

**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 **MOTOR FUEL LTD**

(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			
CONVENIENCE STORE SAVOY FILLING STATION FS404 80 BLACKBURN ROAD			
Post town	DARWEN	Postcode	BB3 1ET

Telephone number at premises (if any)	01254 705 807
Non-domestic rateable value of premises	£ 24000

Part 2 - Applicant Details

Please state whether you are applying for a premises licence as

Please tick as appropriate

- | | | |
|---|--------------------------|-----------------------------|
| a) an individual or individuals * | <input type="checkbox"/> | 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 | <input type="checkbox"/> | please complete section (B) |
| iii. as an unincorporated association or | <input type="checkbox"/> | please complete section (B) |
| iv. other (for example a statutory corporation) | <input type="checkbox"/> | please complete section (B) |
| c) a recognised club | <input type="checkbox"/> | please complete section (B) |
| d) a charity | <input type="checkbox"/> | 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 in Wales please complete section (B)
- ga) a person who is registered under Chapter 2 of Part 1 of the Health and Social Care Act 2008 (within the meaning of that Part) in an independent hospital in England 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

I am carrying on or proposing to carry on a business which involves the use of the premises for licensable activities; or X

I am making the application pursuant to a
 statutory function or
 a function discharged by virtue of Her Majesty's prerogative

(A) INDIVIDUAL APPLICANTS (fill in as applicable)

Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
Surname			First names		
I am 18 years old or over				<input type="checkbox"/>	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 <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
Surname			First names		
I am 18 years old or over				<input type="checkbox"/>	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 MOTOR FUEL LIMITED
Address BUILDING 2 ABBAY VIEW EVERARD CLOSE ST ALBANS HERTS AL1 2QU
Registered number (where applicable) 5206547
Description of applicant (for example, partnership, company, unincorporated association etc.) COMPANY
Telephone number (if any) 01727 898890
E-mail address (optional)

Part 3 Operating Schedule

When do you want the premises licence to start?

DD	MM	YYYY
0 6	1 0	2 0 1 6

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

DD	MM	YYYY
<input type="text"/>	<input type="text"/>	<input type="text"/>

Please give a general description of the premises (please read guidance note 1)
 GROUND FLOOR CONVENIENCE STORE SITED ON A FORECOURT TRADING AS A NEW
 FORMAT CONVENIENCE STORE WITH AN IMPROVED RANGE OF FRESH FOODS GROCERIES
 DAIRY PRODUCTS CONFECTIONARY SOFT DRINKS AND TOBACCO PRODUCTS ON OFFER
 WITH PARKING AVAILABLE FOR CUSTOMERS ON THE FORECOURT

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

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)

Provision of regulated entertainment

Please tick any 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

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	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 3)		
Mon					
Tue					
Wed			State any seasonal variations for performing plays (please read guidance note 4)		
Thur					
Fri			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 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	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 3)		
Mon					
Tue					
Wed			State any seasonal variations for the exhibition of films (please read guidance note 4)		
Thur					
Fri			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 5)		
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

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

E

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

F

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

G

Performances of dance Standard days and timings (please read guidance note 6)			Will the performance of dance take place indoors or outdoors or both – please tick (please read guidance note 2)		Indoors	<input type="checkbox"/>
					Outdoors	<input type="checkbox"/>
					Both	<input type="checkbox"/>
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)			
Thur						
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

Anything of a similar description to that falling within (e), (f) or (g) Standard days and timings (please read guidance note 6)			Please give a description of the type of entertainment you will be providing		
Day	Start	Finish	Will this entertainment take place indoors or outdoors or both – please tick (please read guidance note 2)	Indoors	<input type="checkbox"/>
Mon				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Tue			Please give further details here (please read guidance note 3)		
Wed					
Thur			State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g) (please read guidance note 4)		
Fri					
Sat			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 5)		
Sun					

