

Blackpool Council

21 APR 2015

APPLICATION FOR A NEW PREMISES LICENCE

Applicant Name(s):

MICHELLE MARIE NELSON

Built Environment

Licensing Service
Blackpool Council
Municipal Buildings, PO Box 4
Blackpool, FY1 1NA

Contact

T: (01253) 47 8572 / 8589
F: (01253) 47 8372

www.blackpool.gov.uk



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. You may wish to keep a copy of the completed form for your records.

I/We MICHELLE MARIE NELSON

[insert name of applicant/s]

apply for a premises licence under Schedule 17 of the Licensing Act 2003 for the premises described under Part 1 below 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 club premises if any, or if none the ordinance survey map reference or description.			
Premises Name	PREMIER STORE		
Premises Address	168 ASHFIELD ROAD		
	BISPHAM, BLACKPOOL		
	LANCASHIRE	Post Code	F Y 2 O L A
Telephone Number of premises (if any)			
E-Mail Address			
Non-Domestic Rateable Value of Premises	£ 4,950		

Part 2 – Applicant details

In what capacity are you applying for a licence?

Please tick:

- | | | |
|---|-------------------------------------|--------------------|
| a) An individual * | <input checked="" type="checkbox"/> | Complete Section A |
| b) A person other than an individual* | | |
| I. As a limited company | <input type="checkbox"/> | Complete Section B |
| II. As a partnership | <input type="checkbox"/> | Complete Section B |
| III. As an unincorporated association | <input type="checkbox"/> | Complete Section B |
| IV. Other (for example a statutory corporation) | <input type="checkbox"/> | Complete Section B |
| c) A recognised Club | <input type="checkbox"/> | Complete Section B |
| d) A charity | <input type="checkbox"/> | Complete Section B |
| e) The proprietor of an educational establishment | <input type="checkbox"/> | Complete Section B |

- f) Health Service Body Complete Section B
- g) A person who is registered under Part 2 of the Care Standards Act 2000 (c14) in respect of an independent hospital in Wales Complete Section B
- ga) A person who is registered under Chapter 2 of Part 1 of the Health and Social Care Act 2008 in respect of the carrying on of a regulated activity (within the meaning of that Part) in an independent Hospital in England. Complete Section B
- h) The Chief Officer of Police of a police force in England and Wales Complete Section B

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

- If yes please tick
- I am carrying on or propose to carry on business that involves the use of the premises for licensable activities; or
 - I am making the application pursuant to a
 - Statutory function
 - A function discharged by virtue of Her Majesty's prerogative

(A) Individual Applicants (fill in as applicable)

Title:	Mr	Mrs	Miss	Ms		
Surname	NELSON				Forenames	MICHELLE
I am 18 years old or over	Yes	No	Date of Birth			<small>Please tick</small>
	<input checked="" type="checkbox"/>	<input type="checkbox"/>				Day
Home Address	[Redacted]					
	[Redacted], BLACKPOOL					
	LANCASHIRE			Post Code	F Y 3	[Redacted]
Telephone Number					Mobile Number	[Redacted]
E-Mail Address	[Redacted]					

SECOND INDIVIDUAL APPLICANT IF APPLICABLE

Title:		Mr	Mrs	Miss	Ms													
Surname												Forenames						
Date of Birth		Day	Month	Year	I am 18 years old or over					Please tick		Yes	No					
Home address																		
												Post Code						
Telephone Number												Mobile Number						
E-Mail Address																		

(B) OTHER APPLICANTS

Please provide name and registered address of the 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																	
												Post Code					
Telephone Number																	
E-Mail Address																	
Registered number (where applicable)																	
Description of applicant (e.g. partnership, company, unincorporated association)																	

Part 3 - Operating Schedule

When do you want the premises licence to start

Day		Month		Year		
2	5	0	5	2	0	15

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

Day		Month		Year		
 		 		 		

If 5000 or more people are expected to attend the premises at any one time, please state the number expected to attend

N/A

Please give a general description of the premises (Please see guidance note 1)

