

**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	Tesco Stores Ltd
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*(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			
Tesco Stores Ltd Wollards Lane Great Shelford			
Post town	Cambridgeshire	Post code	CB22 5EY

Telephone number at premises (if any)	-
Non-domestic rateable value of premises	Not Yet Assessed, but enclosing cheque for £315.00 to cover fee

**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	X	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
<input type="checkbox"/>	I am carrying on or proposing to carry on a business which involves the use of the premises for licensable activities; or	X
<input type="checkbox"/>	I am making the application pursuant to a	
<input type="checkbox"/>	• statutory function or	
<input type="checkbox"/>	• a function discharged by virtue of Her Majesty's prerogative	

**(A) INDIVIDUAL APPLICANTS** (fill in as applicable)

Mr	Mrs	Miss	Ms	Other Title (for example, Rev)	
Surname			First names		
I am 18 years old or over				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	Mrs	Miss	Ms	Other Title (for example, Rev)	
Surname			First names		
I am 18 years old or over				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 Tesco Stores Ltd
Address Tesco House Delamare Road Cheshunt Waltham Cross Herts EN8 9SL
Registered number (where applicable) Company Number: 00519500
Description of applicant (for example, partnership, company, unincorporated association etc.) Limited Company
Telephone number (if any) 01707 298345
E-mail address (optional) <a href="mailto:licensing.team@uk.tesco.com">licensing.team@uk.tesco.com</a> <b>PLEASE NOTE THIS EMAIL ADDRESS HAS RECENTLY CHANGED.</b>

**Part 3 Operating Schedule**

When do you want the premises licence to start?	Day As soon as possible 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 note 1)

Retail premises (supermarket) selling a range of goods and services. This includes the sale of alcohol for consumption off the premises. Sales of alcohol for consumption off the premises are made from the supermarket sales floor as shown on the enclosed plan.

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

<b>Provision of regulated entertainment</b>		<b>Please tick yes</b>
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)	
<b>Provision of entertainment facilities:</b>		
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)	
<b>Provision of late night refreshment</b> (if ticking yes, fill in box L)		
<b>Supply of alcohol</b> (if ticking yes, fill in box M)		X

In all cases complete boxes N, O and P

**A**

Plays Standard days and timings (please read guidance note 6)			Will the performance of a play take place indoors or outdoors or both – please tick (please read guidance note 2)	Indoors	
Day	Start	Finish		Outdoors	
				Both	
Mon				<b>Please give further details here</b> (please read guidance note 3)	
Tue					
Wed			<b>State any seasonal variations for performing plays</b> (please read guidance note 4)		
Thur					
Fri			<b>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</b> (please read guidance note 5)		
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	
Day	Start	Finish		Outdoors	
				Both	
Mon			<b>Please give further details here</b> (please read guidance note 3)		
Tue			<b>State any seasonal variations for the exhibition of films</b> (please read guidance note 4)		
Wed			<b>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</b> (please read guidance note 5)		
Thur					
Fri					
Sat					
Sun					

**C**

Indoor sporting events Standard days and timings (please read guidance note 6)			<u>Please give further details</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				<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)
Thur				
Fri				
Sat				
Sun				

**D**

<b>Boxing or wrestling entertainments</b> Standard days and timings (please read guidance note 6)			<b><u>Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick</u></b> (please read guidance note 2)	Indoors	
				Outdoors	
Day	Start	Finish		Both	
Mon			<b><u>Please give further details here</u></b> (please read guidance note 3)		
Tue			<b><u>State any seasonal variations for boxing or wrestling entertainment</u></b> (please read guidance note 4)		
Wed			<b><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></b> (please read guidance note 5)		
Thur					
Fri					
Sat					
Sun					



**E**

<b>Live music</b> Standard days and timings (please read guidance note 6)			<b>Will the performance of live music take place indoors or outdoors or both – please tick</b> (please read guidance note 2)	Indoors	
				Outdoors	
				Both	
<b>Day</b>	<b>Start</b>	<b>Finish</b>			
Mon			<b>Please give further details here</b> (please read guidance note 3)		
Tue					
Wed			<b>State any seasonal variations for the performance of live music</b> (please read guidance note 4)		
Thur					
Fri			<b>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</b> (please read guidance note 5)		
Sat					
Sun					

