

Peterborough Application for a premises licence Licensing Act 2003

For help contact

eh.licensing@peterborough.gov.uk

Telephone: 01733 747474

* required information

		·
Section 1 of 19		
You can save the form at any t	ime 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.CXS.COO238.403	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 be	• •	Put "no" if you are applying on your own behalf or on behalf of a business you own or
• Yes C N	lo	work for.
Applicant Details		
* First name	Co-operative Group Food Limited	
* Family name	Co-operative Group Food Limited	
* E-mail	cheryl.scott@wardhadaway.com	
Main telephone number	0191 2044365	Include country code.
Other telephone number		
☐ Indicate here if the appli	cant would prefer not to be contacted by telep	hone
Is the applicant:		
Applying as a business of	or organisation, including as a sole trader	A sole trader is a business owned by one
 Applying as an individual 	al	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?	YesNo	
* 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	Cheryl	
* Family name	Scott	
* E-mail	cheryl.scott@wardhadaway.com	
Main telephone number	0191 2044365	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 without any special legal structure.
Agent Business		
* Is your business registered in the UK with Companies House?		
* Is your business registered outside the UK?		
* 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		
	[
* Your position in the business	Licensing Assistant	
Home country	United Kingdom	The country where the headquarters of your business is located.
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 19		
PREMISES DETAILS		
	ply for a premises licence under section 17 of the premises) and I/we are making this application the Licensing Act 2003.	
Premises Address		
Are you able to provide a posta	al address, OS map reference or description of t	he premises?
AddressOS map	p reference O Description	
Postal Address Of Premises		
Building number or name	Co-op , Winchester Place	
Street	80 Thorpe Road	
District		
City or town	Peterborough	
County or administrative area		
Postcode	PE3 6AP	
Country	United Kingdom	
Further Details		
Telephone number		
Non-domestic rateable value of premises (£)	0	

Secti	on 3 of 19		
APPL	ICATION DETAILS		
In wh	at capacity are you apply	ing for the premises licence?	
	An individual or individu	als	
\boxtimes	A limited company		
	A partnership		
	An unincorporated associ	ciation	
	A recognised club		
	A charity		
	The proprietor of an edu	cational establishment	
	A health service body		
	,	ed under part 2 of the Care Standards Act an independent hospital in Wales	
	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		
	The chief officer of police of a police force in England and Wales		
	Other (for example a statutory corporation)		
Conf	firm The Following		
\boxtimes	I am carrying on or properthe use of the premises f	osing to carry on a business which involves for licensable activities	
	☐ I am making the application pursuant to a statutory function		
	I am making the application pursuant to a function discharged by virtue of Her Majesty's prerogative		
Secti	on 4 of 19		
NON	INDIVIDUAL APPLICAN	rs	
		address of applicant in full. Where appropriate give any registered number. In the case of a cure (other than a body corporate), give the name and address of each party concerned.	
Non	Individual Applicant's N	ame	
Nam	e	Co-operative Group Food Limited	
Deta	ils		
_	gistered number (where plicable)		
Desc	Description of applicant (for example partnership, company, unincorporated association etc)		

Continued from previous page	
PLC	
Address	
Building number or name	
Street	1
District	Angel Square
City or town	Manchester
County or administrative area	
Postcode	M60 0AG
Country	United Kingdom
Contact Details	
E-mail	
Telephone number	
Other telephone number	
	Add another applicant
Section 5 of 19	
OPERATING SCHEDULE	
When do you want the premises licence to start?	dd mm yyyy
If you wish the licence to be valid only for a limited period, when do you want it to end	dd mm yyyy
Provide a general description of	of the premises
licensing objectives. Where you	ses, its general situation and layout and any other information which could be relevant to the ur application includes off-supplies of alcohol and you intend to provide a place for olies you must include a description of where the place will be and its proximity to the
	fice building which is to be converted to retail. The store will become a Co-op convenience dry items, including sales of alcohol for consumption off the premises.
If 5,000 or more people are expected to attend the premises at any one time, state the number expected to attend	

