

Reference: 2011/00403/01SPRN

Hearing:

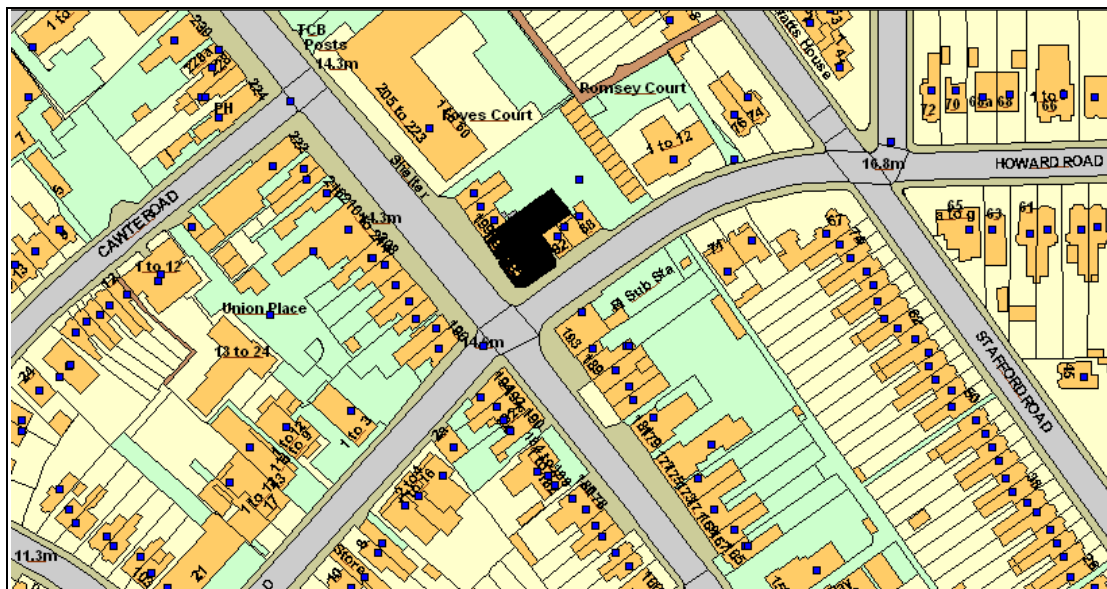
7th April 2011

Application for Premises Licence

Premises Name: Co-operative
 Premises Address: 195 - 197 Shirley Road
 Southampton
 Hampshire
 SO15 3FJ

Application Date: 15th February 2011
 Application Received Date: 16th February 2011

Application Valid Date: 16th February 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	No response received	
Planning & Sustainability - Development Control - Licensing	No response received	
Hampshire Constabulary - Licensing	Yes	
Trading Standards - Licensing	Yes	

Other Representations

Name	Address	Contributor Type
Mr. Richard Fenton	46 Stafford Road Shirley Southampton SO15 5EA	Resident

Legal Implications

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

The committee must also have regard to:-

5. *Crime and Disorder Act 1998*
Section 17 of the Crime and Disorder Act 1998 places the Council under a duty to exercise its various functions with due regard to the likely effect of the exercise of those functions on, and the need to do all that it reasonably can to prevent, crime and disorder in its area.
6. *Human Rights Act 1998*
The Act requires UK legislation to be interpreted in a manner consistent with the European Convention on Human Rights. It is unlawful for the Council to act in a way that is incompatible (or fail to act in a way that is compatible) with the rights protected by the Act. Any action undertaken by the Council that could have an effect upon another person's 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 affects 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.

**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 Co-operative Group Food

(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

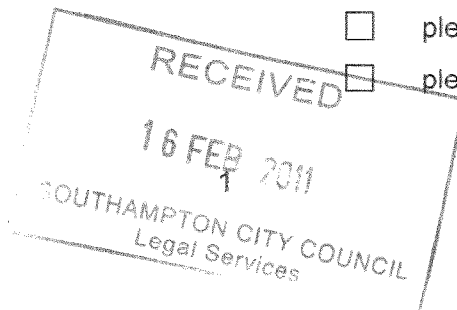
Postal address of premises or, if none, ordnance survey map reference or description			
Co-operative 195 - 197 Shirley Road Shirley			
Post town	Southampton	Post code	SO15 3FJ

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

Part 2 - Applicant Details

Please state whether you are applying for a premises licence as
Please tick yes

- a) an individual or individuals * 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)
 - iv. other (for example a statutory corporation) please complete section (B)
- c) a recognised club please complete section (B)
- d) a charity please complete section (B)



- e) the proprietor of an educational establishment please complete section (B)
- f) a health service body please complete section (B)
- g) a person who is registered under Part 2 of the Care Standards Act 2000 (c14) in respect of an independent hospital please complete section (B)
- h) the chief officer of police of a police force in England and Wales please complete section (B)

* If you are applying as a person described in (a) or (b) please confirm:

Please tick yes

- I am carrying on or proposing to carry on a business which involves the use of the premises for licensable activities; or
- I am making the application pursuant to a
 - statutory function or
 - a function discharged by virtue of Her Majesty's prerogative

(A) INDIVIDUAL APPLICANTS (fill in as applicable)

Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
Surname			First names		
I am 18 years old or over					<input type="checkbox"/> Please tick yes
Current postal address if different from premises address					
Post Town				Postcode	
Daytime contact telephone number					
E-mail address (optional)					

SECOND INDIVIDUAL APPLICANT (if applicable)

Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
Surname			First names		
I am 18 years old or over					<input type="checkbox"/> Please tick yes

Current postal address if different from premises address			
Post Town		Postcode	
Daytime contact telephone number			
E-mail address (optional)			

(B) OTHER APPLICANTS

Please provide name and registered address of applicant in full. Where appropriate please give any registered number. In the case of a partnership or other joint venture (other than a body corporate), please give the name and address of each party concerned.