I

Late night refreshment Standard days and timings (please read guidance note 6)			Will the provision of late night refreshment take place indoors or outdoors or both – please tick (please read guidance note 2)		Indoors	<input checked="" type="checkbox"/>				
					Outdoors	<input type="checkbox"/>				
					Both	<input type="checkbox"/>				
Day	Start	Finish	Please give further details here (please read guidance note 3)							
Mon	00.00	05.00								
	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 4)			
	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 5)							
	23.00	24.00								
Sat	00.00	05.00								
	23.00	24.00								
Sun	00.00	05.00								
	23.00	24.00								

J

Supply of alcohol Standard days and timings (please read guidance note 6)			Will the supply of alcohol be for consumption – please tick (please read guidance note 7)	On the premises	<input type="checkbox"/>
				Off the premises	X
				Both	<input type="checkbox"/>
Day	Start	Finish	State any seasonal variations for the supply of alcohol (please read guidance note 4)		
Mon	06.00	23.00			
Tue	06.00	23.00			
Wed	06.00	23.00			
Thur	06.00	23.00			
Fri	06.00	23.00			
Sat	06.00	23.00			
Sun	06.00	23.00	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)		

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

Name		CHRISTOPHER JOHN MITCHENER
Address		WALNUTS 32 CHURCH ROAD LOCKS HEATH SOUTHAMPTON
Postcode	SO31 6LU	
Personal licence number (if known)		2005/00407/06EPEC
Issuing licensing authority (if known)		EASTLEIGH BOROUGH COUNCIL

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 8).

NONE

L

Hours premises are open to the public Standard days and timings (please read guidance note 6)			State any seasonal variations (please read guidance note 4)
Day	Start	Finish	
Mon	00.00	24.00	<p>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 5)</p>
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	

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

a) General – all four licensing objectives (b, c, d and e) (please read guidance note 9)

ALARM SYSTEM WITH PANIC BUTTONS, CCTV SYSTEM WITH RECORDING FACILITIES AND 28 DAY LIBRARY, 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 BOOK

b) The prevention of crime and disorder

CCTV SYSTEM WITH RECORDING FACILITY, TRAINED STAFF, CHALLENGE 25, REFUSALS SYSTEM

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 AND INCIDENT LOG IN USE

Checklist:

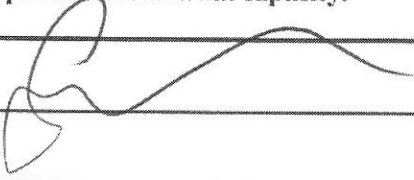
Please tick to indicate agreement

- I have made or enclosed payment of the fee. X
- I have enclosed the plan of the premises. X
- I have sent copies of this application and the plan to responsible authorities and others where applicable. X
- I have enclosed the consent form completed by the individual I wish to be designated premises supervisor, if applicable. X
- I understand that I must now advertise my application. X
- I understand that if I do not comply with the above requirements my application will be rejected. X

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.

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	5 th September 2016
Capacity	LICENSING SOLUTIONS – DULY AUTHORISED AGENT

For joint applications, 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.**

Signature	
Date	
Capacity	

Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 13) LICENSING SOLUTIONS 32 CHURCH ROAD LOCKS HEATH			
Post town	SOUTHAMPTON	Postcode	SO31 6LU
Telephone number (if any)	07831 159 450		
If you would prefer us to correspond with you by e-mail, your e-mail address (optional) chris@licensingsolutions.org.uk			

