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.

app des the	(Insection) oly for scribed releva	LL UK OIL PRODUCTS LIMITE ett name(s) of applicant) a premises licence under sect in Part 1 below (the premises ant licensing authority in according to the premises Details	ion 17 of the	are mak	ing this applic	ation to you as
Pos	tal ad	dress of premises or, if none,	ordnance s	urvey n	nap reference o	or description
e ja	S 1(F	HELL FLITWICK 01 AMPTHILL ROAD LITWICK EDFORDSHIRE				
Pos	t town	FLITWICK			Post code	MK45 1BE
TETROPOS DE SERVE CON	and the first own reservoirs.					
Tele	phone	number at premises (if any)	01525 72	2900	es de gran	erational interpretability of the control of the co
Non	-dome	stic rateable value of premises	£77500			
	-	oplicant Details				
ried	ise sta	te whether you are applying for a		icence a ease tick		
a)	an inc	dividual or individuals *			please comple	te section (A)
b)	a per	son other than an individual *				
	i. a	as a limited company		\boxtimes	please comple	te section (B)
	ii. a	as a partnership			please comple	te section (B)
	iii. a	as an unincorporated association	n or		please comple	te section (B)
	iv.	other (for example a statutory co	rporation)		please comple	te section (B)
c)	a reco	ognised club			please complet	te section (B)
d),	a cha	rity			please complet	te section (B)

e)	the proprietor of an	educational estab	lishment	☐ please com	plete section (B)
f)	a health service bod	y wasang at a same		please com	plete section (B)
g) h)	a person who is regi Care Standards Act independent hospita the chief officer of po England and Wales	2000 (c14) in resp I	pect of an	lig medikapapatabi me	nplete section (B)
* 15 .	vou ere englying ee e		in (n) nn (h) n		
пу	ou are applying as a	person described	in (a) or (b) p	lease confirm:	Please tick yes
4	I am carrying on o the premises for lic	censable activities	s, or a see eyes		the use of
	 I am making the approximately statutory full 	oplication pursuar nction or			
			ue of Her Mai	esty's prerogative	
4.5			_		
(A) I	NDIVIDUAL APPLIC	ANTS (fill in as ap	plicable)		
Mr.	Mrs .	Miss	Ms 🗌	Other Title (for example, Rev)	And the state of t
Surr	name		First na	imes	
lam	18 years old or over	r		☐ Ple	ase tick yes
Current postal address if different from premises address				(Schartha)	
from	ress if different n premises				
from addr	ress if different n premises	TOTAL CONTRACTOR OF THE STATE O	College Colleg	Postcode	
from addr Post	ress if different n premises ress	ne number	Committee Commit	Postcode	
from addr Post Dayt	ress if different n premises ress t Town time contact telepho	ne number	Control (Control (Con	1 3 2 3 4 4 4 5 5 6 4	
Post Dayt E-ma	ress if different n premises ress t Town time contact telepho		licable)	1 3 2 3 4 4 4 5 5 6 4	
Post Dayt E-ma	ress if different i premises ress t Town time contact telepho ail address ional) OND INDIVIDUAL AF	PPLICANT (if appl	licable)		
Post Dayt E-ma (opti SEC	ress if different i premises ress t Town time contact telepho ail address ional) OND INDIVIDUAL AF	PPLICANT (if appl	licable) Ms First na	Other Title (for example, Rev)	
Post Dayt E-ma (opti	ress if different in premises ress It Town It	PPLICANT (if appl	licable) Ms First na	Other Title (for example, Rev)	