Name Co-operative Group Food Limited
Address Licensing Department New Century House Manchester M60 4ES
Registered number (where applicable) 26715R
Description of applicant (for example, partnership, company, unincorporated association etc.) Company

Part 3 Operating Schedule

When do you want the premises licence to start?

Day	Month	Year

If you wish the licence to be valid only for a limited period, when do you want it to end?

Day	Month	Year

Please give a general description of the premises (please read guidance note1)
Proposed convenience retail store, to trade 7 days a week, selling groceries, sundry items and alcohol for consumption off the premises only.

If 5,000 or more people are expected to attend the premises at any one time, please state the number expected to attend.

What licensable activities do you intend to carry on from the premises?

(Please see sections 1 and 14 of the Licensing Act 2003 and Schedules 1 and 2 to the Licensing Act 2003)

Provision of regulated entertainment

Please tick 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)

Provision 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)

Provision of late night refreshment (if ticking yes, fill in box L)

Supply of alcohol (if ticking yes, fill in box M)

In all cases complete boxes N, O and P

A

Plays Standard days and timings (please read guidance note 6)			<u>Will the performance of a play take place indoors or outdoors or both – please tick</u> (please read guidance note 2)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<u>Please give further details here</u> (please read guidance note 3)		
Mon					
Tue			<u>State any seasonal variations for performing plays</u> (please read guidance note 4)		
Wed					
Thur			<u>Non standard timings. Where you intend to use the premises for the performance of plays at different times to those listed in the column on the left, please list</u> (please read guidance note 5)		
Fri					
Sat					
Sun					

B

Films Standard days and timings (please read guidance note 6)			Will the exhibition of films take place indoors or outdoors or both – please tick (please read guidance note 2)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 3)		
Mon					
Tue					
Wed			State any seasonal variations for the exhibition of films (please read guidance note 4)		
Thur					
Fri			Non standard timings. Where you intend to use the premises for the exhibition of films at different times to those listed in the column on the left, please list (please read guidance note 5)		
Sat					
Sun					

C

Indoor sporting events Standard days and timings (please read guidance note 6)			Please give further details (please read guidance note 3)
Day	Start	Finish	
Mon			State any seasonal variations for indoor sporting events (please read guidance note 4)
Tue			
Wed			
Thur			Non standard timings. Where you intend to use the premises for indoor sporting events at different times to those listed in the column on the left, please list (please read guidance note 5)
Fri			
Sat			
Sun			

D

Boxing or wrestling entertainments Standard days and timings (please read guidance note 6)			<u>Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick</u> (please read guidance note 2)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<u>Please give further details here</u> (please read guidance note 3)		
Mon					
Tue			<u>State any seasonal variations for boxing or wrestling entertainment</u> (please read guidance note 4)		
Wed					
Thur			<u>Non standard timings. Where you intend to use the premises for boxing or wrestling entertainment at different times to those listed in the column on the left, please list</u> (please read guidance note 5)		
Fri					
Sat					
Sun					

E

Live music Standard days and timings (please read guidance note 6)			<u>Will the performance of live music take place indoors or outdoors or both – please tick</u> (please read guidance note 2)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<u>Please give further details here</u> (please read guidance note 3)		
Mon					
Tue					
Wed			<u>State any seasonal variations for the performance of live music</u> (please read guidance note 4)		
Thur					
Fri			<u>Non standard timings. Where you intend to use the premises for the performance of live music at different times to those listed in the column on the left, please list</u> (please read guidance note 5)		
Sat					
Sun					

F

Recorded music Standard days and timings (please read guidance note 6)			<u>Will the playing of recorded music take place indoors or outdoors or both – please tick</u> (please read guidance note 2)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<u>Please give further details here</u> (please read guidance note 3)		
Mon					
Tue					
Wed			<u>State any seasonal variations for the playing of recorded music</u> (please read guidance note 4)		
Thur					
Fri			<u>Non standard timings. Where you intend to use the premises for the playing of recorded music at different times to those listed in the column on the left, please list</u> (please read guidance note 5)		
Sat					
Sun					

G

Performances of dance Standard days and timings (please read guidance note 6)			<u>Will the performance of dance take place indoors or outdoors or both – please tick</u> (please read guidance note 2)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<u>Please give further details here</u> (please read guidance note 3)		
Mon					
Tue			<u>State any seasonal variations for the performance of dance</u> (please read guidance note 4)		
Wed					
Thur			<u>Non standard timings. Where you intend to use the premises for the performance of dance at different times to those listed in the column on the left, please list</u> (please read guidance note 5)		
Fri					
Sat					
Sun					

H

Anything of a similar description to that falling within (e), (f) or (g) Standard days and timings (please read guidance note 6)			<u>Please give a description of the type of entertainment you will be providing</u>		
Day	Start	Finish	<u>Will this entertainment take place indoors or outdoors or both – please tick</u> (please read guidance note 2)	Indoors	<input type="checkbox"/>
Mon				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Tue			<u>Please give further details here</u> (please read guidance note 3)		
Wed					
Thur			<u>State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g)</u> (please read guidance note 4)		
Fri					
Sat			<u>Non standard timings. Where you intend to use the premises for the entertainment of a similar description to that falling within (e), (f) or (g) at different times to those listed in the column on the left, please list</u> (please read guidance note 5)		
Sun					

