for the performance of live music at different t listed in the column on the left, please list (please list) | <u>imes to those</u> |      |
| Sat                                                     |       |        | note 5)                                                                                                                                                   | -                    |      |
| Sun                                                     |       |        |                                                                                                                                                           |                      |      |

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| Recorded music Standard days and timings (please read                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  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| timings (please read<br>guidance note 6)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               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| Thur                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   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Where you intend to us for the playing of recorded music at different the listed in the column on the left, please list (please list) | <u>imes to those</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |      |
| Sat                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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G

| Performances of dance Standard days and |       |        | Will the performance of dance take place indoors or outdoors or both – please tick (please read guidance note 2)                              | Indoors          |       |
|-----------------------------------------|-------|--------|-----------------------------------------------------------------------------------------------------------------------------------------------|------------------|-------|
| timings (please read guidance note 6)   |       | read   | (please read guidance note 2)                                                                                                                 | Outdoors         |       |
| Day                                     | Start | Finish |                                                                                                                                               | Both             |       |
| Mon                                     |       |        | Please give further details here (please read gu                                                                                              | iidance note 3)  |       |
| Tue                                     |       |        |                                                                                                                                               |                  |       |
| Wed                                     |       |        | State any seasonal variations for the performation (please read guidance note 4)                                                              | nce of dance     |       |
| Thur                                    |       |        |                                                                                                                                               |                  |       |
| Fri                                     |       |        | Non standard timings. Where you intend to us for the performance of dance at different times the column on the left, please list (please read | s to those liste | ed in |
| Sat                                     |       |        |                                                                                                                                               |                  |       |
| Sun                                     |       |        |                                                                                                                                               |                  |       |

| 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 entertable providing                                                                                                                                              | ainment you w                  | /i I      |
|----------------------------------------------------------------------------------------------------------------------------------|-------|--------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|-----------|
| Day                                                                                                                              | Start | Finish | Will this entertainment take place indoors or outdoors or both – please tick (please read                                                                                                                  | Indoors                        |           |
| Mon                                                                                                                              |       |        | guidance note 2)                                                                                                                                                                                           | Outdoors                       |           |
|                                                                                                                                  |       |        |                                                                                                                                                                                                            | Both                           |           |
| Tue                                                                                                                              |       |        | Please give further details here (please read gu                                                                                                                                                           | idance note 3)                 |           |
| Wed                                                                                                                              |       |        |                                                                                                                                                                                                            |                                |           |
| Thur                                                                                                                             |       |        | State any seasonal variations for entertainment description to that falling within (e), (f) or (g) (guidance note 4)                                                                                       |                                |           |
| Fri                                                                                                                              |       |        |                                                                                                                                                                                                            |                                |           |
| Sat                                                                                                                              |       |        | Non standard timings. Where you intend to us for the entertainment of a similar description to within (e), (f) or (g) at different times to those I column on the left, please list (please read guidents) | o that falling<br>isted in the | <u>es</u> |
| Sun                                                                                                                              |       |        |                                                                                                                                                                                                            |                                |           |

Toposous:

| Provision of facilities for making music Standard days and timings (please read guidance note 6) |       |        | Please give a description of the facilities for m will be providing                                                                            | aking music y          | <u>rou</u> |
|--------------------------------------------------------------------------------------------------|-------|--------|------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|------------|
|                                                                                                  |       |        | Will the facilities for making music be indoors or outdoors or both – please tick                                                              | Indoors                |            |
|                                                                                                  |       | -      | (please read guidance note 2)                                                                                                                  | Outdoors               |            |
| Day                                                                                              | Start | Finish |                                                                                                                                                | Both                   |            |
| Mon<br>Tue                                                                                       |       |        | Please give further details here (please read gu                                                                                               | idance note 3)         |            |
| Wed                                                                                              |       |        | State any seasonal variations for the provision making music (please read guidance note 4)                                                     | of facilities f        | or         |
| Thur                                                                                             |       |        |                                                                                                                                                |                        |            |
| Fri                                                                                              |       |        | Non standard timings. Where you intend to us for provision of facilities for making music at those listed in the column on the left, please li | <u>different times</u> | to         |
| Sat                                                                                              |       |        | guidance note 5)                                                                                                                               |                        |            |
| Sun                                                                                              |       |        |                                                                                                                                                |                        |            |

J

| Provision of facilities for dancing    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             | Will the facilities for dancing be indoors or outdoors or both – please tick (see guidance note 2)                                              | Indoors           |          |
|----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|----------|
| Standard days and timings (please read |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             | Hote 2)                                                                                                                                         | Outdoors          |          |
| guidance note 6)                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |                                                                                                                                                 | Both              |          |
| Day                                    | Start                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Finish      | Please give a description of the facilities for da providing                                                                                    | ancing you wi     | ll be    |
| Mon                                    | Otart                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 1 11 11 511 | Please give further details here (please read gu                                                                                                | idance note 3)    |          |
| Tue                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             | rease give further details field (piease read gu                                                                                                | indurioc riole 0) |          |
| Wed                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             | State any seasonal variations for providing da (please read guidance note 4)                                                                    | ncing facilitie   | <u>s</u> |
| Thur                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |                                                                                                                                                 |                   |          |
| Fri                                    | OTTO A CONTRACT OF THE PROPERTY OF THE PROPERT |             | Non standard timings. Where you intend to us for the provision of facilities for dancing enter different times to those listed in the column or | tainment at       |          |
| Sat                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             | list (please read guidance note 5)                                                                                                              |                   |          |
| Sun                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |                                                                                                                                                 |                   |          |