Continued from previous pa	ige
Section 6 of 19	
PROVISION OF PLAYS	
Will you be providing pla	ys?
	No
Section 7 of 19	
PROVISION OF FILMS	
Will you be providing filr	ns?
○ Yes	No
Section 8 of 19	
PROVISION OF INDOOR	SPORTING EVENTS
Will you be providing inc	oor sporting events?
○ Yes	No
Section 9 of 19	
PROVISION OF BOXING	OR WRESTLING ENTERTAINMENTS
Will you be providing bo	king or wrestling entertainments?
○ Yes	No
Section 10 of 19	
PROVISION OF LIVE MU	SIC
Will you be providing live	music?
○ Yes	No
Section 11 of 19	
PROVISION OF RECORD	ED MUSIC
Will you be providing red	orded music?
	No
Section 12 of 19	
PROVISION OF PERFOR	MANCES OF DANCE
Will you be providing pe	formances of dance?
○ Yes	No
Section 13 of 19	
PROVISION OF ANYTHII DANCE	IG OF A SIMILAR DESCRIPTION TO LIVE MUSIC, RECORDED MUSIC OR PERFORMANCES OF
Will you be providing an performances of dance?	thing similar to live music, recorded music or
○ Yes	No
Section 14 of 19	
LATE NIGHT REFRESHM	ENT
Will you be providing lat	e night refreshment?

Continued from previous	page					○ Yes	•	No
Section 15 of 19						7 103		110
SUPPLY OF ALCOHOL								
Will you be selling or su	pplying a	alcohol?						
Yes		No						
Standard Days And Tir	nings							
MONDAY						Charathrain as in 24 has	al a al .	
	Start 0	06:00		End	23:00	Give timings in 24 hou (e.g., 16:00) and only g	give details	
	Start			End		of the week when you to be used for the acti		premises
TUESDAY	_						.,	
	Start 0	06:00		End	23:00			
	Start			End				
WEDNESDAY								
WEDINESDAT	Start 0	06:00		End	23:00			
	Start	75150		End				
THURSDAY	Start [LIIG				
HORSDAT	Start 0	06:00		End	23:00			
	Start Start	0.00		End	25.00			
EDID AV	Start [LIIU				
FRIDAY	C11 [27.00		FI	22.00			
	Start C	06:00		End	23:00			
	Start			End				
SATURDAY	_							
	Start [0	06:00		End	23:00			
	Start			End				
SUNDAY	_							
	Start C	06:00		End	23:00			
	Start			End				
Will the sale of alcohol b	e for cor	nsumption:				If the sale of alcohol is the premises select or		
On the premises	(Off the premises	0	Both		is for consumption aw select off. If the sale of consumption on the p from the premises sele	ay from the alcohol is to bremises an	e premises for
State any seasonal varia	tions							
For example (but not ex	clusively	y) where the activity wil	l occı	ır on a	additional da	ys during the summer i	months.	

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Continued from previous page		
Non-standard timings. Where to column on the left, list below	the premises will be used for the supply of alco	hol at different times from those listed in the
For example (but not exclusive	ely), where you wish the activity to go on longer	on a particular day e.g. Christmas Eve.
State the name and details of t licence as premises supervisor	he individual whom you wish to specify on the	
Name		
First name	Tracey Anne	
Family name	Wiles	
Enter the contact's address		
Building number or name	26	
Street	Middle Pasture	
District	Werrington	
City or town	Peterborough	
County or administrative area		
Postcode	PE4 5AU	
Country	United Kingdom	
Personal Licence number	0//7/0	1
(if known)	066762	
Issuing licensing authority	Peterborough	1
(if known)	i eterborougii	
	MISES SUPERVISOR CONSENT	
be supplied to the authority?	he proposed designated premises supervisor	
 Electronically, by the pro 	posed designated premises supervisor	
• As an attachment to this	application	
Reference number for consent form (if known)		If the consent form is already submitted, ask the proposed designated premises
,		supervisor for its 'system reference' or 'your reference'.

