

Appendix 1 - Shell Garage Cheriton Variation 0218

Application to vary a premises licence under the Licensing Act 2003

Corporate Post Hub
05 FEB 2018

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 MOTOR FUEL LTD

(Insert name(s) of applicant)

being the premises licence holder, apply to vary a premises licence under section 34 of the Licensing Act 2003 for the premises described in Part 1 below

Premises licence number
SHEP00181/05

Part 1 – Premises Details

Postal address of premises or, if none, ordnance survey map reference or description CONVENIENCE STORE SHELL FOLKESTONE 334-336 CHERITON ROAD			
Post town	FOLKESTONE	Postcode	CT19 4DP

Telephone number at premises (if any)	01303 298 600
Non-domestic rateable value of premises	£30250

Part 2 – Applicant details

Daytime contact telephone number	01727 898891		
E-mail address (optional)			
Current postal address if different from premises address	BUILDING 2 ABBEY VIEW EVERARD CLOSE		
Post town	ST ALBANS	Postcode	AL1 2QU

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Part 4 Operating Schedule

Please complete those parts of the Operating Schedule below which would be subject to change if this application to vary is successful.

Provision of regulated entertainment (Please see guidance note 3) Please tick all that apply

- a) plays (if ticking yes, fill in box A)
- b) films (if ticking yes, fill in box B)
- c) indoor sporting events (if ticking yes, fill in box C)
- d) boxing or wrestling entertainment (if ticking yes, fill in box D)
- e) live music (if ticking yes, fill in box E)
- f) recorded music (if ticking yes, fill in box F)
- g) performances of dance (if ticking yes, fill in box G)
- h) anything of a similar description to that falling within (e), (f) or (g) (if ticking yes, fill in box H)

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

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

In all cases complete boxes K, L and M

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A

Plays Standard days and timings (please read guidance note 8)			Will the performance of a play take place indoors or outdoors or both – please tick (please read guidance note 4)	Indoors	<input type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon			Please give further details here (please read guidance note 5)	Both	<input type="checkbox"/>
Tue			State any seasonal variations for performing plays (please read guidance note 6)		
Wed			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 (please read guidance note 7)		
Thur					
Fri					
Sat					
Sun					

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B

Films Standard days and timings (please read guidance note 8)			Will the exhibition of films take place indoors or outdoors or both – please tick (please read guidance note 4)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish			
Mon			Please give further details here (please read guidance note 5)		
Tue			State any seasonal variations for the exhibition of films (please read guidance note 6)		
Wed			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 7)		
Thur					
Fri					
Sat					
Sun					

C

Indoor sporting events Standard days and timings (please read guidance note 8)			<u>Please give further details</u> (please read guidance note 5)
Day	Start	Finish	
Mon			
Tue			<u>State any seasonal variations for indoor sporting events</u> (please read guidance note 6)
Wed			
Thur			<u>Non standard timings. Where you intend to use the premises for indoor sporting events at different times to those listed in the column on the left, please list</u> (please read guidance note 7)
Fri			
Sat			
Sun			

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D

Boxing or wrestling entertainments Standard days and timings (please read guidance note 8)			Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick (please read guidance note 4)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish			
Mon			Please give further details here (please read guidance note 5)		
Tue			State any seasonal variations for boxing or wrestling entertainment (please read guidance note 6)		
Wed			Non standard timings. Where you intend to use the premises for boxing or wrestling entertainment at different times to those listed in the column on the left, please list (please read guidance note 7)		
Thur					
Fri					
Sat					
Sun					

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E

Live music Standard days and timings (please read guidance note 8)			Will the performance of live music take place indoors or outdoors or both – please tick (please read guidance note 4)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 5)		
Mon					
Tue					
Wed					
			State any seasonal variations for the performance of live music (please read guidance note 6)		
Thur			Non standard timings. Where you intend to use the premises for the performance of live music at different times to those listed in the column on the left, please list (please read guidance note 7)		
Fri					
Sat					
Sun					