| Provision of facilities for entertainment of a similar description to that falling within i or j Standard days and timings (please read guidance note 6) |       |        | Please give a description of the type of enterta you will be providing                                                                                                                                       | ainment facilit                        | Y          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|-------|--------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|------------|
| Day                                                                                                                                                      | Start | Finish | Will the entertainment facility be indoors or                                                                                                                                                                | Indoors                                |            |
| Mon                                                                                                                                                      |       |        | outdoors or both – please tick (please read guidance note 2)                                                                                                                                                 | Outdoors                               |            |
|                                                                                                                                                          |       |        |                                                                                                                                                                                                              | Both                                   |            |
| Tue                                                                                                                                                      |       |        | Please give further details here (please read gu                                                                                                                                                             | idance note 3)                         |            |
| Wed                                                                                                                                                      |       |        |                                                                                                                                                                                                              |                                        |            |
| Thur                                                                                                                                                     |       |        | State any seasonal variations for the provision entertainment of a similar description to that fa (please read guidance note 4)                                                                              | of facilities fo<br>alling within i    | or<br>or i |
| Fri                                                                                                                                                      |       |        |                                                                                                                                                                                                              |                                        |            |
| Sat                                                                                                                                                      |       |        | Non standard timings. Where you intend to us for the provision of facilities for entertainment description to that falling within i or j at differe listed in the column on the left, please list (please 1) | <u>of a similar</u><br>nt times to the | ose        |
| Sun                                                                                                                                                      |       |        |                                                                                                                                                                                                              |                                        |            |

L

| Late night refreshment<br>Standard days and<br>timings (please read |       | and    | Will the provision of late night refreshment take place indoors or outdoors or both – please tick (please read guidance note 2)                 | Indoors                |    |
|---------------------------------------------------------------------|-------|--------|-------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|----|
| guidance note 6)                                                    |       |        | product siet. (product road gardanos noto 2)                                                                                                    | Outdoors               |    |
| Day                                                                 | Start | Finish |                                                                                                                                                 | Both                   |    |
| Mon                                                                 |       |        | Please give further details here (please read gu                                                                                                | idance note 3)         |    |
| Tue                                                                 |       |        |                                                                                                                                                 |                        |    |
| Wed                                                                 |       |        | State any seasonal variations for the provision refreshment (please read guidance note 4)                                                       | of late night          |    |
| Thur                                                                |       |        |                                                                                                                                                 |                        |    |
| Fri                                                                 |       |        | Non standard timings. Where you intend to us for the provision of late night refreshment at d those listed in the column on the left, please li | <u>ifferent times.</u> | to |
| Sat                                                                 |       |        | guidance note 5)                                                                                                                                |                        |    |
| Sun                                                                 |       |        |                                                                                                                                                 |                        |    |

| Standa | Supply of alcohol<br>Standard days and<br>timings (please read |        | Will the supply of alcohol be for consumption (Please tick box) (please read guidance note 7)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | On the premises        | NAME OF THE PROPERTY OF THE PR |
|--------|----------------------------------------------------------------|--------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|        | nce note 6                                                     |        | guidance note /)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Off the premises       | $\boxtimes$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
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| Mon    | 10:00                                                          | 24:00  | State any seasonal variations for the supply o read guidance note 4)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>f alcohol</b> (plea | ise                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Tue    | 10:00                                                          | 24:00  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| Thur   | 10:00                                                          | 24:00  | Non standard timings. Where you intend to use for the supply of alcohol at different times to to column on the left, please list (please read guid                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | hose listed in         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Fri    | 10:00                                                          | 24:00  | , the same of the | ,                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Sat    | 10:00                                                          | 24:00  | Please note - opening to 24.00 is requested as th                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ic annoars to h        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Sun    | 10:00                                                          | 24:00  | the norm for other nearby premises.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | is appears to b        | e                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|        | the name<br>ses supe                                           |        | ails of the individual whom you wish to specify o                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | on the licence         | as                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
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## 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)

