

[Insert name and address of relevant licensing authority and its reference number (optional)]

**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 **LAWRENCE HUNT + Co LTD** apply for a premises licence under section 17 of  
(Insert name(s) of applicant)  
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	
1-5 CLIFTON PARADE BRISTOL AVENUE FARINGTON	
Post town	LEYLAND
Post code	PR25 4YU

Telephone number at premises (if any)

Non-domestic rateable value of premises

\* not yet known. Probably £4301 - £33000  
therefore paid £190 at this stage.

**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  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
- 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  Mrs  Miss  Ms  Other title (for example, Rev)

Surname  First names

Please tick  yes

I am 18 years old or over

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  Mrs  Miss  Ms  Other title (for example, Rev)

Surname

First names

Please tick  
 ✓ yes

I am 18 years old or over

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	LAWRENCE HUNT + CO LTD
Address	40 B LIVERPOOL ROAD PENWORTHAM PRESTON PR1 0DQ
Registered number (where applicable)	1185833
Description of applicant (for example partnership, company, unincorporated association etc)	LIMITED COMPANY
Telephone number (if any)	01772 747465
E-mail address (optional)	

### Part 3 Operating Schedule

When do you want the premises licence to start?

Day	Month	Year
01	10	2009

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

Day	Month	Year

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

Please give a general description of the premises (please read guidance note 1)

THE SITE CURRENTLY CONSISTS OF  
5 SINGLE, UNUSED UNITS.

WE ARE ENTERING INTO A  
LEASE ON THE SITE AND THE  
LANDLORD IS CARRYING OUT THE  
NECESSARY ALTERATIONS TO CONVERT  
THE 5 UNITS INTO ONE TRADING  
UNIT.

WE WILL THEN FIT OUT THE  
UNIT AND TRADE FROM IT AS A  
SPAR CONVENIENCE STORE.

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 tick  yes

**Provision of regulated entertainment**

- 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 entertainment facilities for:**

- i) making music (if ticking yes, fill in box I)
- j) dancing (if ticking yes, fill in box J)
- k) entertainment of a similar description to that falling within (i) or (j)  
(if ticking yes, fill in box K)

**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

**A**

<b>Plays</b> Standard days and timings (please read guidance note 6)			Will the performance of a play take place indoors or outdoors or both – please tick [Y] (please read guidance note 2)	Indoors		
Day	Start	Finish		Outdoors		
Mon			Please give further details here (please read guidance note 3)	Both		
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**

<b>Films</b> Standard days and timings (please read guidance note 6)			Will the exhibition of films take place indoors or outdoors or both – please tick [Y] (please read guidance note 2)	Indoors		
Day	Start	Finish		Outdoors		
Mon			Please give further details here (please read guidance note 3)	Both		
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**

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

**D**

<b>Boxing or wrestling entertainments</b> 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 [Y](please read guidance note 2)</u>	Indoors	
Day	Start	Finish		Outdoors	
Mon			Both		<u>Please give further details here (please read guidance note 3)</u>
Tue					
Wed					<u>State any seasonal variations for boxing or wrestling entertainment (please read guidance note 4)</u>
Thur					
Fri					<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 (please read guidance note 5)</u>
Sat					
Sun					

**E**

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

**F**

<b>Recorded music</b> Standard days and timings (please read guidance note 6)			<b>Will the playing of recorded music take place indoors or outdoors or both – please tick [Y] (please read guidance note 2)</b>	Indoors	
Day	Start	Finish		Outdoors	
Mon			<b>Please give further details here (please read guidance note 3)</b>	Both	
Tue					
Wed			<b>State any seasonal variations for playing recorded music (please read guidance note 4)</b>		
Thur					
Fri			<b>Non standard timings. Where you intend to use the premises for the playing of recorded music entertainment at different times to those listed in the column on the left, please list (please read guidance note 5)</b>		
Sat					
Sun					

## G

<b>Performances of dance</b> Standard days and timings (please read guidance note 6)			<b>Will the performance of dance take place indoors or outdoors or both – please tick [Y] (please read guidance note 2)</b>	Indoors	
				Outdoors	
				Both	
Day	Start	Finish			
Mon			<b>Please give further details here (please read guidance note 3)</b>		
Tue					
Wed			<b>State any seasonal variations for the performance of dance (please read guidance note 4)</b>		
Thur					
Fri			<b>Non standard timings. Where you intend to use the premises for the performance of dance entertainment at different times to those listed in the column on the left, please list (please read guidance note 5)</b>		
Sat					
Sun					