Current posta address if dif from premise address	ferent s						
Post Town					Postco	de	
Daytime cont	act telephone	number					
E-mail addres (optional)	S	TO THE PROPERTY OF THE PROPERT		THE REST OF THE PROPERTY OF TH	VNOQQCC Metar carporament and an any		
(B) OTHER APPRIESE Provide please give an (other than a looncerned.	e name and r ny registered body corpora	registered a number. In ite), please	the case of the ca	ipplicant i of a partne me and ac	n full. W rship or Idress o	here a other each	ippropria joint vent party
THE THE OFFICE WAS DESCRIBED TO THE PROPERTY OF THE PROPERTY O		All the state of t	COMMENT OF THE PARTY AND ADDRESS OF THE PARTY	und ned new comments of the control		and the second s	
Name SHELL UK OIL	PRODUCTS	LIMITED					
Address SHELL CENTF LONDON SE1 7NA	RE			enne en eviet voest plyddig oses pergolet sen old oeses			
Registered nur 3625633	nber (where a	pplicable)		e en en en de la composition della composition d			
Description of a	 applicant (for є PANY	example, par	tnership, co	mpany, un	incorpora	ated as	sociation
Telephone num				, etc.			
0207 934 1234							
0207 934 1234 E-mail address	(optional)						etrafe
	ng Schedule	EACH SOLICITY OF THE SOLICITY	TO SECULIAR				
E-mail address	ng Schedule					Day M 1 2 0	

processor and the same		
Ple	ease give a general description of the premises (please read guidance note1)	
TR FR CO	IIS 650 SQ FT (APPROX) CONVENIENCE STORE IS LOCATED ON A FORECOURT ADING 24 HOURS PER DAY SERVING BOTH THE LOCAL COMMUNITY AND THOS OM FURTHER AFIELD. IT PROVIDES A RANGE OF SNACK FOODS, GROCERIES, ONFECTIONERY, SOFT DRINKS AND TOBACCO PRODUCTS TRADING UNDER THOMPANIES OWN RETAIL FORMAT.	
WHEEL COMPANY		· ·
If 5 one	,000 or more people are expected to attend the premises at any etime, please state the number expected to attend.	and the second s
Wh	at licensable activities do you intend to carry on from the premises?	
(Ple	ease see sections 1 and 14 of the Licensing Act 2003 and Schedules 1 and 2 to the ensing Act 2003)	
<u>Pro</u>	ovision of regulated entertainment Please tic	k yes
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)	The state of the s
h)	anything of a similar description to that falling within (e), (f) or (g) (if ticking yes, fill in box H)	
Prov	vision of entertainment facilities:	
j)	making music (if ticking yes, fill in box I)	
)	dancing (if ticking yes, fill in box J)	
<)	entertainment of a similar description to that falling within (i) or (j) (if ticking yes, fill in box K)	
Prov	<u>vision of late night refreshment</u> (if ticking yes, fill in box L)	\boxtimes
Sup	ply of alcohol (if ticking yes, fill in box M)	M

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	
guidan	ce note 6)		Outdoors	
Day	Start	Finish		Both	
Mon			Please give further details here (please read gu	idance note 3)	described most more
Tue					
#POC#2079					MOSSIC LINE TO SHEET
Wed			State any seasonal variations for performing p guidance note 4)	lays (please re	ead
Thur					
Fri			Non standard timings. Where you intend to us for the performance of plays at different times		
	ryski i skyla:		the column on the left, please list (please read of		
Sat					
	and the second s				
Sun					

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2	rd days a (please r		Will the exhibition of films take place indoors or outdoors or both – please tick (please read quidance note 2)	Indoors	
	ce note 6)		gardanoc note 2)	Outdoors	
Day	Start	Finish		Both	
Mon			Please give further details here (please read gu	idance note 3)	
() ()					
Wed			State any seasonal variations for the exhibition	n of films (nla	
	a a ny lak		read guidance note 4)	11 (D) 1111113 (D) C	200
Thur					
T. T		etaya ta egg	Non standard timings. Where you intend to us for the exhibition of films at different times to		
			column on the left, please list (please read guid		6330
Sat					
Sun					

C

Indoor sporting events Standard days and timings (please read guidance note 6)			Please give further details (please read guidance note 3)
Day	Start	Finish	
Mon			
Tue			State any seasonal variations for indoor sporting events (please read guidance note 4)
Wed			
			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 (please read guidance note 5)
Fri			
Sat			
Sun			

D

Boxing or wrestling entertainments Standard days and			Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick (please read guidance note 2)	Indoors	
timings (please read guidance note 6)				Outdoors	
Day	Start	Finish		Both	
Mon			Please give further details here (please read gu	idance note 3)	ATTACHER IN THE COMMUNICATION
T- U		· i			
Wed			State any seasonal variations for boxing or wreentertainment (please read guidance note 4)	estling	Nonecontaine in the control
Thur	: : :				
Fri			Non standard timings. Where you intend to us for boxing or wrestling entertainment at differentiated in the column on the left, please list (please)	nt times to th	ose
Sat			note 5)		
Sun					