**F**

<b>Recorded music</b> Standard days and timings (please read guidance note 6)			<b>Will the playing of recorded music take place indoors or outdoors or both – please tick</b> (please read guidance note 2)	Indoors	
				Outdoors	
				Both	
<b>Day</b>	<b>Start</b>	<b>Finish</b>	<b>Please give further details here</b> (please read guidance note 3)		
Mon					
Tue			<b>State any seasonal variations for the playing of recorded music</b> (please read guidance note 4)		
Wed					
Thur			<b>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</b> (please read guidance note 5)		
Fri					
Sat					
Sun					

**G**

<b>Performances of dance</b> Standard days and timings (please read guidance note 6)			<b>Will the performance of dance take place indoors or outdoors or both – please tick</b> (please read guidance note 2)	Indoors	
Day	Start	Finish		Outdoors	
Mon				Both	
				<b>Please give further details here</b> (please read guidance note 3)	
Tue			<b>State any seasonal variations for the performance of dance</b> (please read guidance note 4)		
Wed			<b>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</b> (please read guidance note 5)		
Thur					
Fri					
Sat					
Sun					

H

<p>Anything of a similar description to that falling within (e), (f) or (g) Standard days and timings (please read guidance note 6)</p>			<p><u>Please give a description of the type of entertainment you will be providing</u></p>		
Day	Start	Finish	<p><u>Will this entertainment take place indoors or outdoors or both – please tick</u> (please read guidance note 2)</p>	Indoors	
Mon				Outdoors	
				Both	
Tue			<p><u>Please give further details here</u> (please read guidance note 3)</p>		
Wed					
Thurs			<p><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)</p>		
Fri					
Sat			<p><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)</p>		
Sun					

<b>Provision of facilities for making music</b> Standard days and timings (please read guidance note 6)			<b><u>Please give a description of the facilities for making music you will be providing</u></b>	
			<b><u>Will the facilities for making music be indoors or outdoors or both – please tick</u></b> (please read guidance note 2)	
			Indoors	<input type="checkbox"/>
			Outdoors	<input type="checkbox"/>
			Both	<input type="checkbox"/>
Day	Start	Finish	<b><u>Please give further details here</u></b> (please read guidance note 3)	
Mon				
Tue				
Wed				
Thurs				
Fri				
Sat				
Sun			<b><u>State any seasonal variations for the provision of facilities for making music</u></b> (please read guidance note 4)	
			<b><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></b> (please read guidance note 5)	

J

Provision of facilities for dancing Standard days and timings (please read guidance note 6)			Will the facilities for dancing be indoors or outdoors or both – please tick (see guidance note 2)	Indoors	
				Outdoors	
				Both	
			<b>Please give a description of the facilities for dancing you will be providing</b>		
Day	Start	Finish	<b>Please give further details here</b> (please read guidance note 3)		
Mon					
Tue					
Wed					
			<b>State any seasonal variations for providing dancing facilities</b> (please read guidance note 4)		
Thurs					
			<b>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</b> (please read guidance note 5)		
Fri					
Sat					
Sun					

**K**

<b>Provision of facilities for entertainment of a similar description to that falling within i or j</b> Standard days and timings (please read guidance note 6)			<b><u>Please give a description of the type of entertainment facility you will be providing</u></b>		
Day	Start	Finish	<b><u>Will the entertainment facility be indoors or outdoors or both – please tick</u></b> (please read guidance note 2)	Indoors	
Mon				Outdoors	
				Both	
Tue			<b><u>Please give further details here</u></b> (please read guidance note 3)		
Wed					
Thurs			<b><u>State any seasonal variations for the provision of facilities for entertainment of a similar description to that falling within i or j</u></b> (please read guidance note 4)		
Fri					
Sat			<b><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></b> (please read guidance note 5)		
Sun					

L

<b>Late night refreshment</b> Standard days and timings (please read guidance note 6)			<b>Will the provision of late night refreshment take place indoors or outdoors or both – please tick</b> (please read guidance note 2)	Indoors	
				Outdoors	
				Both	
Day	Start	Finish			
Mon			<b><u>Please give further details here</u></b> (please read guidance note 3)		
Tue					
Wed			<b><u>State any seasonal variations for the provision of late night refreshment</u></b> (please read guidance note 4)		
Thurs					
Fri			<b><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></b> (please read guidance note 5)		
Sat					
Sun					