## H

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

Mon			Please give further details here (please read guidance note 3)
Tue			
Wed			State any seasonal variations for providing dancing facilities (please read guidance note 4)
Thur			
Fri			Non standard timings. Where you intend to use the premises for the provision of facilities for dancing entertainment at different times to those listed in the column on the left, please list (please read guidance note 5)
Sat			
Sun			

## K

Provision of facilities for entertainment of a similar description to that falling within I or J Standard days and timings (please read guidance note 6)			Please give a description of the type of entertainment facility you will be providing	
Day	Start	Finish	Will the entertainment facility be indoors or outdoors or both – please tick [Y] (please read guidance note 2)	Indoor
				Outdoor
Mon				Both
Tue			Please give further details here (please read guidance note 3)	
Wed				
Thur			State any seasonal variations for the provision of facilities for entertainment of a similar description to that falling within j or k (please read guidance note 4)	
Fri				
Sat			Non standard timings. Where you intend to use the premises for the provision of facilities for entertainment of a similar description to that falling within I or J at different times to those listed in the column on the left, please list (please read guidance note 5)	
Sun				

**L**

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 [Y] (please read guidance note 2)	Indoors		
Day	Start	Finish		Outdoors		
Mon			Please give further details here (please read guidance note 3)			
Tue						
Wed				State any seasonal variations for the provision of late night refreshment (please read guidance note 4)		
Thur						
Fri				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)		
Sat						
Sun						

**M**

Supply of alcohol Standard days and timings (please read guidance note 6)			Will the sale of alcohol be for consumption (Please tick box Y) (please read guidance note 7)	On the premises	
Day	Start	Finish		Off the premises	
Mon	07:00	23:00	State any seasonal variations for the supply of alcohol (please read guidance note 4)		
Tue	07:00	23:00			
Wed	07:00	23:00			
Thur	07:00	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)		
Fri	07:00	23:00			
Sat	07:00	23:00			

GOOD FRIDAY 08:00 - 22:30  
 CHRISTMAS DAY 12:00 - 15:00  
 19:00 - 22:30

Sun	10:00	22:30	
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State the name and details of the individual whom you wish to specify on the licence as premises supervisor

Name JONATHAN MATTOCK

Address 4 MEADOW VALE  
LEYLAND

Postcode PR26 7JY

Personal Licence number (if known) PERS0380

Issuing licensing authority (if known) SOUTH RIBBLE BOROUGH 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)

**O**

Hours premises are open to the public Standard timings (please read guidance note 6)			State any seasonal variation (please read guidance note 4)
Day	Start	Finish	
Mon	07:00	23:00	<p><b>Non standard timings. Where you intend to use 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)</b></p> <p>GOOD FRIDAY 07:00 - 23:00</p> <p>CHRISTMAS DAY 10:00 - 22:30</p>
Tue	07:00	23:00	
Wed	07:00	23:00	
Thur	07:00	23:00	
Fri	07:00	23:00	
Sat	07:00	23:00	
Sun	07:00	22:30	

## 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)

The company already operates 27 SPAR stores and operates a strict "if you appear under 25 years of age, no ID (which must be either passport or driving licence) no sale" policy on alcohol and other age restricted products. The company employs over 500 staff and every single one has been individually interviewed and trained on this policy by either a director or senior area manager, which involved hundreds of man hours. All new staff receive the same in depth training.

b) The prevention of crime and disorder

As a result of our strict 'under 25' policy, crime and disorder is effectively deterred by the fact that under 18 year olds know they will not be served and there is consequently an absence of drunken under age drinkers in the vicinity of our stores.

c) Public safety

The absence of congregating youths (as a result of A and B above) contributes greatly to public safety.

d) The prevention of public nuisance

See A, B and C above

e) The protection of children from harm

The strict 'under 25' policy effectively prevents children from coming to harm because they are prevented from consuming alcohol.



### 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, if you wish people to be able to purchase alcohol to consume away from the premises please tick off. 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, 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, both applicants or their respective agents must sign the application form.
13. This is the address which we shall use to correspond with you about this application.