Notes for Guidance

1. Describe the premises, for example the type of premises, its general situation and layout and any other information which could be relevant to the licensing objectives. Where your application includes off-supplies of alcohol and you intend to provide a place for consumption of these off-supplies, you must include a description of where the place will be and its proximity to the premises.
2. Where taking place in a building or other structure please tick as appropriate (indoors may include a tent).
3. For example the type of activity to be authorised, if not already stated, and give relevant further details, for example (but not exclusively) whether or not music will be amplified or unamplified.
4. For example (but not exclusively), where the activity will occur on additional days during the summer months.
5. For example (but not exclusively), where you wish the activity to go on longer on a particular day e.g. Christmas Eve.
6. Please give timings in 24 hour clock (e.g. 16:00) and only give details for the days of the week when you intend the premises to be used for the activity.
7. If you wish people to be able to consume alcohol on the premises, please tick 'on the premises'. If you wish people to be able to purchase alcohol to consume away from the premises, please tick 'off the premises'. If you wish people to be able to do both, please tick 'both'.
8. Please give information about anything intended to occur at the premises or ancillary to the use of the premises which may give rise to concern in respect of children, regardless of whether you intend children to have access to the premises, for example (but not exclusively) nudity or semi-nudity, films for restricted age groups or the presence of gaming machines.
9. Please list here steps you will take to promote all four licensing objectives together.
10. The application form must be signed.
11. An applicant's agent (for example solicitor) may sign the form on their behalf provided that they have actual authority to do so.
12. Where there is more than one applicant, each of the applicant or their respective agent must sign the application form.
13. This is the address which we shall use to correspond with you about this application.

m

Consent of individual to being specified as premises supervisor

ICHRISTOPHER JOHN MITCHENER.....
[full name of prospective premises supervisor]

of.....WALNUTS, 32 CHURCH ROAD, LOCKS HEATH SOUTHAMPTON
.....S031 6LU.....

[home address of prospective premises supervisor]

hereby confirm that I give my consent to be specified as the designated premises supervisor in relation to the application forA NEW PREMISES LICENCE.....[type of application]

by.....MOTOR FUEL LIMITED[name of applicant]

relating to a premises licenceNEW APPLICATION.....
[number of existing licence, if any]

for..... SAVOY FILLING STATION, 80 BLACKBURN ROAD, DARWEN BB3 1ET.....
[name and address of premises to which the application relates]

and any premises licence to be granted or varied in respect of this application made byMOTOR FUEL LIMITED[name of applicant]

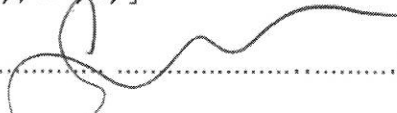
concerning the supply of alcohol at SAVOY FILLING STATION, 80 BLACKBURN ROAD, DARWEN BB3 1ET

[name and address of premises to which application relates].

I also confirm that I am applying for, intend to apply for or currently hold a personal licence, details of which I set out below.

Personal licence number.....2005/00407/06EPEC.....
[insert personal licence number, if any]

