

Licensing Authority: *The Licensing Partnership*

Licensing Partnership  
P.O. Box 182  
Sevenoaks  
Kent TN13 1GP

Ref:

**Application for a Premises Licence under the Licensing Act 2003**

**PLEASE READ THE FOLLOWING INSTRUCTIONS FIRST**

Before completing this form please read the guidance notes found at bottom of Page 4 of this form.

Use the blank page at the end of the form to provide further details if necessary.

When it is complete you can submit the form directly to us - click on the Submit Form button.

You may wish to print and keep a copy of the completed form for your records.

For help information about filling in this type of electronic form, click on the help information button.

I / We **Co-operative Group Food Limited** 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

Co-operative  
1 Buckingham Drive,  
Harrietsham

Post town

Maidstone, Kent

Post code

ME17 1GF

Telephone number of premises (if any)

01912044491

Non-domestic rateable value of premises

£

If the premises is under construction please check here



If the premises hasn't been assigned a rateable value yet, please check here



**Part 2 - Applicant Details**

Please state whether you are applying for a premises licence as

*Please make selection with an "x"*

- |  |                                     |                             |
|--|-------------------------------------|-----------------------------|
| a) An individual or individuals*               | <input type="checkbox"/>            | please complete section (A) |
| b) a person other than an individual*          |                                     |                             |
| i as a limited company                         | <input checked="" type="checkbox"/> | 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  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 make selection with an "x"*

- 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)

*You do not have to answer the questions in this section.*

Title

Surname

First names

Are you 18 years or older?

- Yes  
 No

Date of Birth

Nationality

Current postal address if different from premises address

Post Town

Postcode

Daytime contact telephone number

Email address (optional)

**SECOND INDIVIDUAL APPLICANT (IF APPLICABLE)**

Title

Surname

First names

Date of Birth  
(you must be 18  
years old or over)

Nationality

Current postal  
address  
if different from  
premises address

Postcode

Post Town

Daytime contact telephone number

Email address  
(optional)

**(B) OTHER APPLICANTS**

Please provide name and registered address of applicant in full. Where appropriate please give any registered number. In case of a partnership or other joint nature (other than a body corporate), please give the name and address of each party concerned.

Name

Co-operative Group Food Limited

Address

Dept 10227  
1 Angel Square  
Manchester  
M60 0AG

Registered number (where applicable)

26715R

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?

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

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

**General description of premises (please read guidance note 1)**

**Convenience store selling groceries, sundry items and alcohol for consumption off the premises only.**

What licensable activities do you intend to carry on from the premises?  
(Please see sections 1 and 14 of the Licensing Act 2003 and Schedule 1 and 2 to the Licensing Act 2003)

*Please check all relevant boxes*

**Provision of regulated entertainment (please read guidance note 2)**

- 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 L)

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

**In all cases complete boxes N, O and P**

## M

Supply of alcohol Standard days and timings (please read guidance note 7)			Will the supply of alcohol be for consumption <u>please make selection with an "x"</u> (please read guidance note 8).	On the premises	
Day	Start	Finish		Off the premises	X
Mon	06:00	23:00			
Tue	06:00	23:00	<u>State any proposed seasonal variations for the supply of alcohol</u> (please read guidance note 5)		
Wed	06:00	23:00			
Thur	06:00	23:00			
Fri	06:00	23:00			
Sat	06:00	23:00	<u>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</u> (please read guidance note 6)		
Sun	06:00	23:00			

State the name and details of the individual whom you wish to specify on the licence as premises supervisor. (Please see declaration about the entitlement to work in the checklist at the end of the form):

Title	Mr
Surname	Arnold
First Name(s)	Luke
Date of Birth	16/10/1986
Address	39 Charlotte Court The Royal Seabathing Margate Kent
Postcode	CT9 5NB
Personal Licence number (if known)	LN/201000231
Issuing licensing authority (if known)	Thanet Council

Please print the 'Consent of individual to being specified as premises supervisor' form (shown on pages 19 and 20), and have the person specified above sign and confirm the details given.



**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 10)**

The applicant has given thought to the potential impact of the grant of this application on the four licensing objectives and, having regard to the locality, considers that the attached conditions are appropriate and proportionate.

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

please see the attached.

**c) Public safety**

please see the attached.

**d) The prevention of public nuisance**

please see the attached.

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

please see the attached.



Please make selection with an "x"

I have enclosed the plan of the premises 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 [Applicable to all individual applicants, including those in a partnership which is not a limited liability partnership, but not companies or limited liability partnerships.] I have included documents demonstrating my entitlement to work in the United Kingdom (please read note 15). 

IT IS AN OFFENCE, UNDER SECTION 158 OF THE LICENSING ACT 2003, TO MAKE A FALSE STATEMENT IN OR IN CONNECTION WITH THIS APPLICATION. THOSE WHO MAKE A FALSE STATEMENT MAY BE LIABLE ON SUMMARY CONVICTION TO A FINE OF ANY AMOUNT.

IT IS AN OFFENCE UNDER SECTION 24B OF THE IMMIGRATION ACT 1971 FOR A PERSON TO WORK WHEN THEY KNOW, OR HAVE REASONABLE CAUSE TO BELIEVE THAT THEY ARE DISQUALIFIED FROM DOING SO BY REASON OF THEIR IMMIGRATION STATUS. THOSE WHO EMPLOY AN ADULT WITHOUT LEAVE OR WHO IS SUBJECT TO CONDITIONS AS TO EMPLOYMENT WILL BE LIABLE TO A CIVIL PENALTY UNDER SECTION 15 OF THE IMMIGRATION, ASYLUM AND NATIONALITY ACT 2006 AND PURSUANT TO SECTION 21 OF THE SAME ACT, WILL BE COMMITTING AN OFFENCE WHERE THEY DO SO IN THE KNOWLEDGE, OR WITH REASONABLE CAUSE TO BELIEVE, THAT THE EMPLOYEE IS DISQUALIFIED.

**Part 5 - Declaration** (please read guidance note 11)**Confirmation of applicant or applicant's solicitor or other duly authorised agent.** (See guidance note 12) **If confirming on behalf of the applicant please state in what capacity.**

- [Applicable to all individual applicants only, including those in a partnership which is not a limited liability partnership] I understand I am not entitled to be issued with a licence if I do not have the entitlement to live and work in the UK (or if I am subject to a condition preventing me from doing work relating to the carrying on of a licensable activity) and that my licence will become invalid if I cease to be entitled to live and work in the UK (please read guidance note 15).

- The DPS named in this application form is entitled to work in the UK, (and is not subject to conditions preventing him or her from doing work relating to a licensable activity) and I have seen a copy of his or her proof of entitlement to work, if appropriate (please see note 15).

Confirmation Name  Date Capacity **Please print the 'Consent of individual to being specified as premises supervisor form (shown on pages 19 and 20), and have the person specified above sign and confirm the details given.****For joint applications confirmation of 2nd applicant or 2nd applicant's solicitor or other authorised agent.** (please read guidance note 13) **If confirming on behalf of the applicant please state in what capacity.**Confirmation Name  Date Capacity **Contact name (where not previously given) and postal address for correspondence associated with this application** (please read guidance note 14)Name Address   
  
Post Town Postcode Telephone number (if any) If you would prefer us to correspond with you by e-mail your e-mail address (optional)

Use this page if there is any other information that you think we should know about. Information entered on this page will be sent to us, along with the data on the rest of the form when you use the "Submit" option.

A large, empty rectangular box with a thin black border, occupying most of the page below the text. It is intended for the user to provide additional information.