Continued from previous	page		
Section 16 of 19			
ADULT ENTERTAINME			''' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '
	tertainment or services, ac e rise to concern in respec	tivities, or other entertainment or matters a of children	incillary to the use of the
rise to concern in respe	ect of children, regardless	cur at the premises or ancillary to the use of of whether you intend children to have acce for restricted age groups etc gambling mad	ess to the premises, for example
NONE			
Section 17 of 19			
HOURS PREMISES ARE	OPEN TO THE PUBLIC		
Standard Days And Ti	mings		
MONDAY		Chua tianin as	in 24 havin ala ak
	Start		s in 24 hour clock. and only give details for the days
	Start		when you intend the premises or the activity.
TUESDAY		to be asea to	or the detivity.
TOLSDAT	Ctort	End	
	Start	End	
	Start	End	
WEDNESDAY			
	Start	End	
	Start	End	
THURSDAY			
	Start	End	
	Start	End	
FRIDAY			
	Start	End	
	Start	End	
SATURDAY			
G. 1. G. 1. 2. 1. 1	Start	End	
	Start	End	
CLINIDAY	Start	Liid	
SUNDAY	C1 1		
	Start	End	
	Start	End	
State any seasonal varia	ations		

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Non standard timings. Where you intend to use the premises to be open to the members and guests at different times from those listed in the column on the left, list below
For example (but not exclusively), where you wish the activity to go on longer on a particular day e.g. Christmas Eve.
At the discretion of the Premises Licence Holder
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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.
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 Holdershall 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.
5. 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.

For example (but not exclusively) where the activity will occur on additional days during the summer months.

Continued from previous page...

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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 19 of 19

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.

Premises Licence 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/business_rates/index.htm

Band A - No RV to £4300	£100.00
Band B - £4301 to £33000	£190.00
Band C - £33001 to £8700	£315.00
Band D - £87001 to £12500	£450.00*
Band E - £125001 and over	£635.00*

*If the premises rateable value is in Bands D or E and the premises is primarily used for the consumption of alcohol on the premises then your are required to pay a higher fee

Band D - £87001 to £12500 £900.00 Band E - £125001 and over £1,905.00

There is an exemption from the payment of fees in relation to the provision of regulated entertainment at church halls, chapel halls or premises of a similar nature, village halls, parish or community halls, or other premises of a similar nature. The costs associated with these licences will be met by central Government. If, however, the licence also authorises the use of the premises for the supply of alcohol or the provision of late night refreshment, a fee will be required.

Schools and sixth form colleges are exempt from the fees associated with the authorisation of regulated entertainment where the entertainment is provided by and at the school or college and for the purposes of the school or college.

If you operate a large event you are subject to ADDITIONAL fees based upon the number in attendance at any one time

Capacity 5000-9999	£1,000.00
Capacity 10000 -14999	£2,000.00
Capacity 15000-19999	£4,000.00
Capacity 20000-29999	£8,000.00
Capacity 30000-39000	£16,000.00
Capacity 40000-49999	£24,000.00
Capacity 50000-59999	£32,000.00

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 Capacity 60000-69999
 £40,000.00

 Capacity 70000-79999
 £48,000.00

 Capacity 80000-89999
 £56,000.00

 Capacity 90000 and over
 £64,000.00

* Fee amount (£)

315.00

DECLARATION

- I/we understand 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.
- Ticking this box indicates you have read and understood the above declaration

This section should be completed by the applicant, unless you answered "Yes" to the question "Are you an agent acting on behalf of the applicant?"

* Full name Ward Hadaway

* Capacity Licensing Assistant

* Date 04 / 10 / 2016 dd mm yyyy

Add another signatory

Once you're finished you need to do the following:

- 1. Save this form to your computer by clicking file/save as...
- 2. Go back to https://www.gov.uk/apply-for-a-licence/premises-licence/peterborough/apply-1 to upload this file and continue with your application.

Don't forget to make sure you have all your supporting documentation to hand.

IT IS AN OFFENCE, LIABLE ON SUMMARY CONVICTION TO A FINE NOT EXCEEDING 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

OFFICE USE ONLY	
Applicant reference number	(L)STG.CXS.COO238.403
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 <u>1</u> <u>2</u> <u>3</u> <u>4</u>	<u>5 6 7 8 9 10 11 12 13 14 15 16 17 18 19</u> Next >

