APPENDIX A.

Consultation 01617

Lalpac OGOZGI M3 3001943

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South Cambridgeshire Application to vary a premises licence Licensing Act 2003

Censultation Forman licensing@scambs.gov.uk

Telephone: 03450 450 063

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		*required informati
Section 1 of 17		
You can save the form at ar	ny time and resume it later. You do not need to	be logged in when you resume.
System reference	Not Currently In Use	This is the unique reference for this application generated by the system.
Your reference	(L)STG.CXSJQM.COO251.327	You can put what you want here to help you track applications if you make lots of them. It is passed to the authority.
Are you an agent acting on	behalf of the applicant?	Put "no" if you are applying on your own
∀es	No	behalf or on behalf of a business you own or work for.
Applicant Details		
* First name	Co-operative Group Food Limited	
* Family name	Co-operative Group Food Limited	
* E-mail	jasmine.mann@wardhadaway.com	
Main telephone number	0191 204 4491	Include country code.
Other telephone number		
☐ Indicate here if the ap	plicant would prefer not to be contacted by te	lephone
Is the applicant:		
Applying as a business	s or organisation, including as a sole trader	A sole trader is a business owned by one
← Applying as an individ	lual	person without any special legal structure. Applying as an individual means the applicant is applying so the applicant can be employed, or for some other personal reason, such as following a hobby.
Applicant Business		
Is the applicant's business registered in the UK with Companies House?		Note: completing the Applicant Business section is optional in this form.
Registration number	IP26715R	
Business name	Co-operative Group Food Limited	If the applicant's business is registered, use its registered name.
VAT number GB	403314604	Put "none" if the applicant is not registered for VAT.
Legal status	Private Limited Company	

Continued from previous page		
Applicant's position in the business	Director	
Home country	United Kingdom	The country where the applicant's headquarters are.
Registered Address		Address registered with Companies House.
Building number or name	1	
Street	Angel Square	
District		
City or town	Manchester	
County or administrative area		
Postcode	M60 0AG	
Country	United Kingdom	
Agent Details		
* First name	Jasmine	
* Family name	Mann	
* E-mail	jasmine.mann@wardhadaway.com	
Main telephone number	0191 204 4491	Include country code.
Other telephone number		
☐ Indicate here if you would	ld prefer not to be contacted by telephone	
Are you:		
 An agent that is a busine 	ess or organisation, including a sole trader	A sole trader is a business owned by one person without any special legal structure.
 A private individual actir 	ng as an agent	person mandatany special regarstracture.
Agent Business Is your business registered in the UK with Companies	← Yes ← No	Note: completing the Applicant Business section is optional in this form.
House? Is your business registered outside the UK?	C Yes © No	
Business name	Ward Hadaway	If your business is registered, use its registered name.
VAT number GB	176080853	Put "none" if you are not registered for VAT.
Legal status	Partnership	

Continued from previous page	10	
Your position in the business	Paralegal	
Home country	United Kingdom	The country where the headquarters of your
Agent Business Address		If you have one, this should be your official
Building number or name	Sandgate House	address - that is an address required of you by law for receiving communications.
Street	102 Quayside	
District		
City or town	Newcastle upon Tyne	
County or administrative area		
Postcode	NE1 3DX	
Country	United Kingdom	
	-	
Section 2 of 17		
APPLICATION DETAILS		
I/we, as named In section 1, be		pply to vary a premises licence under section 34 of the
* Premises Licence Number	SCDCPL0086	
Are you able to provide a posta	al address, OS map reference or de	escription of the premises?
	p reference C Description	
Postal Address Of Premises		
Building number or name	Co-op Stores	
Street	32 Church Street	
District	Gamlingay	
City or town	Sandy	
County or administrative area		
Postcode	SG19 3JH	
Country	United Kingdom	
Premises Contact Details		
Telephone number		
J-		