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F

Recorded music Standard days and timings (please read guidance note 8)			Will the playing of recorded music take place indoors or outdoors or both – please tick (please read guidance note 4)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish			
Mon			Please give further details here (please read guidance note 5)		
Tue					
Wed			State any seasonal variations for the playing of recorded music (please read guidance note 6)		
Thur					
Fri			Non standard timings. Where you intend to use the premises for the playing of recorded music at different times to those listed in the column on the left, please list (please read guidance note 7)		
Sat					
Sun					

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G

Performances of dance Standard days and timings (please read guidance note 8)			Will the performance of dance take place indoors or outdoors or both – please tick (please read guidance note 4)	Indoors	<input type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon			Please give further details here (please read guidance note 5)	Both	<input type="checkbox"/>
Tue			State any seasonal variations for the performance of dance (please read guidance note 6)		
Wed			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 (please read guidance note 7)		
Thur					
Fri					
Sat					
Sun					

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H

<p>Anything of a similar description to that falling within (e), (f) or (g) Standard days and timings (please read guidance note 8)</p>			<p>Please give a description of the type of entertainment you will be providing</p>		
Day	Start	Finish	<p>Will this entertainment take place indoors or outdoors or both – please tick (please read guidance note 4)</p>	Indoors	<input type="checkbox"/>
Mon				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Tue			<p>Please give further details here (please read guidance note 5)</p>		
Wed					
Thur			<p>State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g) (please read guidance note 6)</p>		
Fri					
Sat			<p>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 (please read guidance note 7)</p>		
Sun					

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I

Late night refreshment Standard days and timings (please read guidance note 8)			Will the provision of late night refreshment take place indoors or outdoors or both – please tick (please read guidance note 4)	Indoors	X		
Day	Start	Finish		Outdoors	<input type="checkbox"/>		
Mon	00.00	05.00	Please give further details here (please read guidance note 5)	Both	<input type="checkbox"/>		
		23.00		24.00			
Tue	00.00	05.00					
		23.00		24.00			
Wed	00.00	05.00		State any seasonal variations for the provision of late night refreshment (please read guidance note 6)			
		23.00			24.00		
Thur	00.00	05.00					
		23.00			24.00		
Fri	00.00	05.00			Non standard timings. Where you intend to use the premises for the provision of late night refreshment at different times, to those listed in the column on the left, please list (please read guidance note 7)		
		23.00				24.00	
Sat	00.00	05.00					
		23.00				24.00	
Sun	00.00	05.00					
		23.00				24.00	

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J

Supply of alcohol Standard days and timings (please read guidance note 8)			Will the supply of alcohol be for consumption – please tick (please read guidance note 9)	On the premises	<input type="checkbox"/>
Day	Start	Finish		Off the premises	X
Mon	00.00	24.00	State any seasonal variations for the supply of alcohol (please read guidance note 6)	Both	<input type="checkbox"/>
Tue	00.00	24.00			
Wed	00.00	24.00			
Thur	00.00	24.00		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 7)	
Fri	00.00	24.00			
Sat	00.00	24.00			
Sun	00.00	24.00			

K

Please highlight any adult entertainment or services, activities, other entertainment or matters ancillary to the use of the premises that may give rise to concern in respect of children (please read guidance note 10).
NONE

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L

Hours premises are open to the public Standard days and timings (please read guidance note 8)			State any seasonal variations (please read guidance note 6)
Day	Start	Finish	
Mon	00.00	24.00	
Tue	00.00	24.00	
Wed	00.00	24.00	
Thur	00.00	24.00	
Fri	00.00	24.00	
Sat	00.00	24.00	
Sun	00.00	24.00	
			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 7)

Please identify those conditions currently imposed on the licence which you believe could be removed as a consequence of the proposed variation you are seeking.
 REMOVE HOURS CONDITIONS LIMITING THE SALE OF ALCOHOL

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Please tick as appropriate

- I have enclosed the premises licence
- I have enclosed the relevant part of the premises licence

If you have not ticked one of these boxes, please fill in reasons for not including the licence or part of it below

Reasons why I have not enclosed the premises licence or relevant part of premises licence.
THE LICENCE IS TO FOLLOW DIRECT FROM HEAD OFFICE

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M Describe any additional steps you intend to take to promote the four licensing objectives as a result of the proposed variation:

a) General – all four licensing objectives (b, c, d and e) (please read guidance note 11)