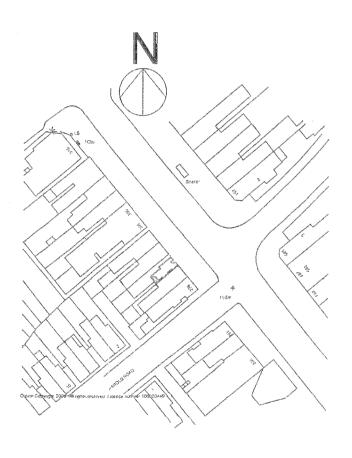
None

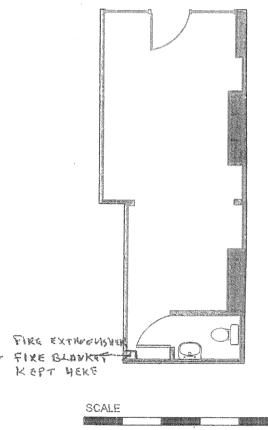
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| open t<br>Standa<br>timings | premise<br>to the pul<br>ard days a<br>s (please<br>ace note 6 | blic<br>and<br>read | State any seasonal variations (please read guidance note 4) None                                                             |
|-----------------------------|----------------------------------------------------------------|---------------------|------------------------------------------------------------------------------------------------------------------------------|
| Day                         | Start                                                          | Finish              |                                                                                                                              |
| Mon                         | 10:00                                                          | 24:00               |                                                                                                                              |
| Tue                         | 10:00                                                          | 24:00               |                                                                                                                              |
| Wed                         | 10:00                                                          | 24:00               |                                                                                                                              |
|                             |                                                                |                     | Non standard timings. Where you intend the premises to be                                                                    |
| Thur                        | 10:00                                                          | 24:00               | open to the public at different times from those listed in the column on the left, please list (please read guidance note 5) |
| Fri                         | 10:00                                                          | 24:00               |                                                                                                                              |
| Sat                         | 10:00                                                          | 24:00               |                                                                                                                              |
| Sun                         | 10:00                                                          | 24:00               |                                                                                                                              |

| 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)                                                                                                                                                                                                                                                                            |
| I am already a DPS for my existing business at 51 Melchet Road, Harefield. I run that shop with one member of employed staff who has considerable experience of the licensed trade. I have now taken on a lease of 300 Shirley Road. I intend to employ a manager there who also has licensing experience, and to be present there myself on a regular basis. |
| b) The prevention of crime and disorder                                                                                                                                                                                                                                                                                                                       |
| The shop is already equipped with CCTV cameras.to prevent Crime. I am aware of the police requirements for supervision, recording and access to that CCTV and the system will be upgraded to meet those requirements. Shirley High Street (Shirley Road) has extensive CCTV cover.                                                                            |
| c) Public safety                                                                                                                                                                                                                                                                                                                                              |
| Public access from street to be kept clear at all times and no rubbish left outside premises                                                                                                                                                                                                                                                                  |
| d) The prevention of public nuisance                                                                                                                                                                                                                                                                                                                          |
| Public using the shop under supervision from staff. Persons leaving the shop to be discouraged from making noise Rubbish not left outside premises                                                                                                                                                                                                            |
| e) The protection of children from harm                                                                                                                                                                                                                                                                                                                       |
| Policy of not allowing children into the shop unless accompanied by an adult. I am aware of the police requirements for a Challenge 25 policy, requiring that alcohol should not be served to anyone appearing to be under 25, and proof of age required in cases of uncertainty.                                                                             |

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| <ul><li>I have ma</li></ul>                                                                                                       | de or enclosed payment of the fee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  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| <ul><li>I have end</li></ul>                                                                                                      | closed the plan of the premises                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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| <ul> <li>I have ser<br/>others who</li> </ul>                                                                                     | ponsible authorities and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           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| <ul> <li>I have enclosed the consent form completed by the individual I wish to be premi<br/>supervisor, if applicable</li> </ul> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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| <ul> <li>I understand that I must now advertise my application</li> </ul>                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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| • I understand that if I do not comply with the above requirements my application will be rejected                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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| STANDARD SO                                                                                                                       | NCE, LIABLE ON CONVICTION TO A FINE D<br>CALE, UNDER SECTION 158 OF THE LICEN<br>MENT IN OR IN CONNECTION WITH THIS A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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| Part 4 – Signat                                                                                                                   | cures (please read guidance note 10)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               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| Signature of apguidance note 1                                                                                                    | oplicant or applicant's solicitor or other du<br>l1). If signing on behalf of the applicant pla                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                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| authorised age                                                                                                                    | cations signature of 2 <sup>nd</sup> applicant or 2 <sup>nd</sup> appent. (please read guidance note 12). If signing what capacity.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                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# Site plan Scale 1/1250

# Floor plan Scale 1/100

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| CS PARTNERSHIP LLP<br>CHARTERED BUILDING SURVEYORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | project -<br>300 Shirley Road<br>Southampton<br>Hampshire | drawing title -<br>Floor Plan of commercial premisies                                                               | drawing no -                                                |
| 8 ST CROSS ROAD<br>WINCHESTER<br>HAMPSHIRE SO23 9HX                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | client -<br>Mr Singh                                      | notes -                                                                                                             | drawn by - JS   checked by - JC   scale(s) - 1:1250 / 1:100 |
| tel: 01962 850 869<br>mobile: 07776256527                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                           | © CS PARTINERSHIP O'WN THE COPYRIGHT OF<br>THIS DRAWING, NOT TO BE USED OR COPIED<br>WITHOUT THEIR PERMESSION, 2008 | STATUS - PARTY WALL                                         |
| email: jsteel@cspartnership.co.uk                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                           |                                                                                                                     | FOR INFORMATION FOR ARBROVAL FOR CONSTRUCTS                 |