Non-domestic rateable value of premises (£)	17,250				
Section 3 of 17					
VARIATION			1 14 1 1		
Do you want the proposed variation to have effect as soon as possible?	(e Yes		C	No	
Do you want the proposed va introduction of the late night		have effec	t in relatio	on to the	
Yes	(No				You do not have to pay a fee if the only purpose of the variation for which you ar applying is to avoid becoming liable to the late night levy.
If your proposed variation would mean that 5,000 or more people are expected to attend the premises at any one time, state the number expected to attend					
Describe Briefly The Nature	Of The Pi	oposed V	ariation		
Describe the premises. For excould be relevant to the licens	ample the	type of pr	emises, it	plication in	uation and layout and any other information whi cludes off-supplies of alcohol and you intend to e a description of where the place will be and its
Describe the premises. For excould be relevant to the licens provide a place for consumpt proximity to the premises. Convenience store. The purp Monday-Saturday 08:00-23:0	ample the sing objection of the cose of the 0 and Sun ption off t	type of pr tives. Whe se off-supp application days 10:00 he premise	remises, it re your ap olies, you o on is to va 0-22:30, to es. Furthe	ry the hours Monday-Sur, the applica	cludes off-supplies of alcohol and you intend to
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Describe the premises. For excould be relevant to the licent provide a place for consumpt proximity to the premises. Convenience store. The purp Monday-Saturday 08:00-23:00 supply of alcohol for consum restrictions, in particular the consumption of the premises. Section 4 of 17 PROVISION OF PLAYS Will the schedule to provide preserved.	ample the sing objection of the cose of the 0 and Sun ption off the embedded	type of pr tives. Whe se off-supp application days 10:00 he premised restriction	remises, it fre your ap olies, you it on is to va 0-22:30, to es. Furthe ns from th	ry the hours Monday-Sur r, the applicate ne 1964 Act.	cludes off-supplies of alcohol and you intend to e a description of where the place will be and its when licensable activities may take place from nday 06:00-23:00. The licensable activity is the ation is to remove any conflicting or embedded
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Continued from pre	vious page		C Yes	@ No
Section 7 of 17			· , 103	(- 140
PROVISION OF BO	XING OR WRI	STLING ENTERTAINMEN	ITS	
Will the schedule to change if this ap	o provide box	ing or wrestling entertainmary is successful?	ments be subject	
C Yes	(0	No		
Section 8 of 17				
PROVISION OF LIV	E MUSIC			
Will the schedule to application to vary	provide live is successful?	music be subject to chang	e if this	
C Yes	(No		
Section 9 of 17				
PROVISION OF REC	ORDED MUS	IC		
Will the schedule to application to vary	provide reco	rded music be subject to c	hange if this	
C Yes	6	No		
Section 10 of 17				
PROVISION OF PER	FORMANCES	OF DANCE		
Will the schedule to this application to v		ormances of dance be subjul?	ect to change if	
C Yes	6	No		
ection 11 of 17				•
PROVISION OF ANY DANCE	THING OF A	SIMILAR DESCRIPTION T	O LIVE MUSIC, RECORDED MUSIC OR PE	RFORMANCES OF
Will the schedule to performances of dan successful?	provide anyth	ing similar to live music, r to change if this applicati	ecorded music or on to vary is	
← Yes	(6)	No		
ection 12 of 17				
ROVISION OF LAT	E NIGHT REFR	ESHMENT		
Vill the schedule to his application to va	provide late n ary is successfu	ight refreshment be subje al?	ct to change if	
← Yes	(6)	No ·		
ection 13 of 17				
	DL .			
UPPLY OF ALCOHO		be subject to change if th	is application to	