MANDATORY CONDITIONS TO REMAIN - ALARM SYSTEM, CCTV SYSTEM WITH RECORDING FACILITIES, TRAINED STAFF WITH RECORDED ONGOING ALCOHOL TRAINING REGIME, CHALLENGE 25 AND PROOF OF AGE INITIATIVE EMBRACED, INSTORE CHALLENGE SIGNAGE, REFUSALS SYSTEM WITH REFUSALS BOOK AND INCIDENT LOG, ACCESS AT THE DISCRETION OF THE CASHIER BETWEEN 23.00 AND 05.30

b) The prevention of crime and disorder

ALARM SYSTEM, CCTV SYSTEM WITH RECORDING FACILITY, TRAINED STAFF, CHALLENGE 25, REFUSALS SYSTEM AND INCIDENT LOG

c) Public safety

STAFF TRAINED IN FIRE SAFETY PROCEDURES AND THE USE OF FIRE SAFETY EQUIPMENT, FIRE FIGHTING EQUIPMENT

d) The prevention of public nuisance

STAFF TRAINED TO DEAL WITH SITUATIONS, USEABLE WASTE BINS PROVIDED ON THE FORECOURT

e) The protection of children from harm

FULL ALCOHOL TRAINING REGIME IN USE, ONGOING RECORDED ALCOHOL TRAINING AND REFRESHER TRAINING, CHALLENGE 25 TRADING INITIATIVE EMBRACED, CHALLENGE SIGNAGE, REFUSALS SYSTEM AND REFUSALS BOOK

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Checklist:

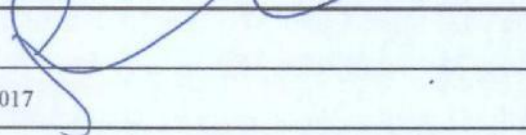
Please tick to indicate agreement

- I have made or enclosed payment of the fee; or X
- I have not made or enclosed payment of the fee because this application has been made in relation to the introduction of the late night levy. X
- I have sent copies of this application and the plan to responsible authorities and others where applicable. X
- I understand that I must now advertise my application. X
- I have enclosed the premises licence or relevant part of it or explanation. X
- I understand that if I do not comply with the above requirements my application will be rejected. X

IT IS AN OFFENCE, UNDER SECTION 158 OF THE LICENSING ACT 2003, TO MAKE A FALSE STATEMENT IN OR IN CONNECTION WITH THIS APPLICATION. THOSE WHO MAKE A FALSE STATEMENT MAY BE LIABLE ON SUMMARY CONVICTION TO A FINE OF ANY AMOUNT.

Part 5 – Signatures (please read guidance note 12)

Signature of applicant (the current premises licence holder) or applicant's solicitor or other duly authorised agent (please read guidance note 13). If signing on behalf of the applicant, please state in what capacity.

Signature	
Date	19 TH DECEMBER 2017
Capacity	LICENSING SOLUTIONS – DULY AUTHORISED AGENT

Where the premises licence is jointly held, signature of 2nd applicant (the current premises licence holder) or 2nd applicant's solicitor or other authorised agent (please read guidance note 14). If signing on behalf of the applicant, please state in what capacity.