Trading Standards Service Southampton City Council Civic Centre Southampton S014 7LY



Please ask for: Lucas Marshall Our ref:

Your ref:

28th November 2011

Southampton City Council Licensing Team PO Box 1344 Southampton SO15 1WQ

RECEIVED
7 9 NOV 2011

Dear Sir/Madam

I write with reference to Gurdip Singh's application for a premises licence, a copy of which was received by Southampton City Council's Trading Standards Service on 23<sup>rd</sup> November 2011. The application relates to the premises at 300 Shirley Road, Southampton. I object to the granting of a premises licence, and give the reasons for my objection below.

Gurdip Singh is currently the business owner, Premises Licence Holder and Designated Premises Supervisor at 51 Melchet Road, Southampton. Gurdip Singh has accepted Simple Cautions relating to offences committed at 51 Melchet Rd, namely the under age sale of alcohol on 25<sup>th</sup> August 2010, and the sale of counterfeit tobacco on 22<sup>nd</sup> March 2011.

Gurdip Singh has failed to promote the licensing objectives, to prevent crime and to protect children from harm, at his current premises. The previous Premise Licence Holder at 300 Shirley Road, Gurmail Singh Rathor, had his licence revoked following the sale of counterfeit alcohol and under age sales. The following applicant, Harvinder Singh Rathor, had his application refused, following sale of non-duty paid alcohol and under age sales. Gurdip Singh has committed similar offences, and in my opinion is not an appropriate person to hold a licence at 300 Shirley Road.

I have enclosed copies of the Simple Cautions relating to the above mentioned offences, and a statement regarding the counterfeit tobacco.

Yours faithfully

Lucas Marshall
Trading Standards Officer

Cc Paul Butler, Knight Poulson, 2-4 Leigh Road, Eastleigh, Hampshire, SO50 9FH

If you require this letter or future correspondence from us in a different format (e.g. tape, Braille, or disc) please do not hesitate to let us know.



## Caution

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10/01625/UAS

CRW CASE REFERENCE:

OFFENDER'S SURNAME:

Singh

**FORNAMES** 

Gurdip

OCCUPATION:

Sole Trader

**HOME ADDRESS:** 

DATE OF BIRTH:

**BUSINESS NAME:** 

T & G News

OFFICER:

Kim Downer

PATE OF OFFENCE:

25th August 2010

PLACE OF OFFENCE:

T & G News, 51 Melchet Road, Southampton, SO18 5GW

### **BRIEF CIRCUMSTANCES OF OFFENCE:-**

Did, on 25th August 2010 at T & G News, 51 Melchet Road, Southampton, sell intoxicating liquor, a bottle of Bulmer's cider, to a person under the age of 18 years, namely of the age of 16 years, contrary to S 146 of the Licensing Act 2003.

## LEGISLATION

Licensing Act 2003.

## Please read the declaration below and make sure you understand it before you sign.

- 1 I have admitted to committing the offence(s) shown above. A simple caution is not a criminal conviction, but I understand that details of the caution may be kept on any national convictions databases.
  - If new evidence comes to light suggesting that the offence(s) I have committed are more serious, you might still take legal action against me.
- 3 If there are any victims as a result of these offences, they might still take civil action against me and you might give my name and address to the victims so they can do this.
- 4 If I am charged with another offence and I go to court, you will tell the court that I have received this simple caution. It will not be cited in court after the expiry of three years from the date of your signature.
- If I apply for certain licences connected with my business, e.g. under the Consumer Credit Act 1974 or Licensing Act 2003, this caution may be taken into account in any decision whether to issue me with a licence.
- If I already work in a job which is included in the list of notifiable occupations (these are jobs where you are in a position of trust or responsibility, for example, teachers, care workers, taxi drivers, soldiers and doctors), you might tell my employer about this simple caution. (I can ask you for a copy of the full list of notifiable occupations.)
- If I apply for certain jobs, either paid or unpaid, that need me to have a criminal records check (CRB check), you might give my new employer information about this simple caution. (CRB checks are needed for nearly all jobs where you work with children or vulnerable adults, as well as for other sensitive jobs involving a high level of trust.)
- I understand that accepting this simple caution may mean that some countries will not allow me to live there permanently, and some may not allow me to visit (for example, on business, for a holiday or as a student).