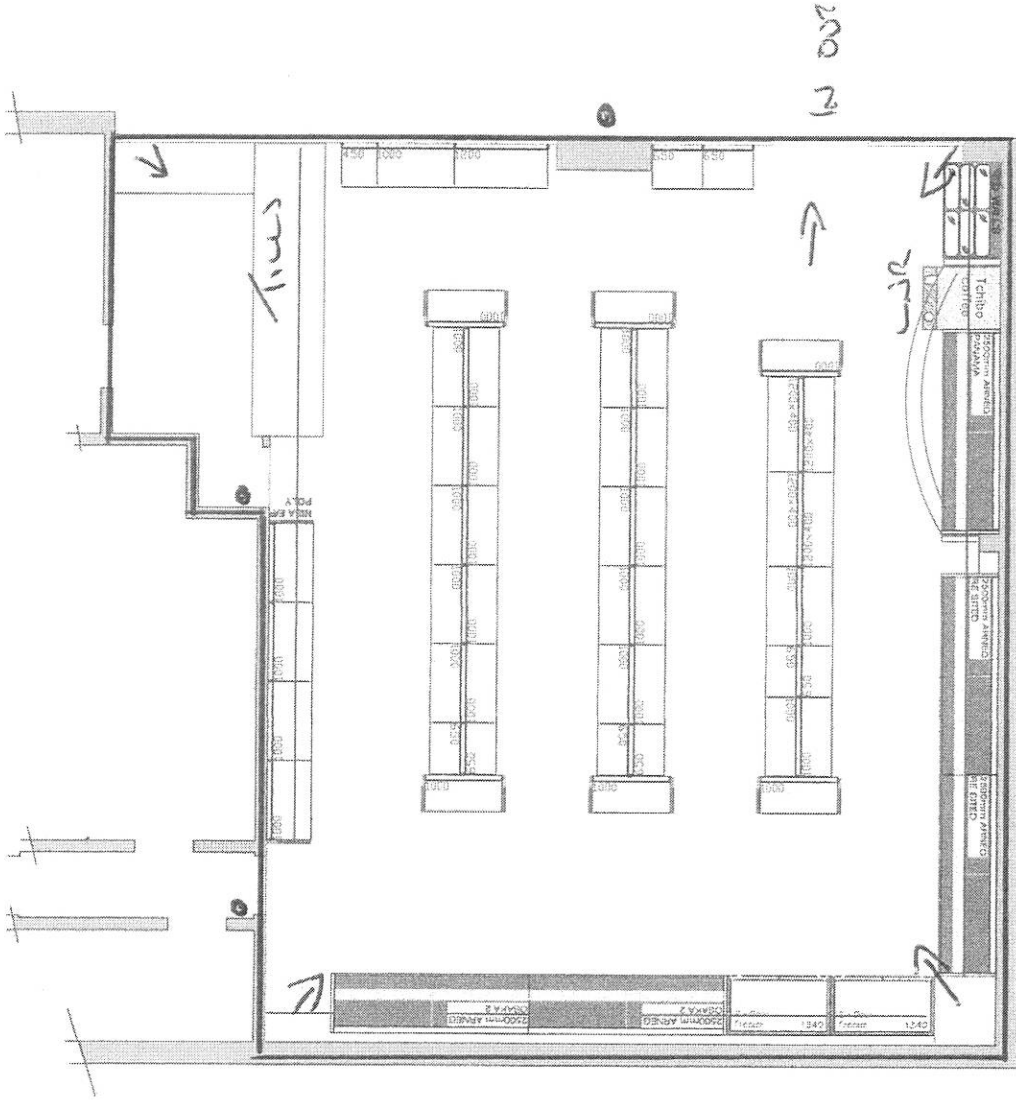
Personal licence issuing authorityEASTLEIGH BOROUGH COUNCIL
[insert name and address and telephone number of personal licence issuing authority, if any]

..........signed

.....CHRIS MITCHENER.....name (please print)

.....2ND SEPTEMBER 2016.....dated

Born in Wandsworth South London on the 22 June 1954



JORDON REFRIGERATION LTD
 VIA THE JORDON GROUP
 CURBEG ST
 OLEUM
 G15 6EL
 T: +44 (0) 191 6229700
 F: +44 (0) 191 6229709
 E: www.jordan.co.uk
 info@jordan.co.uk



DRAWING NAME	SCALE: 1-100 @ A4	
PROJECT NO:	REVISION:	SCALE: 1:100 @ A4
DATE:	DRAWN BY:	APPROVED BY:
SIGNED:	APPROVER TEL:	APPROVER EMAIL:
CLIENT NAME:		DRAWING NO:
PROJECT NAME:	SCALE: 1-100 @ A4	
SITE ADDRESS:	DATE:	APPROVED BY:
DRAWING NO:	DRAWN BY:	APPROVER TEL:
SIGNED:	APPROVER TEL:	APPROVER EMAIL:

CLIENT NAME: INGES
 PROJECT NAME: SONY
 SITE ADDRESS: 80 BUCKINGHAM ROAD

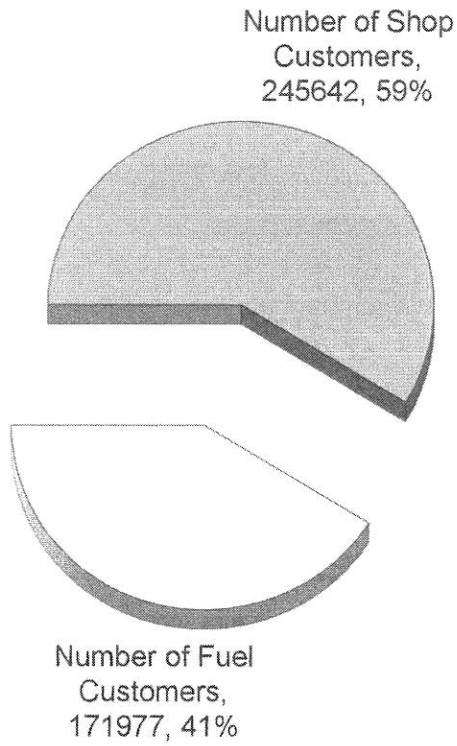
FINAL LAYOUT DRAWING
 SCALE: 1-100 @ A4
 CLIENT NAME: SUNY
 PROJECT NAME: SONY
 SITE ADDRESS: 80 BUCKINGHAM ROAD