CONVENIENCE STORE ON A MAIN ROAD.
A RECTANGULAR SHAPED SHOP APPROXIMATELY 800²FT
THE PLAN IS TO HAVE HIGH VALUE ALCOHOL BEHIND
THE COUNTER THE REST OF THE ALCOHOL WILL BE
ON THE RIGHT HAND SIDE AS YOU COME IN THROUGH
THE DOOR. I HAVE OWNED CONVENIENCE STORES
WITH OFF LICENSES FOR 17 YEARS. I HAVE
HELD A PERSONAL LICENCE FOR 10 YEARS. I
CURRENTLY OWN 2 BARGAIN BOOZE FRANCHISES,
AND HAVE BEEN A BARGAIN BOOZE FRANCHISEE
FOR 12 YEARS, I HAVE APPLIED A CHALLENGE
25 POLICY FOR 6 YEARS IN BOTH OF MY
OTHER STORES AND HAVE WELL TRAINED
KNOWLEGABLE STAFF SOME OF WHOM WILL BE
TRASFERING TO THIS STORE. THIS STORE WILL BE
REFITTED TO A HIGH STANDARD WITH ADEQUATE
LIGHTING, CCTV AND ALARM SYSTEM. THE OPENING
HOURS WILL BE 9AM - 21.00PM 7 DAYS A WEEK
OUR 2 BARGAIN BOOZE STORES OPEN THESE HOURS
AND WE HAVE ALWAYS FOUND CLOSING AT 21.00PM
TO BE ADEQUATE AND HAVE NO INTENTION TO
OPEN LATER THAN THAT AT THIS STORE.

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

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

Provision of regulated entertainment:

If yes please tick

- a) A performance of a play (if ticking yes, fill in box A)
- b) An exhibition of a film (if ticking yes, fill in box B)
- c) An indoor sporting event (if ticking yes, fill in box C)
- d) Boxing or wrestling entertainment (if ticking yes, fill in box D)
- e) A performance of live music (if ticking yes, fill in box E)
- f) Any playing of recorded music (if ticking yes, fill in box F)
- g) A performance of dance (if ticking yes, fill in box G)
- h) Entertainment of a similar description to that falling within (e), (f) or (g) (if ticking yes, fill in box H)

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

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

In all cases complete boxes K, L and M

A

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

B

Exhibition of film Standard timings (read guidance note 6)			Will the exhibition of films take place indoors, outdoors or both? Please tick. (Read guidance note 2)	
			Indoors	
			Outdoors	
			Both	
Day	Start	Finish		
Mon			<u>Please give further details here</u> (please read guidance note 3)	
Tue				
Wed			<u>State any seasonal variations for the exhibition of films</u> (please read guidance note 4)	
Thurs				
Fri			<u>Non-standard timings. Where you intend to use the premises for the exhibitions of film at different times to those listed in the column on the left, please list</u> (please read guidance note 5)	
Sat				
Sun				

C

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

D

Boxing or wrestling entertainment Standard timings (read guidance note 6)			Will the boxing or wrestling entertainment take place indoors, outdoors or both? Please tick. (Read guidance note 2)	Indoors	
Day	Start	Finish		Outdoors	
				Both	
Mon			Please give further details here (please read guidance note 3)		
Tue					
Wed			State any seasonal variations for boxing or wrestling entertainment (please read guidance note 4)		
Thurs					
Fri			Non-standard timings. Where you intend to use the premises for boxing or wrestling entertainment at different times to those listed in the column on the left, please list (please read guidance note 5)		
Sat					
Sun					

E

Performance of live music Standard timings (read guidance note 6)			Will the performance of live music take place indoors, outdoors or both? Please tick. (Read guidance note 2)	Indoors	
Day	Start	Finish		Outdoors	
				Both	
Mon			Please give further details here (please read guidance note 3)		
Tue					
Wed			State any seasonal variations for the performance of live music (please read guidance note 4)		
Thurs					
Fri			Non-standard timings. Where you intend to use the premises for the performance of live music at different times from those listed in the column on the left, please list (please read guidance note 5)		
Sat					
Sun					

F

Playing of recorded music Standard timings (read guidance note 6)			Will the playing of recorded music take place indoors, outdoors or both? Please tick. (Read guidance note 2)	Indoors				
				Outdoors				
				Both				
Day	Start	Finish	Please give further details here (please read guidance note 3)					
Mon								
Tue								
Wed						State any seasonal variations for playing recorded music (please read guidance note 4)		
Thurs								
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 5)		
Sat								
Sun								

G

Performance of dance Standard timings (read guidance note 6)			Will the performance of dance take place indoors, outdoors or both? Please tick. (Read guidance note 2)	Indoors				
				Outdoors				
				Both				
Day	Start	Finish	Please give further details here (please read guidance note 3)					
Mon								
Tue								
Wed						State any seasonal variations for the performance of dance (please read guidance note 4)		
Thurs								
Fri						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 5)		
Sat								
Sun								

H

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

I

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

J

Supply of alcohol Standard timings (read guidance note 6)			Will the sale of alcohol be for consumption on the premises, off the premises or both? Please tick. (Read guidance note 6)	On the premises				
				Off the premises	✓			
				Both				
Day	Start	Finish	State any seasonal variations for the supply of alcohol (please read guidance note 4)					
Mon	9.00	21.00						
Tue	9.00	21.00						
Wed	9.00	21.00						
Thurs	9.00	21.00						
Fri	9.00	21.00						
Sat	9.00	21.00						
Sun	9.00	21.00						
						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)		