### Declaration

## I have read and understand all this information

I hereby declare that I admit the offence(s) described above and agree to accept a caution in this case. I understand that a record will be kept of this caution and that it may influence a decision to institute proceedings should I be found to be infringing the law in the future. I further understand that this caution may be cited in any subsequent legal proceedings. I also understand that in some circumstances I may be under a duty to disclose the existence of this caution.

| Signed |      |
|--------|------|
| 20 \②  |      |
| Signed | E    |
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|        | 20 \ |

# Caution

**OUR CASE REFERENCE:** 

11/00514/TMA

**CRW CASE REFERENCE:** 

OFFENDER'S SURNAME:

Singh

FORNAMES

Gurdip

OCCUPATION:

Proprietor of T & G Brothers Newsagents

**HOME ADDRESS:** 

DATE OF BIRTH:

**PUSINESS NAME:** 

T & G Brothers Newsagents

OFFICER:

Claire Hill

DATE OF OFFENCE:

22.3.11

PLACE OF OFFENCE:

T & G Brothers Newsagents, 51 Melchett Road, Bitterne, Southampton SO18 5GW

### **BRIEF CIRCUMSTANCES OF OFFENCE:-**

That you, Gurdip Singh, on 22<sup>nd</sup> March 2011, at T & G Brothers Newsagents, 51 Melchett Road, Bitterne, Southampton, with a view to gain for yourself or another and without the consent of the proprietor, did offer for sale and have in your possession for sale 29 pouches of Golden Virginia tobacco which bore a sign identical to or likely to be mistaken for a registered trade mark, namely Golden Virginia, contrary to Section 92, (1), (b) and Section 92, (1), (c) of the Trade Marks Act 1994 respectively.

LEGISLATION

Trade Marks Act 1994

## rlease read the declaration below and make sure you understand it before you sign.

- 1 I have admitted to committing the offence(s) shown above. A simple caution is not a criminal conviction, but I understand that details of the caution may be kept on any national convictions databases.
- 2 If new evidence comes to light suggesting that the offence(s) I have committed are more serious, you might still take legal action against me.
- 3 If there are any victims as a result of these offences, they might still take civil action against me and you might give my name and address to the victims so they can do this.
- 4 If I am charged with another offence and I go to court, you will tell the court that I have received this simple caution. It will not be cited in court after the expiry of three years from the date of your signature.
- 5 If I apply for certain licences connected with my business, e.g. under the Consumer Credit Act 1974 or Licensing Act 2003, this caution may be taken into account in any decision whether to issue me with a licence.
- If I already work in a job which is included in the list of notifiable occupations (these are jobs where you are in a position of trust or responsibility, for example, teachers, care workers, taxi drivers, soldiers and doctors), you might tell my employer about this simple caution. (I can ask you for a copy of the full list of notifiable occupations.)
- 7 If I apply for certain jobs, either paid or unpaid, that need me to have a criminal records check (CRB check), you might give my new G:\Trading Standards\ADMIN Correspondence Files\Claire\2011\T & G Brothers Newsagents\CAUTION Gurdip Singh.doc

- employer information about this simple caution. (CRB checks are needed for nearly all jobs where you work with children or vulnerable adults, as well as for other sensitive jobs involving a high level of trust.)
- I understand that accepting this simple caution may mean that some countries will not allow me to live there permanently, and some may not allow me to visit (for example, on business, for a holiday or as a student).

### Declaration

#### I have read and understand all this information

I hereby declare that I admit the offence(s) described above and agree to accept a caution in this case. I understand that a record will be kept of this caution and that it may influence a decision to institute proceedings should I be found to be infringing the law in the future. I further understand that this caution may be cited in any subsequent legal proceedings. I also understand that in some circumstances I may be under a duty to disclose the existence of this caution.

| Name_ \(\square\) | rorp S.wan                            | Signed |
|-------------------|---------------------------------------|--------|
| (Block Capit      | als)                                  |        |
| Dated this        | 22 day June                           | 20 \ \ |
| Name              | C. M. Russell                         | Signed |
| Authorised (      | on behalf of Southampton City Council |        |
| Dated this        | 22 day JUNE                           | 20 11  |



## TRADING STANDARDS SERVICE WITNESS STATEMENT

(C J Act 1967 S.9; MCA 1980 ss5A(3)(a) and 5B; Criminal Procedure Rules 2011 (Rule 27)