E

Live music Standard days and timings (please read			Will the performance of live music take place indoors or outdoors or both – please tick (please read guidance note 2)	Indoors	
	ce note 6		(piedoc read galdarioc note 2)	Outdoors	
Day	Start	Finish		Both	
Mon			Please give further details here (please read gu	idance note 3)	ar memori da ar vica em cul
Tue					
Wed			State any seasonal variations for the performa (please read guidance note 4)	nce of live mu	ISIC
T					
Fri Sat			Non standard timings. Where you intend to us for the performance of live music at different to listed in the column on the left, please list (please 5)	mes to those	
Sun					

F

Recorded music Standard days and timings (please read		nd	Will the playing of recorded music take place indoors or outdoors or both – please tick (please read guidance note 2)	Indoors	
timings (please read guidance note 6)			(please read guidance note 2)	Outdoors	
Day	Start	Finish		Both	
Mon			Please give further details here (please read gu	idance note 3)	
Tue					
Wed		1	State any seasonal variations for the playing of (please read guidance note 4)	f recorded mu	<u>isic</u>
Thur					
Fri		1 NAME	Non standard timings. Where you intend to us for the playing of recorded music at different t		
			listed in the column on the left, please list (please		
Sat			note 5)		
Sun					

G

Performances of dance Standard days and			Will the performance of dance take place indoors or outdoors or both – please tick (please read guidance note 2)	Indoors	
timings (please read guidance note 6)			(preserves galdanes hets 2)	Outdoors	
Day	Start	Finish		Both	
Mon			Please give further details here (please read gu	idance note 3)	den en e
DANIES CONTRACTOR OF THE CONTRACTOR OF T					
Tue					
No. of the Control of					
Wed			State any seasonal variations for the performa	nce of dance	
00000000000000000000000000000000000000			(please read guidance note 4)		
Thur					
Fri			Non standard timings. Where you intend to us	e the premise	<u>.s</u>
			for the performance of dance at different times the column on the left, please list (please read to be seen to		
Sat					-,
Sun	4477 113		- manager programme and the state of the sta		

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 entertable providing	ainment you w	n manada n manada n manada
Day	Start	Finish	Will this entertainment take place indoors or	Indoors	
Mon		ACCUMULATION OF THE PROPERTY AND	outdoors or both – please tick (please read guidance note 2)	Outdoors	
and control of the co				Both	
Tue			Please give further details here (please read gu	iidance note 3)	de annuez reculinario.
Thur			State any seasonal variations for entertainment description to that falling within (e), (f) or (g) (guidance note 4)		entralico de la companio de la comp
Sat			Non standard timings. Where you intend to us for the entertainment of a similar description to within (e), (f) or (g) at different times to those is column on the left, please list (please read guid	o that falling isted in the	35
Sun					

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	for ma Standa timings	ion of fac king mus rd days a (please r ce note 6)	si c nd read	Please give a description of the facilities for mwill be providing		<u>/ou</u>
				Will the facilities for making music be indoors or outdoors or both – please tick	Indoors Outdoors	
				(please read guidance note 2)		
	Day	Start	Finish	BANK BANK DELLEGE SELECTION OF	Both	
	Mon			Please give further details here (please read gu	idance note 3)	
	Tue					
spNô	Ayê QA	Maria Agray	in de la Se	Tarang a hay tongsana Mala anath		
	Wed			State any seasonal variations for the provision making music (please read guidance note 4)	of facilities f	<u>or</u>
	Thur					
v4.44					No.	and the first of t
Fri Non standard timings. Where you intend to use the for provision of facilities for making music at different those listed in the column on the left, please list (p					lifferent times	to
	Sat	an in the first term of the fi		guidance note 5)		
	Sun					