I

Provision of facilities for making music Standard days and timings (please read guidance note 6)			<u>Please give a description of the facilities for making music you will be providing</u>	
			<u>Will the facilities for making music be indoors or outdoors or both – please tick</u> (please read guidance note 2)	
Day	Start	Finish	Outdoors <input type="checkbox"/>	
			Both <input type="checkbox"/>	
Mon			<u>Please give further details here</u> (please read guidance note 3)	
Tue				
Wed			<u>State any seasonal variations for the provision of facilities for making music</u> (please read guidance note 4)	
Thur				
Fri			<u>Non standard timings. Where you intend to use the premises for provision of facilities for making music at different times to those listed in the column on the left, please list</u> (please read guidance note 5)	
Sat				
Sun				

J

Provision of facilities for dancing Standard days and timings (please read guidance note 6)			<u>Will the facilities for dancing be indoors or outdoors or both – please tick</u> (see guidance note 2)	Indoors <input type="checkbox"/>	
				Outdoors <input type="checkbox"/>	
				Both <input type="checkbox"/>	
			<u>Please give a description of the facilities for dancing you will be providing</u>		
Day	Start	Finish			
Mon			<u>Please give further details here</u> (please read guidance note 3)		
Tue					
Wed			<u>State any seasonal variations for providing dancing facilities</u> (please read guidance note 4)		
Thur					
Fri			<u>Non standard timings. Where you intend to use the premises for the provision of facilities for dancing entertainment at different times to those listed in the column on the left, please list</u> (please read guidance note 5)		
Sat					
Sun					

K

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)			<u>Please give a description of the type of entertainment facility you will be providing</u>		
Day	Start	Finish	<u>Will the entertainment facility be indoors or outdoors or both – please tick</u> (please read guidance note 2)	Indoors	<input type="checkbox"/>
Mon				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Tue			<u>Please give further details here</u> (please read guidance note 3)		
Wed					
Thur					
Fri			<u>State any seasonal variations for the provision of facilities for entertainment of a similar description to that falling within i or j</u> (please read guidance note 4)		
Sat					
Sun					
			<u>Non standard timings. Where you intend to use the premises for the provision of facilities for entertainment of a similar description to that falling within i or j at different times to those listed in the column on the left, please list</u> (please read guidance note 5)		

L

Late night refreshment Standard days and timings (please read guidance note 6)			Will the provision of late night refreshment take place indoors or outdoors or both – please tick (please read guidance note 2)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<u>Please give further details here</u> (please read guidance note 3)		
Mon					
Tue			<u>State any seasonal variations for the provision of late night refreshment</u> (please read guidance note 4)		
Wed					
Thur			<u>Non standard timings. Where you intend to use the premises for the provision of late night refreshment at different times, to those listed in the column on the left, please list</u> (please read guidance note 5)		
Fri					
Sat					
Sun					

M

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

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

Name	
Address	
Postcode	
Personal Licence number (if known)	
Issuing licensing authority (if known)	

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)

O

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

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)

A closed circuit TV System to be installed and maintained. Images recorded and retained for at least 28 days and to be handed to the Police / Local Authority on request.

b) The prevention of crime and disorder

Notices to be displayed instore that it is an offence for under 18s to purchase alcohol.

Store fitted with panic alarm for staff to press in cases of emergency.

Store fitted with a burglar alarm.

c) Public safety

The requirements of the Fire Officer to be complied with.

d) The prevention of public nuisance

No deliveries to take place between the hours of 11pm and 6am the following day.

e) The protection of children from harm

All staff trained in relation to underage related sales of alcohol. Proof of age scheme in place.

"Under 25" scheme in place and notices of this prominently displayed within the store.

Electronic till prompt when alcohol scanned through tills to remind staff to check age of purchaser.

"All due diligence" refusals log kept to record where sales of alcohol are challenged or refused.

Please tick yes

- I have made or enclosed payment of the fee
- I have enclosed the plan of the premises
- I have sent copies of this application and the plan to responsible authorities and others where applicable
- I have enclosed the consent form completed by the individual I wish to be premises supervisor, if applicable
- I understand that I must now advertise my application
- I understand that if I do not comply with the above requirements my application will be rejected

IT IS AN OFFENCE, LIABLE ON CONVICTION TO A FINE UP TO LEVEL 5 ON THE STANDARD SCALE, UNDER SECTION 158 OF THE LICENSING ACT 2003 TO MAKE A FALSE STATEMENT IN OR IN CONNECTION WITH THIS APPLICATION

Part 4 – Signatures (please read guidance note 10)

Signature of applicant or applicant’s solicitor or other duly authorised agent (See guidance note 11). **If signing on behalf of the applicant please state in what capacity.**