K

<p>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)</p>

L

Hours premises are open to public Standard timings (read guidance note 6)			State any seasonal variations (please read guidance note 4)
Day	Start	Finish	
Mon	9.00	21.00	
Tue	9.00	21.00	
Wed	9.00	21.00	
Thurs	9.00	21.00	
Fri	9.00	21.00	
Sat	9.00	21.00	
Sun	9.00	21.00	

M

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

Surname	NELSON	Forename(s)	MICHELLE MARIE								
State any previous names	THORNTON										
They are 18 years old or over	Yes	No	Their Date of Birth								
	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<table border="1"> <tr> <td colspan="3">Please tick</td> </tr> <tr> <td>Day</td> <td>Month</td> <td>Year</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>	Please tick			Day	Month	Year	
Please tick											
Day	Month	Year									
Address											
	BLACKPOOL										
	LANCASHIRE	Post Code	F43								
Telephone Number											
Email Address											
Personal Licence Number (if known)	PA 01 74										
Expiry date of Personal Licence	05 MAY 2025										
Issuing Licensing Authority (if known)	BLACKPOOL BOROUGH COUNCIL										

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

- a) General – all four licensing objectives (b,c,d,e) (See guidance note 9)

A NEW CCTV TO COVER ALL AREAS OF THE STORE AND FORECOURT
25 POLICY - ALL STAFF INSTRUCTED AND TRAINED ON THE 25 POLICY
WITH REFRESHER TRAINING EVERY 3 MONTHS
MAIN STAFF ARE PERSONAL LICENSE HOLDERS
A REFUSAL BOOK AND INCIDENT BOOK KEPT BEHIND THE COUNTER
NO LATE OPENING HOURS THE PREMISES WILL CLOSE AT 9PM
PANIC ALARMS WILL BE FITTED. FULL STORE REFIT TO HIGH STANDARD
INCLUDING ADEQUATE LIGHTING INSIDE AND OUT

- b) The prevention of crime and disorder

CCTV COVERING ALL AREAS OF THE STORE AND FORECOURT
ALL STAFF ARE TRAINED ON LICENSING OBJECTIVES THE
TRAINING INCLUDES PROXY SALES AND REFUSING DRUNKS.
SUITABLE AND SUFFICIENT RISK ASSESSMENTS WILL BE
UNDERTAKEN
PANIC ALARMS FITTED
25 POLICY
EFFECTIVE AND RESPONSIBLE MANAGEMENT OF THE PREMISES.

- c) Public Safety

CCTV COVERING ALL AREAS OF THE STORE AND FORECOURT
NO LATE OPENING HOURS THE PREMISES WILL CLOSE AT 21.00PM
FULL ALARM SYSTEM WITH POLICE RESPONSE AND PANIC ALARMS
TO TILL AND STOCK ROOM
STORE IS TO BE REFITTED TO A HIGH STANDARD TO INCLUDE
ADEQUATE LIGHTING INSIDE AND OUT

- d) The prevention of public nuisance

CCTV COVERING ALL AREAS OF THE STORE AND FORECOURT
NO LATE OPENINGS THE PREMISES WILL CLOSE AT 21.00AM
POLICE RESPONSE PANIC ALARMS
STAFF TRAINED ON PROXY SALES AND REFUSAL OF DRUNKS
NO ALCOHOL TO BE OPENED ON THE PREMISES WHETHER PURCHASED
AT THE STORE OR ELSEWHERE
A CLEAR, LEGIBLE AND CONSPICUOUS NOTICE REQUESTING PATRONS TO
AVOID CAUSING NOISE, NUISANCE OR DISTURBANCE TO LOCAL
RESIDENTS WILL BE DISPLAYED AT THE EXIT

- e) The protection of children from harm

25 POLICY (CHALLENGE 25) ONLY ID ACCEPTED ARE DRIVERS
LICENSE AND PASSPORTS. ALL STAFF RECEIVE SUITABLE TRAINING IN
RELATION TO THE PROOF OF AGE TRAINING. RECORDS OF TRAINING
OF STAFF ARE KEPT ON THE PREMISES. REFUSAL BOOK KEPT ON
PREMISES. OPS HAS HELD PERSONAL LICENCE FOR 10 YEARS.
ALL STAFF RECEIVE TRAINING ON PROXY SALES AND ID
IS REQUESTED FROM ALL PEOPLE UNDER 25 WHO ARE SEEN
CHOOSING ALCOHOL NOT JUST THE PERSON PAYING. OPS 18 YEARS EXPERIENCE


If yes please tick

- I have made or enclosed payment of the fee
- I have enclosed the plan of the premises
- I have sent copies of this application, including the plan and consent by the proposed supervisor form (if applicable), to the responsible authorities
- 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. *(You may be asked to prove this, it is therefore in your best interests to provide a copy of the advert to the Licensing Department).*
- 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