|    | STATEMENT OF: CLAIRE ELIZABETH HILL                                                                                                                                                                                                                                                                   |
|----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|    | AGE IF UNDER 18: OVER 18                                                                                                                                                                                                                                                                              |
|    | This statement (consisting of 1 page(s) each signed by me) is true to the best of my knowledge and belief and I make it knowing that, if it is tendered in evidence, I shall be liable to prosecution if I have wilfully stated in it anything which I know to be false or do not believe to be true. |
|    | Dated the 25 <sup>th</sup> day of พองเลาธิธีนี้ 2011 Signatu                                                                                                                                                                                                                                          |
|    | being unable to read the statement,                                                                                                                                                                                                                                                                   |
|    | I                                                                                                                                                                                                                                                                                                     |
|    | read it to him/her before he/she signed it.                                                                                                                                                                                                                                                           |
|    | Dated the day of2011 Signature:                                                                                                                                                                                                                                                                       |
| Α  | I am the above named person and am employed by Southampton City Council Trading                                                                                                                                                                                                                       |
|    | Standards Service as a Fair Trading Officer based at 7 Civic Centre Road Southampton. This                                                                                                                                                                                                            |
|    | service received a complaint from a consumer who suspected that a packet of Golden Virginia                                                                                                                                                                                                           |
| В  | rolling tobacco was counterfeit, as it tasted and smelt different. The consumer purchased the                                                                                                                                                                                                         |
|    | tobacco from T & G Brothers, 51 Melchett Road, Southampton SO18 5GW, owned by GURDIP                                                                                                                                                                                                                  |
|    | SINGH. On 22 <sup>nd</sup> March 2011, I made a test purchase of Golden Virginia rolling tobacco from T &                                                                                                                                                                                             |
| С  | G Brothers which I sent to the brand holder for verification as to authenticity. The Golden                                                                                                                                                                                                           |
|    | Virginia tobacco subsequently transpired to be counterfeit. On Tuesday 3 <sup>rd</sup> May 2011 I                                                                                                                                                                                                     |
|    | conducted a PACE Code B interview with GURDIP SINGH the shop owner. He stated at                                                                                                                                                                                                                      |
| D  | interview that he had previously owned the shop with a business partner for two years and had                                                                                                                                                                                                         |
|    | re-opened on his own. The Golden Virginia was old stock from the previous owner. He could not                                                                                                                                                                                                         |
|    | remember where he got it from as it was a long time ago. However, after the audible recording                                                                                                                                                                                                         |
| Е  | had ceased, whilst still under caution, he admitted that he buys the tobacco from a white van                                                                                                                                                                                                         |
|    | man who comes around intermittently. GURDIP SINGH received a simple caution.                                                                                                                                                                                                                          |
| IQ | Signature:                                                                                                                                                                                                                                                                                            |
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CLAIRE ELIZABETH HILL

**HOME ADDRESS:** 

**BUSINESS ADDRESS:** 

Southampton City Council, Trading Standards Service, 7 Civic

Month of

Centre Road, Southampton SO14 7Fj

DATE OF BIRTH:

OCCUPATION:

**Fair Trading Officer** 

HOME TELEPHONE NO:

**BUSINESS TELEPHONE NO:** 

023 8083 4926

|     | ****** |    | ******** |         | ,     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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| CONTACT POINT IF DIFFERENT FROM ABO |  |
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ADDRESS:

TELEPHONE NO:

STATEMENT TAKEN BY:

INCIDENT NO:

**CRIMINAL PROCEDURE AND INVESTIGATIONS ACT 1996** 

Record below anything that may affect the credibility of the person making this statement, eg previous convictions, relationship to defendant. If there is nothing state 'none' below.

NONE

|           | a mit |     | 11-11-47-7   |      |
|-----------|-------|-----|--------------|------|
| Dated the | 72    | dav | of Nova 1652 | 2011 |

Signed .....

Southampton City Council DX 115710 SOUTHAMPTON 17

Our Ref: PFB/PFB/46753-1/Singh

e-mail:

Your Ref: 2011/02852/01SPRN

By e-mail only licensing@southampton.gov.uk

6 December 2011

**Dear Sirs** 

## Re: Premises Licence 300 Shirley Road Southampton

We write in response to representations made by the Trading Standards Department in relation to the current Applicant Mr Gurdip Singh.

In their letter, Trading Standards link this application with the offences committed buy previous applicants or licence holders. This is unjustified. We have already made the point that, according to our instructions, Mr Singh is no relation to the Rathor family, and the fact that he has agreed to take a lease of the premises from them should not prejudice his application.

Mr Singh confirms he has accepted the two cautions submitted by Trading Standards.

In respect of the sale of cider in 2010 he instructs us that this was a sale made by a member of his staff, for which he had to take responsibility as the licensee. That member of staff has since been sent on a licensing training course.

In respect of the tobacco, Mr Singh instructs us that he has now changed his purchasing practices so as to only buy from known sources.

Yours faithfully

QualitySolicitors KNIGHT POLSON

Cc Trading Standards by e-mail

Southampton City Council DX 115710 SOUTHAMPTON 17

Our Ref: PFB/PFB/46753-1/Singh

e-mail:

Your Ref: 201/02852/01SPRN

8 December 2011

By e-mail only licensing@southampton.gov.uk

**Dear Sirs** 

## **Premises Licence 300 Shirley Road Southampton**

Mr Singh tells us he has been contacted by the police asking for the name of the premises supervisor.

Mr Singh will be the DPS but we imagine they are asking for the identity of the person who will be on the premises if Mr Singh is not.

This person is Mr Jozef Sebastian Kondzior, currently employed by M Singh elsewhere. We are instructed that he has passed the BII course.

Yours faithfully

QualitySolicitors KNIGHT POLSON



1 of 4

# NEW GRANT OR VARIATION OF PREMISES LICENCE OR CLUB PREMISES CERTIFICATE FORM FOR REPRESENTATIONS FROM HAMPSHIRE CONSTABULARY

Before completing this form please read the guidance notes on page 3. Once completed please send your representation form to your local Licensing Authority. You must keep a copy of the completed form for police records.

Hampshire Constabulary wish to make a representation(s) regarding the grant or variation of a Premises Licence or Club Premises Certificate issued under the Licensing Act 2003.