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FINISH & SCHEDULE
 Specifications are given in the schedule and drawings. The contractor is to refer to the schedule and drawings for all details and to ensure that the work is completed in accordance with the specifications and drawings.

PRIORITY VALUE
 This drawing is a preliminary drawing and is subject to change without notice. It is not to be used for construction purposes without the written approval of Jordon Refrigeration Ltd.

Analysis of Projected Customer Flow
Shop v Forecourt
Motor Fuel Ltd - Convenience Store
Savoy



Analysis of Projected Customer Flow
Client Name: Motor Fuel Ltd - Convenience Store
Savoy

	Shop Sales - £	Average Shop Purchase - £	Number of Shop Customers	Number of Fuel Customers	Average Fuel Purchase - Litres	Fuel Sales - Litres
Month 1	68373	3.56	19206	14056	18.76	263690
Month 2	69809	3.59	19421	14105	18.75	264428
Month 3	71275	3.63	19641	14155	18.73	265169
Month 4	72772	3.66	19865	14205	18.72	265911
Month 5	74300	3.70	20093	14255	18.71	266656
Month 6	75860	3.73	20326	14305	18.69	267402
Month 7	77453	3.77	20563	14356	18.68	268151
Month 8	79080	3.80	20804	14406	18.67	268902
Month 9	80740	3.84	21050	14457	18.65	269655
Month 10	82436	3.87	21301	14508	18.64	270410
Month 11	84167	3.90	21556	14559	18.63	271167
Month 12	85935	3.94	21817	14610	18.61	271926
Totals	922199	3.75	245642	171977	18.69	3213468

**PUBLIC NOTICE OF AN APPLICATION FOR A PREMISES
LICENCE UNDER SECTION 17 OF THE LICENSING ACT 2003**

Notice is hereby given that an application was made to
BLACKBURN WITH DARWEN BOROUGH COUNCIL for a
premises licence under the above Act on the
7th SEPTEMBER 2016

Applicant: **MOTOR FUEL LTD**
Address of premises: **CONVENIENCE STORE
SAVOY FILLING STATION
80 BLACKBURN ROAD
DARWEN BB3 1ET**

Proposed licensable activities:

**SALE OF ALCOHOL FOR CONSUMPTION OFF THE PREMISES
AND THE PROVISION OF LATE NIGHT REFRESHMENT**

Proposed days and hours of licensable activity:

ALCOHOL SALES	EVERY DAY 06.00 TO 23.00
LATE NIGHT REFRESHMENT	23.00 TO 05.00

The postal address of the Licensing Authority where the register is kept and the application may be inspected is:

*** LICENSING SECTION, PUBLIC PROTECTION SERVICE,
BLACKBURN WITH DARWEN BOROUGH COUNCIL,
FLOOR 3 OLD TOWN HALL, KING WILLIAM STREET,
BLACKBURN BB1 7DY**

Any person wishing to make representations on this matter shall give notice, in writing, stating the nature and grounds for making such representations to The Licensing Officer at the above address* within 28 days of the date of this notice – by the
5th OCTOBER 2016.

Further information is available on the web site
www.blackburn.gov.uk following the links.

It is an offence, under section 158 of the Licensing Act 2003, to knowingly or recklessly make a false statement in or in connection with an application, and the maximum fine on summary conviction of such an offence is £5000.

Licensing Solutions – duly authorised agents