M

Supply of alcohol Standard days and timings (please read guidance note 6)			Will the supply of alcohol be for consumption <b>(Please tick box)</b> (please read guidance note 7)	On the premises	
Day	Start	Finish		Off the premises	X
				Both	
Mon	0600	2300	State any seasonal variations for the supply of alcohol (please read guidance note 4)		
Tue	0600	2300			
			N/A		
Wed	0600	2300	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)		
Thur	0600	2300			
			N/A		
Fri	0600	2300			
Sat	0600	2300			
Sun	0600	2300			

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

Name Greg Bartley	
Address 39 Offley Road Hitchin Herts	
Postcode	SG5 2BB
Personal Licence number (if known) HARLOW/PERS/0094	
Issuing licensing authority (if known) Harlow District Council	

**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)

N/A

**O**

<b>Hours premises are open to the public</b> Standard days and timings (please read guidance note 6)			<b>State any seasonal variations</b> (please read guidance note 4)  N/A
Day	Start	Finish	<b>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</b> (please read guidance note 5)  N/A
Mon	0600	2300	
Tue	0600	2300	
Wed	0600	2300	
Thur	0600	2300	
Fri	0600	2300	
Sat	0600	2300	
Sun	0600	2300	

**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)

We are a national retailer that sells alcohol as part of a broad offering of goods and services. We have held off-licences in our stores for many years and are an approved British Institute of Inn-keeping examination centre. We have written training policies and formal training programmes are in place, which ensure our people are equipped to meet all licensing objectives. All training and revision/refresher materials are reviewed regularly. All stores currently comply with our 'Think 25' policy, this is brought to customer's attention through point of sale material within the store. We take legal compliance very seriously and in addition to local training we employ a central alcohol licensing compliance manager and have a compliance committee.

**b) The prevention of crime and disorder**

The premises will have digital CCTV system that covers many areas of the shop floor, including the proposed area which will be used for beer and wine, should we be successful with our application. Images will be retained for a minimum of 21 days and made available on enforcement request. Ordinarily, a member of the Management team will be on the premises all the time the store is open. A person will have responsibility for the premises whilst the premises are open.

**c) Public safety**

A person will have responsibility for the premises whilst the premises are open. Management will be trained to support the running of the premises including looking after our customers and staff. The store will adhere to all rules and regulations relating to public safety.

**d) The prevention of public nuisance**

We intend to be an active member of the community.  
We welcome the opportunity to liaise with Police and enforcement authorities should the need arise.

**e) The protection of children from harm**


All staff will be trained and regularly refreshed in the corporate 'Think 25' Policy. Staff will be trained to look at the customer and 'Think 25' when selling alcohol.  
A till prompt will appear on the initial sale of alcohol that will remind the seller of their responsibilities including not to sell alcohol to anyone under the age of 18.  
The store will display signage around the premises informing both staff and customers of our 'Think 25' policy on alcohol.

		Please tick yes
<input type="checkbox"/>	I have made or enclosed payment of the fee	X
<input type="checkbox"/>	I have enclosed the plan of the premises	X
<input type="checkbox"/>	I have sent copies of this application and the plan to responsible authorities and others where applicable	X
<input type="checkbox"/>	I have enclosed the consent form completed by the individual I wish to be premises supervisor, if applicable	X
<input type="checkbox"/>	I understand that I must now advertise my application	X
<input type="checkbox"/>	I understand that if I do not comply with the above requirements my application will be rejected	X

**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	12 <sup>th</sup> July 2011
Capacity	Greg Bartley - Licensing Manager

**For joint applications signature of 2<sup>nd</sup> applicant or 2<sup>nd</sup> 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	

<b>Contact name (where not previously given) and postal address for correspondence associated with this application</b> (please read guidance note 13)			
Greg Bartley Licensing Team, Tesco Stores Ltd, Cirrus Building C, Shire Park			
<b>Post town</b>	Welwyn Garden City	<b>Post code</b>	AL7 1ZR
<b>Telephone number (if any)</b>	01707 298348		
<b>If you would prefer us to correspond with you by e-mail your e-mail address (optional)</b> licensing.team@uk.tesco.com			