These representations must be made within 28 days

| Postal addre                                                                                          | ss of premises or club prem                                                                                                 | nises:             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| 1) The pro<br>2) Public s<br>3) The pro                                                               | ion to object relates to the fevention of crime and disorce safety evention of public nuisance otection of children from ha | der                | bjective(s)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Please select<br>one or more<br>boxes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |



# NEW GRANT OR VARIATION OF PREMISES LICENCE OR CLUB PREMISES CERTIFICATE FORM FOR REPRESENTATIONS FROM HAMPSHIRE CONSTABULARY

# State the ground(s) for representation (please read guidance notes 1 & 2)

On behalf of the Chief Officer of Police I am writing to lodge a representation of the above application on the following grounds:

- 1) The prevention of Crime and Disorder
- 2) The Prevention of Public Nuisance
- 3) Protection of Children from Harm

The police have concerns over the application and object to the premises application and the proposed DPS for the application. These concerns are outlined below:

The applicant has put forward an application for an alcohol licence for Monday-Sunday with the hours of sale being 1000-2400. This exceeds the hours of other off licence premises in the area which all cease at or before 2300 hours. The later licence throughout the week does raise concerns under crime and disorder and public nuisance as the area does suffer from anti-social behaviour, drunkenness incidents, criminal damage and public order offences throughout the evening but these do currently reduce after 2300 hours. Shirley Road is made up of numerous businesses, most with resident flats above them or blocks of flats in between businesses. Shirley Road is a main road into and out of the city centre and therefore there is still a thoroughfare of cars and people but that reduces once businesses close.

The applicant has applied and put himself forward as DPS but is currently DPS at another premises over in Harefield. The distance between the premises is such that it would be unworkable for the DPS to fully support the licensing objectives at both premises.

There are also concerns under the protection of children from harm as the previous premises had its licence revoked earlier in the year. Although this is a new applicant who has taken over the building lease the premises previously served alcohol to children and those children may attempt to purchase alcohol if it's re-opened. This will require strong enforcement of the challenge 25 and no ID no sale policy. It is felt that if there is always a personal licence holder on site who has the extra knowledge around the licensing act this would ensure the licensing objectives are upheld.

The current applicant has taken a lease over from the previous owners who had the licence revoked and were refused a new application earlier in the year and there is some concern that the previous owners will have some involvement in the business. The new applicant has previously stated to police that he has known the previous owner for 10 years and see's him 2-3 times a week. That he has helped out at the previous owners shop in the St Mary's area of Southampton, which also had the licence revoked. The applicant states that they know each other well enough that he has a spare set of keys for the previous owners car and permission to drive it. The conditions referred to below and fully detailed



## NEW GRANT OR VARIATION OF PREMISES LICENCE OR CLUB PREMISES CERTIFICATE FORM FOR REPRESENTATIONS FROM HAMPSHIRE CONSTABULARY

on attached sheet would assist in addressing these concerns.

Since receiving the application the police licensing team have contacted the applicants solicitor and put forward the conditions suggested to assist them in promoting the licensing objectives and raised the concerns about the proposed DPS. At this time there is no response with regards to the conditions but a response was received to state they will put another DPS forward but this has not be done yet and the current DPS application has not been withdrawn.

## State any conditions that the Police seek to negate the need for a hearing

The reduction in hours would be requested and a suitable DPS be proposed for us to complete relevant checks upon

Conditions to address crime and disorder would be CCTV (already put on forward applicants schedule) and an Incident Book. To support the protection of children from the harm the we would request a challenge 25 scheme (already put forward on applicants schedule), a refusals book, staff training and a personal licence holder on site at all times premises is open.

# IT IS AN OFFENCE, UNDER SECTION 158 OF THE LICENSING ACT 2003 TO MAKE A FALSE STATEMENT IN OR IN CONNECTION WITH THIS REPRESENTATION

Part 3 - Signatures (please read guidance note 3)

### Recommendation of Police Officer

That if the licence is granted that the conditions suggested are placed on the licence and that a new DPS is found and the hours are reduced to be in line with other off licence premises in the area

| Signature o | 1 Police Officer Completing |  |
|-------------|-----------------------------|--|
| Signature:  |                             |  |
| Date:       | 21/12/11                    |  |

Recommendation of Police Sergeant



Page 4 of 4

# NEW GRANT OR VARIATION OF PREMISES LICENCE OR CLUB PREMISES CERTIFICATE FORM FOR REPRESENTATIONS FROM HAMPSHIRE CONSTABULARY

| Object - Hampshice Constabiliar, have concerns that the concent application if accepted would resold in a premises that would inverse crime + disorder in the area it is situated |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Signature of Police Sergeant                                                                                                                                                      |
| Signature:                                                                                                                                                                        |
| Date: 21/12/11                                                                                                                                                                    |
| Decision of Police Licensing Inspector                                                                                                                                            |
| Object makore.                                                                                                                                                                    |
| Signature of Police Licensing Inspector                                                                                                                                           |
| Signature:                                                                                                                                                                        |
| Date: 21   12   11                                                                                                                                                                |

## NOTES FOR GUIDANCE

- 1. The ground(s) for representation must be based on one of the licensing objectives.
- 2. Please list any additional information or details, for example dates of problems which are included in the grounds for representation if available.
- 3. The representation form must be signed.