Provis	ion of fac	cilities	Will the facilities for dancing be indoors or		THE RESERVE OF THE PERSON NAMED IN
for dancing Standard days and			outdoors or both – please tick (see guidance note 2)	Indoors	
timings	(please	read		Outdoors	
guidan	ce note 6)		Both	
NOT THE STATE OF T			Please give a description of the facilities for da	ancing you wi	ll be
The state of the s	estate rest, dell'orizone		providing		
Day	Start	Finish			
Mon			Please give further details here (please read gu	idance note 3)	COLUMN CO
			and reflected to the first state of the second		
Tue					
Wed			State any seasonal variations for providing dar	ncing facilities	
			(please read guidance note 4)		* .
Thur	\ \				-
Fri		Висторионов	Non standard timings. Where you intend to use	e the premise:	3
	ANTON MA		for the provision of facilities for dancing enterta different times to those listed in the column on	ainment at	
Sat			list (please read guidance note 5)	the iert, pleas	5
Sun		9041100			SASK HICHTELEDOCUM
-					WHENEXCHARMANAMAN

for entainila that fa Standa timings	tertainment descripulling with ard days are content of the content	ent of a tion to nin i or j and read	Please give a description of the type of entertain you will be providing	ainment facilit	Y
Day	Start	Finish	Will the entertainment facility be indoors or outdoors or both – please tick (please read	Indoors	
Mon			guidance note 2)	Outdoors	
Carrier Services				Both	
Tue			Please give further details here (please read gu	idance note 3)	
Wed		The Property of the Property o			
Thur			State any seasonal variations for the provision entertainment of a similar description to that fa	of facilities for	or or j
			(please read guidance note 4)		
Fri			LEAST TO AND THE STATE OF THE S		
			98,30 (3.75)		
Sat		-	Non standard timings. Where you intend to us for the provision of facilities for entertainment	of a similar	
			description to that falling within i or j at differe listed in the column on the left, please list (please note 5)	nt times to the ise read guida	<u>ose</u> nce
Sun					TO HE STATE OF THE
					XII CARROLL STATE OF THE STATE
					Control of the Contro

STATES OF

Standa timings	ard days s (please ce note 6	read	please tick (please read guidance note 2)	Indoors
guluari	ce note c))		Outdoors
Day	Start	Finish		Both
Mon	23.00	05.00	Please give further details here (please read guern PROVISION OF HOT DRINKS, SOUPS, PIES & CONSISTENT WITH A TAKE AWAY SERVICE F	PASTRIES
Tue	23.00	05.00	CONSUMPTION ON OR OFF THE PREMISE.	
Wed	23.00	05.00	State any seasonal variations for the provision refreshment (please read guidance note 4)	n of late nigh
Thur	23.00	05.00		
Fri	23.00	05.00	Non standard timings. Where you intend to use for the provision of late night refreshment at details.	ifferent time
Sat	23.00	05.00	those listed in the column on the left, please li guidance note 5)	<u>st</u> (please rea
Sun	23.00	05.00		
	11. 12. 12. 13. 14. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15		The state of the filtering compared to the filtering	

Supply of alcohol Standard days and timings (please read			Will the supply of alcohol be for consumption (Please tick box) (please read guidance note 7)	On the premises	
guidar	nce note 6	S)		Off the premises	\boxtimes
Day	Start	Finish		Both	
Mon	00.00	24.00	State any seasonal variations for the supply of read guidance note 4)	f alcohol (plea	ise
Tue	00.00	24.00			
Wed	00.00	24.00			
Thur	00.00	24.00	Non standard timings. Where you intend to us for the supply of alcohol at different times to the column on the left, please list (please read guidents).	nose listed in	
Fri	00.00	24.00	प्रभावतिक स्वतिक स् स्वतिक स्वतिक स्वतिक स्वतिक स्वतिक	Ang Balacaf (filosofi Ang Balacaf Angkarasafi	
Sat	00.00	24.00	tura e e e e e e e e e e e e e e e e e e e		
Sun	00.00	24.00	Feb. 847 - 202-2		endissingsperalizatificator transcen

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

Name MATT ROUNCE					
Address 154 WESTBURY LANE NEWPORT PAGNELL BUCKINGHAMSHIRE					
Postcode MK16 8PT	·.				
Personal Licence number (if known) NOT KNOWN					
Issuing licensing authority (if known) MILTON KEYNES 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)