andard Days And Tim	nings		
MONDAY			Provide timings in 24 hour clock (e.g., 16:00) and only give details for the day
	Start 06:00		of the week when you intend the premises
	Start	End	to be used for the activity.
TUESDAY			
	Start 06:00	End 23:00	
	Start	End	
WEDNESDAY			
WEDNESDAT	Start 06:00	End 23:00	
		End	
	Start	Elid	
THURSDAY	page 1		
	Start 06:00	End 23:00	
	Start	End	
FRIDAY			
	Start 06:00	End 23:00	
	Start	End	
	Juli		
SATURDAY		End 23:00	
	Start 06:00		
	Start	End	
SUNDAY			
	Start 06:00	End 23:00	
	Start	End	
Will the sale of alcohol I	be for consumption?		
On the premises	Off the premises	Both	If the sale of alcohol is for consumption or
(Of the premises			the premises select on, if the sale of alcoholis for consumption away from the premise
			select off. If the sale of alcohol is for
			consumption on the premises and away from the premises select both.
State any seasonal varia		,	1
For example (but not e	exclusively) where the activity will oc	cur on additional d	ays during the summer months.

Continued from previ	ious page	
Non-standard timin	gs. Where the premises will be	used for the supply of alcohol at different times from those listed abov
For example (but no	t exclusively), where you wish	the activity to go on longer on a particular day e.g. Christmas Eve.
7		, say the particular day e.g. cillistinas Eve.
341		
Section 14 of 17		
ADULT ENTERTAIN		
Highlight any adult e premises that may gi	entertainment or services, activive rise to concern in respect of	rities, or other entertainment or matters ancillary to the use of the f children.
Provide information a give rise to concern in	about anything intended to oc n respect of children, regardles	ccur at the premises or ancillary to the use of the premises which may so of whether you intend children to have access to the premises, for a films for restricted age groups etc gambling machines etc.
NONE		, mind for restricted age groups etc gambling machines etc.
Section 15 of 17		
HOURS PREMISES AF	RE OPEN TO THE PUBLIC	
Standard Days And	Timings	
MONDAY		
	Start	Provide timings in 24 hour clock (e.g., 16:00) and only give details for the day
	Start	of the week when you intend the premises to be used for the activity.
TUESDAY		to be used for the delivity.
	Start	End
	Start	End
WEDNESDAY		Life
WEDITESDAY	Start	Food .
	Start	End
THURSDAY	Start	End
THURSDAY	S	
	Start	End
	Start	End
FRIDAY		
	Start	End
	Start	End

Continued from previous page	
SATURDAY	
Start End	
Start End	
SUNDAY	
Start End	
Start End	
State any seasonal variations.	
For example (but not exclusively) where the activity will occur on additional days during the summer mor	nths.
	- The state of the
those listed above, list below. For example (but not exclusively), where you wish the activity to go on longer on a particular day e.g. Chr At the discretion of the Premises Licence holder.	istmas Eve.
Identify those conditions currently imposed on the licence which you believe could be removed as a conproposed variation you are seeking.	sequence of the
Embedded restrictions from the Licensing Act 1964, in particular those relating to Christmas Day and Go	od Friday and any
conditions which conflict with the terms of this application.	
☐ I have enclosed the premises licence	
☐ I have enclosed the relevant part of the premises licence	
Reasons why I have failed to enclose the premises licence or relevant part of premises licence.	
Section 16 of 17	
LICENSING OBJECTIVES	
Describe the steps you intend to take to promote the four licensing objectives:	
a) General – all four licensing objectives (b,c,d,e) List here steps you will take to promote all four licensing objectives together.	

Continued from previous page...

The applicant has given thought to the potential impact of the grant of this application on the four licensing objectives and, having regarding to the locality, considers that the following conditions are appropriate, proportionate and necessary.

b) The prevention of crime and disorder

- 1. The Premises Licence Holder shall maintain a CCTV system which gives coverage of all entry and exit points. The system shall continually record whilst the premises are open and conducting licensable activities. All recordings shall be stored for a minimum period of 28 days and shall be capable of being easily downloaded. Recordings shall be made available upon the receipt of a request by an authorised Officer of the Police or the Local Authority.
- 2. There shall be "CCTV in Operation" signs prominently displayed at the premises.
- 3. An incident log (whether kept in a written or electronic form) shall be retained at the premises and made available to an authorised Officer of the Police or the Local Authority.
- 4. The Premises Licence Holder shall operate a proof of age scheme, such as a Challenge 25, whereby the only forms of acceptable identification shall be either a photographic driving licence, a valid passport, military identification or any other recognised form of photographic identification incorporating the PASS logo, or any other form of identification from time to time approved by the secretary of the state.
- The premises shall be fitted with a burglar alarm system.
- 6. The premises shall be fitted with a panic button system for staff to utilise in the case of an emergency.

