

Application for a Premises Licence to be granted  
under the Licensing Act 2003  
PLEASE READ THE FOLLOWING INSTRUCTIONS FIRST

21 JAN 2016

Public Protection

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 The Perfume Shop Limited  
(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			
The Perfume Shop Unit 1 Prologis Park Arenson Way			
Post town	Dunstable	Post code	LU5 4RZ
Telephone number at premises (if any)			
Non-domestic rateable value of premises		£354,100.00	

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  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 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  please complete section (B)  
and Wales

\* 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

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 The Perfume Shop Limited
Address  Hutchison House 5 Hester Road Battersea London SW11 4AN
Registered number (where applicable)  02699577
Description of applicant (for example, partnership, company, unincorporated association etc.)  Company
Telephone number (if any)
E-mail address (optional)

**Part 3 Operating Schedule**

When do you want the premises licence to start?

Day		Month		Year	
1	9	0	2	2	0
1	6				

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 note1)

A Distribution Centre selling alcohol for consumption off the premises by way of online sales.

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 yes          |
|---|--------------------------|
| a) plays (if ticking yes, fill in box A)  | <input type="checkbox"/> |
| b) films (if ticking yes, fill in box B)  | <input type="checkbox"/> |
| c) indoor sporting events (if ticking yes, fill in box C)   | <input type="checkbox"/> |
| d) boxing or wrestling entertainment (if ticking yes, fill in box D)  | <input type="checkbox"/> |
| e) live music (if ticking yes, fill in box E)   | <input type="checkbox"/> |
| f) recorded music (if ticking yes, fill in box F)   | <input type="checkbox"/> |
| g) performances of dance (if ticking yes, fill in box G)  | <input type="checkbox"/> |
| h) anything of a similar description to that falling within (e), (f) or (g) (if ticking yes, fill in box H) | <input type="checkbox"/> |

Provision of late night refreshment (if ticking yes, fill in box I)

Supply of alcohol (if ticking yes, fill in box J)

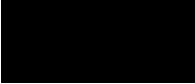

In all cases complete boxes K, L and M

No entries on pages  
6 - 14 .  
PD .  
21/1/14 .

J

<b>Supply of alcohol</b> Standard days and timings (please read guidance note 6)			<b>Will the supply of alcohol be for consumption</b> <b>(Please tick box)</b> (please read guidance note 7)	On the premises	<input type="checkbox"/>
				Off the premises	<input checked="" type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<b>State any seasonal variations for the supply of alcohol</b> (please read guidance note 4)		
Mon	0600	2100			
Tue	0600	2100			
Wed	0600	2100			
Thur	0600	2100			
Fri	0600	2100			
Sat	0600	2100			
Sun	0600	2100			
			<b>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</b> (please read guidance note 5)		

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

<b>Name</b> Paul Thompson	
<b>Address</b> 	
<b>Postcode</b>	
<b>Personal Licence number (if known)</b> TBC	
<b>Issuing licensing authority (if known)</b> TBC	

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	0000	2359	<p><u>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</u> (please read guidance note 5)</p>
Tue	0000	2359	
Wed	0000	2359	
Thur	0000	2359	
Fri	0000	2359	
Sat	0000	2359	
Sun	0000	2359	

**M** 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)**

The Company runs a very successful business selling perfume from their shops throughout the Country.

All members of staff will be properly trained in all aspects of their work to ensure that all four licensing objectives are an inherent part of the way in which the premises are run.

A small range of alcohol will be available which customers may wish to purchase online.

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

To install and maintain a CCTV system as appropriate.

All management and staff will be trained to be fully aware of the requirements of the Licensing Act 2003 and the social responsibilities of a licensed operator.

**c) Public safety**

To comply with all fire and other risk assessments and to operate in accordance with all legislation that is relevant to public safety.

A fire alarm is installed and all staff trained in fire drill and evacuation. All fire safety equipment will be regularly inspected.

Compliance with all relevant fire safety procedures.

Compliance with all relevant Environmental Health Authority requirements.

Measures in place for access and safe evacuation of disabled in case of fire or other emergency.

Staff training to ensure company procedures implemented.

**d) The prevention of public nuisance**

The nature and location of the site and its management ensure that public nuisance does not arise.



e) The protection of children from harm

An age verification system will be in place to prevent sales of alcohol to those under the age of 18.

**Please tick yes**

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

**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	Bond Dickinson LLP
Date	20 January 2016
Capacity	Bond Dickinson LLP Solicitors and Authorised Agents

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	

Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 13)

Bond Dickinson LLP (Joanne Brown)  
 3 Temple Quay  
 Temple Back East

Post town	Bristol	Post code	BS1 6DZ
Telephone number (if any)	0117 989 6775		
If you would prefer us to correspond with you by e-mail your e-mail address (optional) joanne.brown@bonddickinson.com			