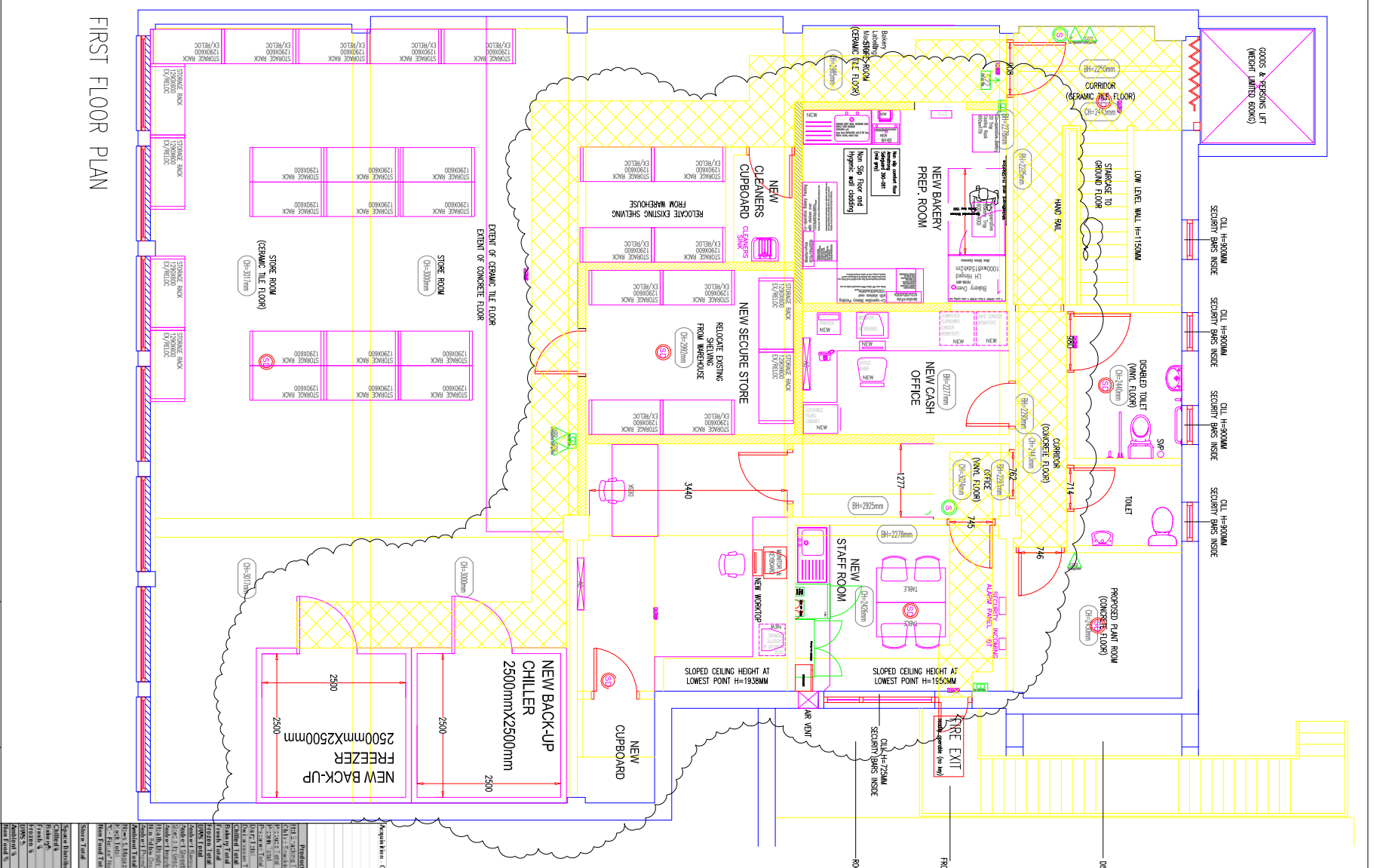
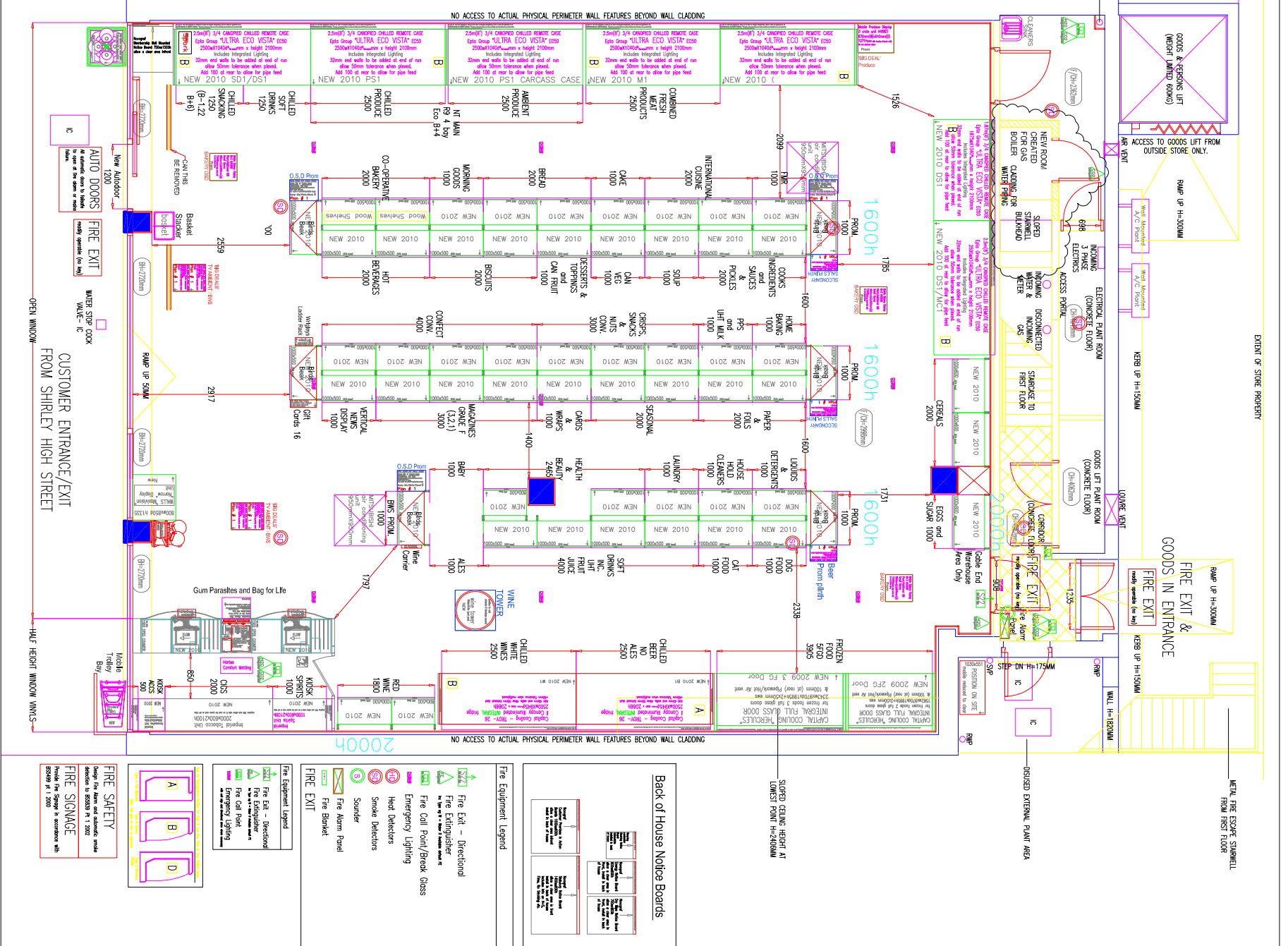
Signature	
Date	15/02/11
Capacity	Licensing Department