c) Public safety

The Premises Licence Holder shall ensure that the appropriate fire safety, and health and safety regulations are applied at the premises.

d) The prevention of public nuisance

A complaints procedure shall be maintained by the Premises Licence Holder, details of which shall be made available in store and upon request.

e) The protection of children from harm

- 1. All staff shall receive training in relation to the sale of alcohol. No member of staff will be permitted to sell alcohol until such time as they have successfully completed the aforementioned training.
- 2. An age till prompt system shall be utilised at the premises in respect of alcohol.
- 3. A refusals register (whether kept in written or electronic form) shall be maintained at the premises and shall be made available for inspection upon request by an authorised Officer of the Police or the Local Authority.

Section 17 of 17

PAYMENT DETAILS

This fee must be paid to the authority. If you complete the application online, you must pay it by debit or credit card. Variation Fees are determined by the non domestic rateable value of the premises. To find out a premises non domestic rateable value go to the Valuation Office Agency site at http://www.voa.gov.uk/

Continued from previous page	
business_rates/index.htm	
Band A - No RV to £4300 £100.0	00
Band B - £4301 to £33000 £190	.00
Band C - £33001 to £8700 £315	.00
Band D - £87001 to £12500 £45	
Band E - £125001 and over £63	
	is in Bands D or E and the premises is primarily used for the consumption of alcohol on the
premises then your are require	
Band D - £87001 to £12500 £90	
Band E - £125001 and over £1,9	
	are subject to additional fees based upon the number in attendance at any one time
Capacity 5000-9999 £1,000.00	are subject to duality and appearance and are subject to duality and are subject to duality and are subject to
Capacity 10000 -14999 £2,000.0	00
Capacity 15000-19999 £4,000.0	
Capacity 20000-29999 £8,000,0	
Capacity 30000-39000 £16,000	
Capacity 40000-49999 £24,000	
Capacity 50000-59999 £32,000	
Capacity 60000-69999 £40,000	
Capacity 70000-79999 £48,000	
Capacity 80000-89999 £56,000	
Capacity 90000 and over £64,0	00.00
* Fee amount (£)	190.00
DECLARATION	
I/we understand it is an offen	ice, 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.
Ticking this box indicat	es you have read and understood the above declaration
This section should be comple behalf of the applicant?"	ted by the applicant, unless you answered "Yes" to the question "Are you an agent acting on
* Full name	Ward Hadaway
- Full hame	Walti Hadaway
* Capacity	Solicitors for the applicant
* Date	04 / 05 / 2017
* Date	
	dd mm yyyy
	Add another signatory
	Add another signatory
Once you're finished you need	to do the following:
1. Save this form to your comp	
2. Go back to https://www.go	v.uk/apply-for-a-licence/premises-licence/south-cambridgeshire/change-1 to upload this file
and continue with your applic	
	have all your supporting documentation to hand.
IT IS AN OFFENCE, LIABLE OF	SUMMARY CONVICTION TO A FINE NOT EXCEEDING LEVEL 5 ON THE STANDARD
SCALE, UNDER SECTION 158 WITH THIS APPLICATION	OF THE LICENSING ACT 2003, TO MAKE A FALSE STATEMENT IN OR IN CONNECTION

OFFICE USE ONLY	
Applicant reference number	(L)STG.CXSJQM.COO251.327
Fee paid	
Payment provider reference	
ELMS Payment Reference	
Payment status	
Payment authorisation code	
Payment authorisation date	
Date and time submitted	
Approval deadline	
Error message	
Is Digitally signed	
< Previous 1 2 3 4	5 6 7 8 9 10 11 12 13 14 15 16 17 Next>