## Suggested wording of suggested condition for committee to decide upon

#### CCTV

The premises shall have sufficient cameras located within the premises to cover all public areas including outside of the premises covering the entrance and exit. The system should be able to cope with strobe lighting and all levels of illumination throughout the premises as well as outside areas. CCTV warning signs to be fitted in public places.

The CCTV system must be operating at all times whilst the premises are open for licensable activity. All equipment shall have a constant and accurate time and date generation.

The recording system will be able to capture a minimum of 4 frames per second and all recorded footage must be securely retained for a minimum of 28 days.

Records must be made on a weekly basis and kept for inspection to show that the system is functioning correctly and that data is being securely retained.

The DPS or premises manager must be able to demonstrate that the CCTV system has measures to prevent recordings being tampered with, i.e. password protected.

There shall be sufficient members of trained staff at the premises during operating hours to be able to provide viewable copies to police on request when investigating allegations of offences or criminal activity. Any images recovered must be in a viewable format on either disc or VHS. Footage supplied in a digital format on CD or DVD will also have a copy of the CCTV system software enabled on the disc to allow playback.

In the event of technical failure of the CCTV equipment the Premises Licence holder/DPS MUST report the failure to the Southampton Police Licensing Unit.

#### Incident book

An incident book will be provided and maintained at the premises. It will remain on the premises at all times and will be available to police for inspection upon request.

Any incidents that include physical altercation or disorder, physical ejection, injury, id seizure or drug misuse will be recorded in the incident book. The entry is to include an account of the incident and the identity of all person(s) involved (or descriptions of those involved if identity is not known). Should there be any physical interaction by members of staff and the public the entry will include what physical action occurred between each party. The entry shall be timed, dated and signed by the author. If the member of staff creating the entry has difficulties reading or writing then the entry may be written by another staff member. This should however be read back to the person creating the entry and counter signed by the person who wrote the entry.

At the close of business on each day the incident book will be checked by the manager on duty where any entries will be reviewed and signed. If incidents have occurred the duty manager will de-brief door staff at the close of business. Should there be no incidents then this will also be recorded at the close of business in the incident book.

#### Challenge 25

There will be a Challenge 25 policy operating at the premises. Challenge 25 means that the holder of the premises licence shall ensure that every individual, who visually appears to be under 25 years of age and is seeking to purchase or be supplied with alcohol at the premises or from the premises, shall produce identification proving that individual to be 18 years of age or older.

Acceptable identification for the purposes of age verification will include a driving licence, passport or photographic identification bearing the "PASS" logo and the persons date of birth.

If the person seeking alcohol is unable to produce acceptable means of identification, no sale or supply of alcohol will be made to or for that person.

### Refusals book

A refusals book will be kept and maintained at the premises and will be available for police inspection upon request. All refusals for the sale of alcohol and the reasons for refusal should be recorded. Any age challenge or identification seizures should also be recorded.

#### Training

All staff who sell alcohol will be trained to APLH (EDI Level 2 Award for Personal License Holders) level. All sales of alcohol must be directly supervised and authorised by a personal licence holder until such staff have achieved training to APLH level.

Staff will be trained regarding appropriate precautions to prevent the sale of alcohol to persons under the age of 18, the signs and symptoms of drunk persons and the refusal of sale due to intoxication.

Records will be kept of such training which must be signed and dated by the member of staff who has received that training.

All staff will receive refresher training every six months as a minimum and that records are to be kept of this refresher training which should be signed and dated by the member of staff who received that training.

All training records will be available for inspection by Hampshire Constabulary and the licensing Authority. Training records will be kept for a minimum period of two years.

Licensing Department
Southampton City Council
DX 115710 SOUTHAMPTON 17

Our Ref: PFB/PFB/46753-1/Singh e-mail: paulbutler@qualitysolicitors.com

Your Ref: 2011/02852/01SPRN

21 December 2011

**Dear Sirs** 

## Premises Licence 300 Shirley Road

We have had lengthy telephone conversations with the police about this application. We understand that because of the deadline for objections being today December 21<sup>st</sup>, they have submitted a formal objection to Mr Singh being a DPS for more than one licensed premises.

They have indicated to us that, provided their usual conditions are accepted as part of the licence, they have no objection to the grant of the licence itself, nor to Mr Singh himself, providing that another person is put forward as the DPS.

We are instructed that the proposed conditions are acceptable.

Mr Singh had already indicated that it was his intention to have a Manager at the premises and the police have agreed that it would deal with their objection if that Manager were to obtain a personal licence so that he could be the DPS.

Trading Standards have already made their representations concerning Mr Singh's licensing record, and we hope that this proposal would also deal with their objections.

We understand that the premises licence can be granted without specifying a DPS, and would then remain in suspension until a suitable person is available to take up that position. We would ask that the application should proceed in this way.

Yours faithfully

Knight Polson QualitySolicitors KNIGHT POLSON

Cc by e-mail to Hampshire Constabulary and to Soton CC Trading Standards