For joint applications signature of 2nd applicant or 2nd applicant’s solicitor or other authorised agent. (please read guidance note 12). **If signing on behalf of the applicant please state in what capacity.**

Signature	
Date	
Capacity	

Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 13)

Post town		Post code	
Telephone number (if any)			
If you would prefer us to correspond with you by e-mail your e-mail address (optional)			



Area	Description	Area (sqm)	Volume (cu m)	Value (£)	Percentage	Notes
CHILLER	NEW BACK-UP CHILLER 2500mmx2500mm	6.25	15.62	125,000	1.92%	
FREEZER	NEW FREEZER 2500mmx2500mm	6.25	15.62	125,000	1.92%	
CUPBOARD	NEW CUPBOARD	10.00	25.00	200,000	2.88%	
STAFF ROOM	NEW STAFF ROOM	10.00	25.00	200,000	2.88%	
CASH OFFICE	NEW CASH OFFICE	10.00	25.00	200,000	2.88%	
BAKERY	NEW BAKERY PREP ROOM	10.00	25.00	200,000	2.88%	
CLEANERS	NEW CLEANERS CUPBOARD	10.00	25.00	200,000	2.88%	
STORE	NEW SECURE STORE	10.00	25.00	200,000	2.88%	
SHALING	RELOCATE EXISTING SHALING	10.00	25.00	200,000	2.88%	

G:\STORE SCHEMATICS\Region South West & Wales\2-Acquisitions, Extensions and New Builds\Acquisition Shirley High Street\Proposals\Shirley High St-P1F3M2.dwg, 17/02/2014 15:43:54

30.07.10/ShirleyHighSt-P1F3M2/AC
 Co-operative Bakery relocated to the first aisle, seasonal
 relocated next to magazines, cereals relocated to the back
 wall, new auto door relocated. Scheme agreed at SOM.
 12.01.11/ShirleyHighSt-P1F3M2/AC
 Back crews amended staff room, relocated upstairs.
 managers office, secure store and cleaners room added,
 redundant store room converted to plant room, bakery prep
 room amended, room centred on the ground floor for a gas
 boiler. See revision clouds for details.

Refit Sign Off Meeting

Signature	Date
MARTIN APULIN	30.07.2010
ELEESE C/TRAMIS	30.07.2010
ALISON CROSSLEY	30.07.2010

FCFC Meeting Approved xx/xx/xxxx

Final Plan Issued & Locked date and revision

Local By-laws / Store Covenants:

ShirleyHighStP1 F3
 This Revision Form By - PROPOSED CONSTRUCTION
 Major Changes - W2

Store Name and Address :-
SHIRLEY HIGH STREET
32-36 SHIRLEY HIGH STREET
SOUTHAMPTON
SO15 3NG

good with food
The co-operative
 New Century House, PO BOX 51,
 Floor Postal, General Post Office,
 Mill Lane, Southampton, SO9 9BT

Scale: 1:100

**RICHARD FENTON
46 STAFFORD ROAD
SHIRLEY
SOUTHAMPTON
SO15 5EA.**

**REFERANCE: - 195-197 SHIRLEY ROAD COOPEERTIVE STORE. (FOYES CORNER)
10-3-2011**

DEAR SIR / MADAM.

I WOULD LIKE TO PLACE AN OBJECTION TO AN ALCOHOL LICENCE TO BE GRANTED TO THE CO-OPERATIVE STORE AT 125 SHIRLEY ROAD. MY FRIST OBJECTION TO THIS IS THAT, THERE ARE ALREADY THREE SHOPS SELLING ALCOHOL AT FOYES CORNER. (SEE PHOTOS) THERE IS ALSO A PROBLEM WITH STREET DRINKERS IN AND AROUND THE AREA AND WITH THE PROPOSED APPLICATION FOR THE CO-OPERATIVE TO SELL ALCOHOL THIS WILL MAKE MY LIFE AND MY NEIGHBOURS UNBEARABLE ESSPECIALLY IF IT IS SOLD CHEAP.

WITH THE NUMBER OF SMALL CUT WAYS WHICH RUN AROUND THE BACKS OF MOST PROPERTIES (SEE PHOTO) THE NEAREST ONE BEING ONLY ONE HUNDRED YARDS FROM THE FRONT DOOR OF THE PROPOSED DEVLOPMENT, THIS CUTWAY TAKES THEM TO THE BACK OF POVEYS AND THE SHOPS ON SHILEY ROAD WHERE THEY CONGRATE, WE HAVE, HAD UP TO 14 MEN DRINKING AND FIGHTING IN THIS CAR PARK FROM 8 A.M. TO 11 P.M. NOW WE HAVE GROUPS OF YOUTHS CONGREGATING.