NONE

0

open Stand timing	s premise to the pu ard days a s (please nce note 6	blic and read	State any seasonal variations (please read guidance note 4)	
Day	Start	Finish		
Mon	00.00	24.00		
Tue	00.00	24.00		
Wed	00.00	24.00	Non-standard timings. Where you intend the premises to be	
Thur	00.00	24.00	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)	
Fri	00.00	24.00		
Sat	00.00	24.00		
Sun	00.00	24.00		

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)

-CCTV SYSTEM WITH RECORDING FACILITIES IN PLACE AT SITE, IMAGES CAN BE MADE AVAILBALE UPON REASONABLE REQUEST BY A RELEVANT OFFICER OF A RESPONSIBLE AUTHORITY.

-APPROPRIATE STAFF TRAINING TO BE SATISFACTORILY COMPLETED AND RECORDED. TRAINING RECORDS CAN BE MADE AVAILABLE FOR INSPECTION UPON REASONABLE REQUEST BY A RELEVANT OFFICER OF A RESPONSIBLE AUTHORITY.
-REFUSALS BOOK WILL BE OPERATED AND MAINTAINED.

-CHALLENGE 25 POLICY WILL BE OPERATED AT THE PREMISES, ACCEPTABLE FORMS OF PROOF OF AGE WILL BE A PASSPORT, A PHOTO CARD DRIVING LICENCE OR PASS ACCREDITED IDENTIFICATION CARD.

b) The prevention of crime and disorder

- -CCTV SYSTEM WITH RECORDING FACILITIES IN PLACE AT SITE, IMAGES CAN BE MADE AVAILABLE UPON REASONABLE REQUEST BY A RELEVANT OFFICER OF A RESPONSIBLE AUTHORITY.
- -SPIRITS LOCATED BEHIND THE COUNTER.
- -APPROPRIATE STAFF TRAINING TO BE SATISFACTORILY COMPLETED AND RECORDED. TRAINING RECORDS CAN BE MADE AVAILABLE FOR INSPECTION UPON REASONABLE REQUEST BY A RELEVANT OFFICER OF A RESPONSIBLE AUTHORITY.

c) Public safety

-CCTV SYSTEM WITH RECORDING FACILITIES IN PLACE AT SITE, IMAGES CAN BE MADE AVAILABLE UPON REASONABLE REQUEST BY A RELEVANT OFFICER OF A RESPONSIBLE AUTHORITY.

d) The prevention of public nuisance

-APPROPRIATE STAFF TRAINING TO BE SATISFACTORILY COMPLETED AND RECORDED. TRAINING RECORDS CAN BE MADE AVAILABLE FOR INSPECTION UPON REASONABLE REQUEST BY A RELEVANT OFFICER OF RESPONSIBLE AUTHORITY.

e) The protection of children from harm

-APPROPRIATE STAFF TRAINING TO BE SATISFACTORILY COMPLETED AND RECORDED. TRAINING RECORDS CAN BE MADE AVAILABLE FOR INSPECTION UPON REASONABLE REQUEST BY A RELEVANT OFFICER OF A RESPONSIBLE AUTHORITY.
-REFUSALS BOOK WILL BE OPERATED AND MAINTAINED.

-SPIRITS LOCATED BEHIND THE COUNTER.

-CHALLENGE 25 POLICY WILL BE OPERATED AT THE PREMISES, ACCEPTABLE FORMS OF PROOF OF AGE WILL BE A PASSPORT, A PHOTO CARD DRIVING LICENCE OR PASS ACCREDITED IDENTIFICATION CARD.

	Please tick	(yes
©	I have made or enclosed payment of the fee	\boxtimes
®	I have enclosed the plan of the premises	\boxtimes
•	I have sent copies of this application and the plan to responsible authorities and others where applicable	\boxtimes
8	I have enclosed the consent form completed by the individual I wish to be premises supervisor, if applicable	\boxtimes
®	I understand that I must now advertise my application	\boxtimes
•	I understand that if I do not comply with the above requirements my application will be rejected	\boxtimes

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	8 Galasey PP Lockell + 6
Date	11TH JULY 2011
Capacity	LOCKETT & CO - DULY AUTHORISED AGENTS.

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	