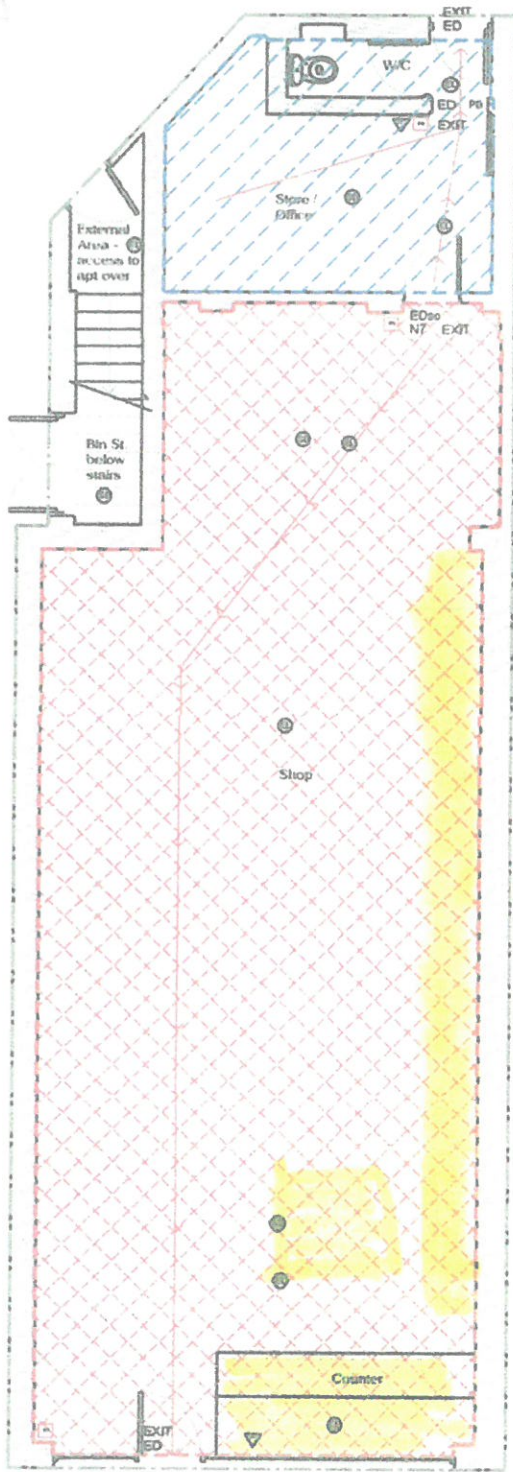
Part 5 – Signatures (please read guidance note 10)

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

Signed	
Print Name	MICHELLE NELSON
Capacity	APPLICANT
Date	21/04/2015

Where the premises licence is jointly held 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.**

Signed	
Print Name	
Capacity	
Date	



General notes:
 Do not scale the drawing.
 All dimensions to be checked on site prior to commencement of work and any discrepancy shall be immediately reported and resolved prior to work commencing. This drawing is to be read in conjunction with all relevant drawings and specifications relating to the job whether or not indicated on the drawing.
 Copyright reserved to Wallis Building Design this drawing may not be used or reproduced without prior written consent.

Key for Signs conform to BS 5499

⊕	Emergency Lighting	ED	Exit Door
⊙	Smoke Detectors	EDto	Exit Door with self close mechanism
⊗	Heat Detectors	N7	Notice: Push Bar to Open
▽	Fire Extinguisher: Water	EXIT	Notice: Exit Sign
▽	Fire Extinguisher: Foam	→	Fire escape route
▽	Fire Extinguisher: Dry Powder	---	Extents of site
▽	Fire Extinguisher: CO2	□	Break glass points
▽	Fire Extinguisher: Wet Chemical	FADR	Fire alarm activated door release
▽	Water misting	PS	Doors fitted with push bar fittings
B	Fire Blanket		

Designated floor area hatches

	Area hatched red is to be utilised as staff / general store
	Area hatched red is to be utilised as licensed shop premises

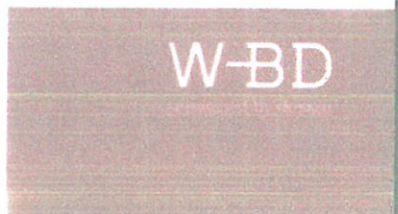
PROPOSED AREA FOR ALCOHOL

Licence Plan 1:100

Rev. *

Drawg No	Job Ref	Date Complete	Paper size	Drawg Scales	Status	REV.
001	00115	11.02.15	A3	1:100	Existing	

Checked SW T. 07: 30304919 E. simon@w-bd.co.uk W. w-bd.co.uk



168 Ashfield Road