AS YOU CAN SEE FROM THE PHOTOS THE STATE OF THE DRINK PROPLEM WITH IN THIS AREA AND I HOPE THAT THE LINCENING ~~COMETTIE~~ COMMITTEE WILL TAKE THIS INTO CONSIDERATION.

PHOTOS 1-6 GENERAL MESS LEFT AFTER DRINKING SESSIONS POVEYS CAR PARK.

PHOTOS 7-9 FOYES CORNER.

PHOTOS 10-11 SIGNAGE TELLING PEOPLE OF A NO DRINKING ZONE.

PHOTOS 12-14 CUT WAYS LEADING TO POVEYS/ SHIRLEY ROAD SHOPS CAR PARK.

PHOTOS TAKEN ON THE ON THE 27-2-2011.

YOURS SINCERELY





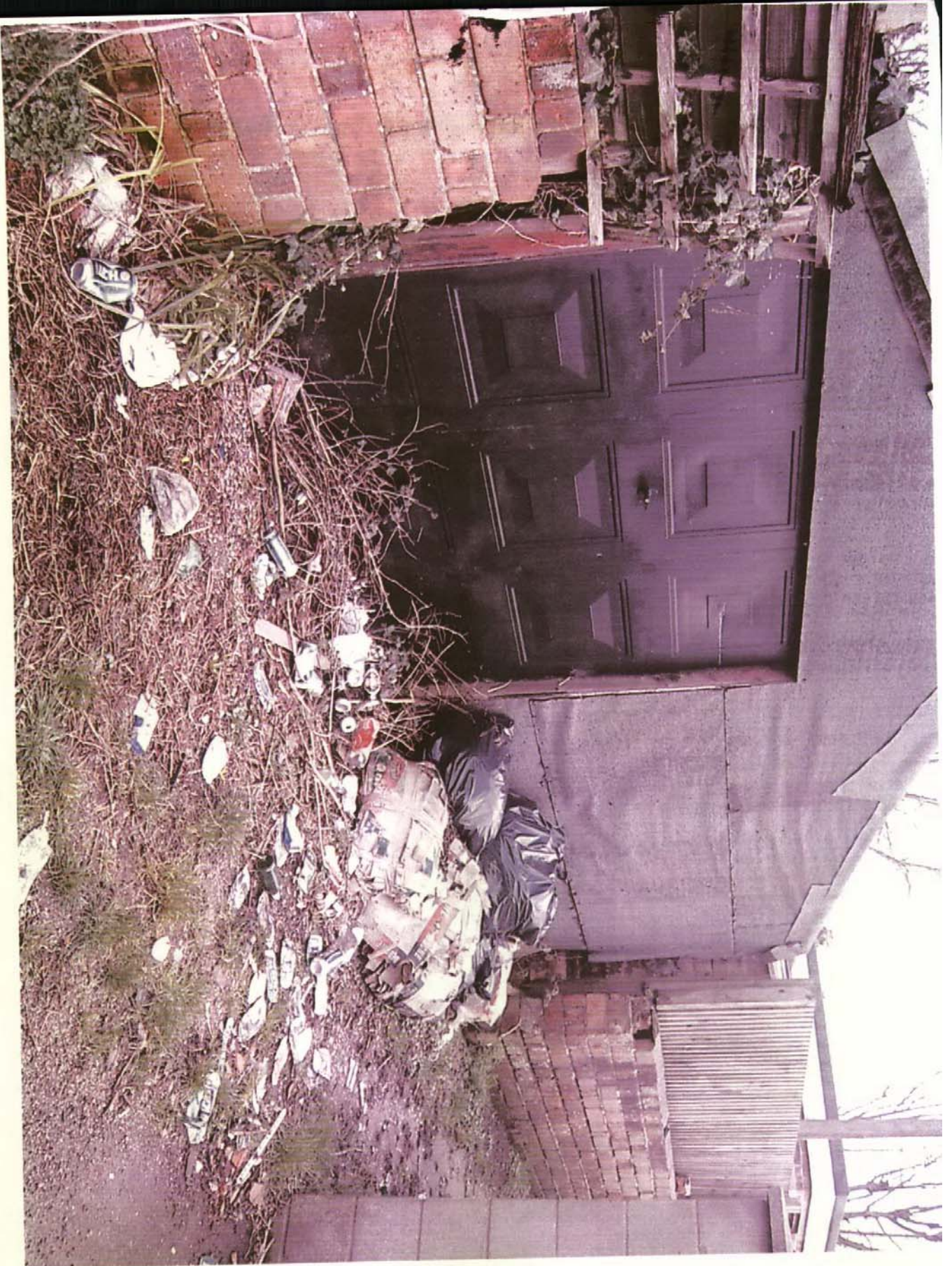
POVEYS CAR PARK

①



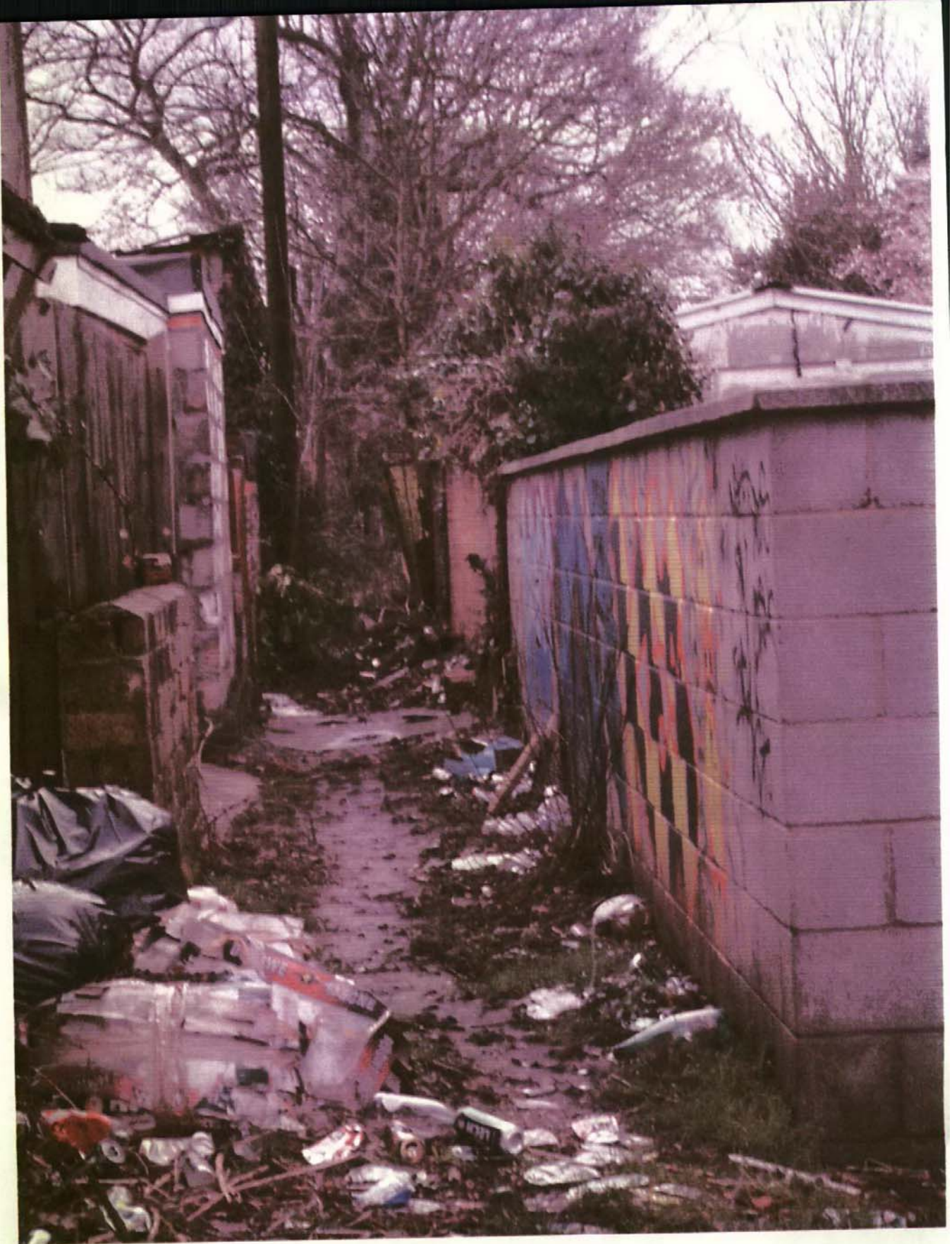
POVEYS CAR PARK

②



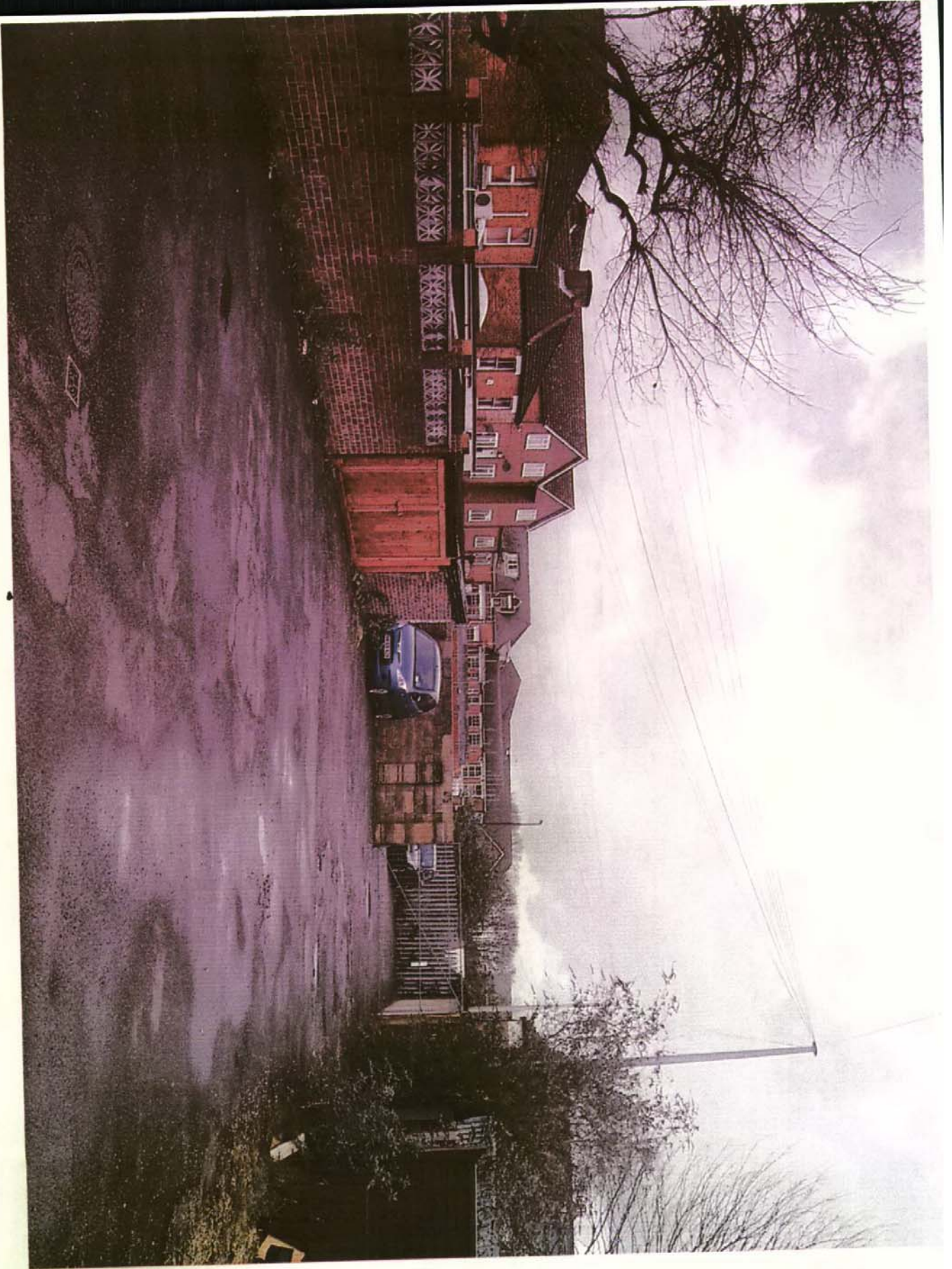
POVEYS CAR PARK

3



POVENS CAR PARK

④

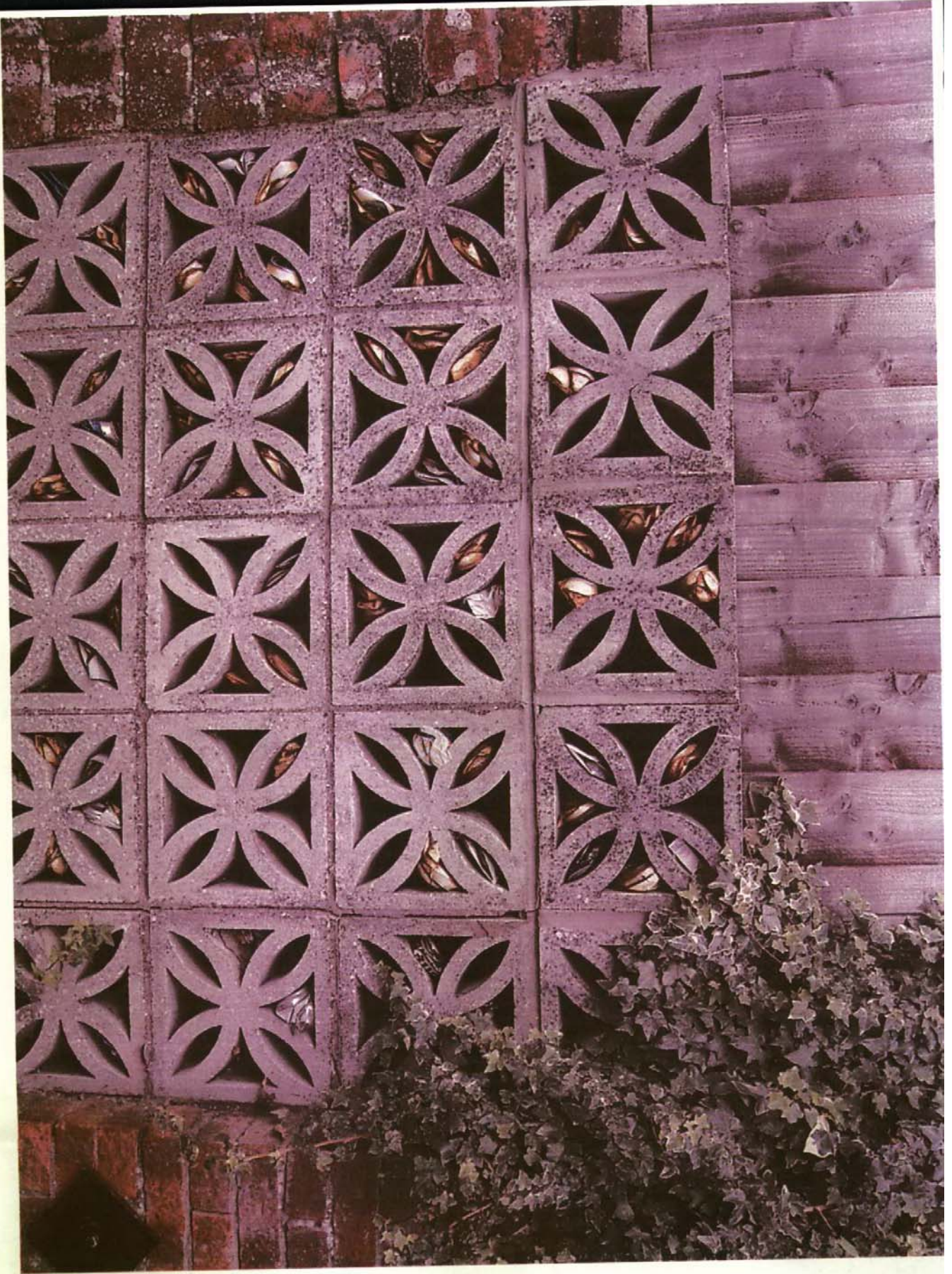


POVEYS CAR PARK

5



POVEYS CAR PARK



DRINK CANS "PUSHED INTO
BRICKWORK POVEYS CAR PARK

⑥



Foyes corner

7



Foyes corner

8



Foyes corner.

9



NO DRINKING SIGN
POWIERZA CAR PARK.

(10)



NO DRINKING SIGN
STAFFORD RD.

11



ENTRANCE TO POVEYS CAR PARK
FROM STAFFORD RD.

(12)



ENTRANCE TO POVEYS CAR PARK
FROM HOWARD RD 100 YARDS FROM (13)



ENTRANCE TO POVEYS CAR PARK
FROM SMORLEY RD. (14)