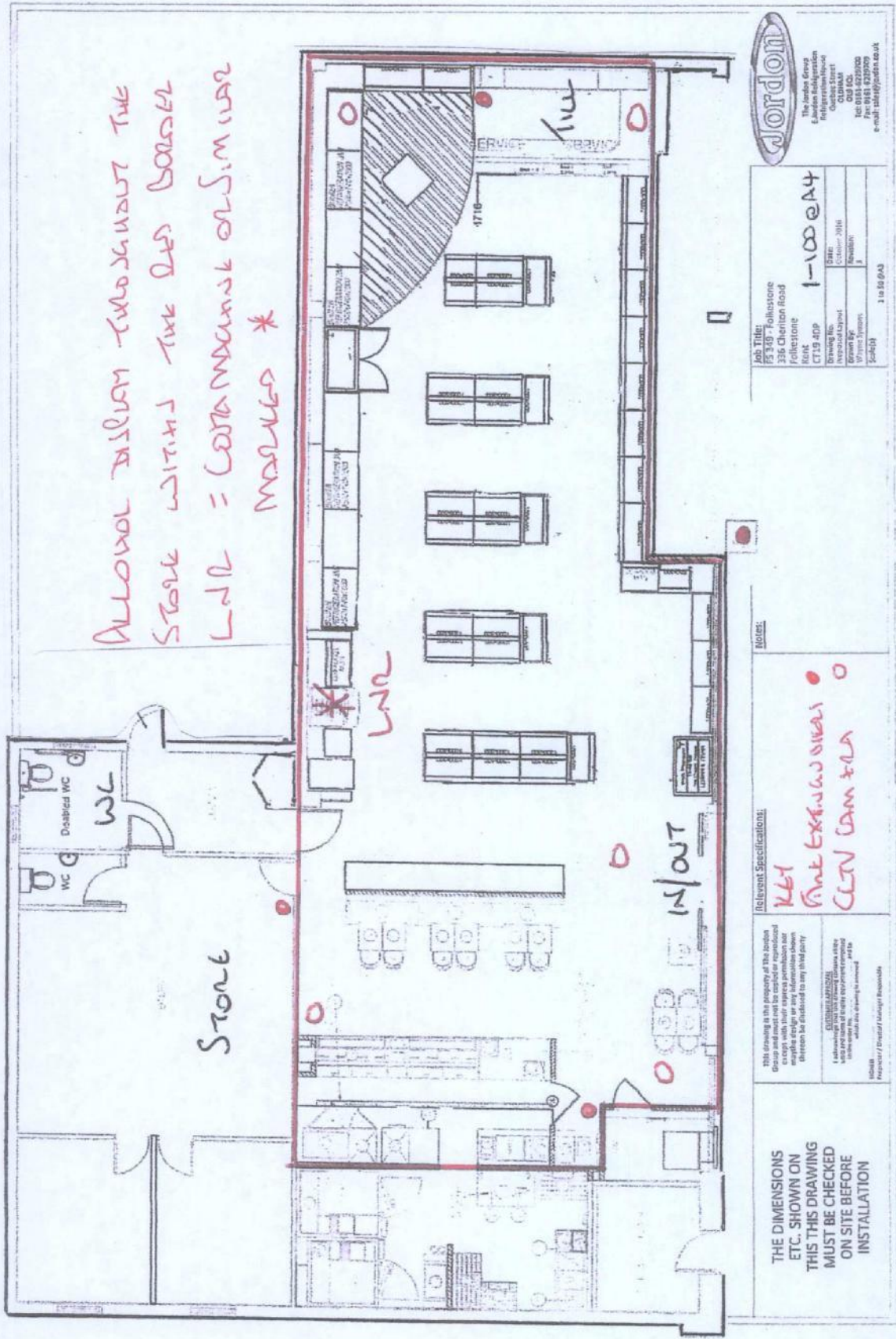
Signature	
Date	
Capacity	

Contact name (where not previously given) and address for correspondence associated with this application (please read guidance note 15)

LICENSING SOLUTIONS
32 CHURCH ROAD
LOCKS HEATH

Post town	SOUTHAMPTON	Post code	SO31 6LU
Telephone number (if any)	07831 159450		
If you would prefer us to correspond with you by e-mail, your e-mail address (optional) chris@licensingolutions.org.uk			

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ALLOW DIMENSIONS THROUGHOUT THE
STORE WITHIN THE RED BORDER
LDR = CONCRETEWORK ON SIMILAR
MARKERS *



Job Title	15318 - Follstone
Address	136 Cheriton Road
Location	Follstone
Drawn By	CT19 ADP
Drawn No.	1-10004
Approved Layout	October 2018
Project Status	Revit
Scale	1:100

NOTES:

Relevant Specifications:
 KEY
 FINE EXHAUST VENTS
 CLIN CAN TOLA

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Author: [Name]
 Designer: [Name]
 Checker: [Name]
 Date: [Date]

**THE DIMENSIONS
ETC. SHOWN ON
THIS DRAWING
MUST BE CHECKED
ON SITE BEFORE
INSTALLATION**