

Yealm Motor Services
Market Street
Yealmpton
Plymouth
PL8 2EB

Appendix 'A'

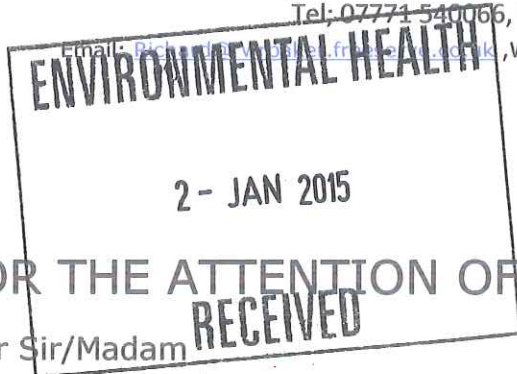
New Premises Licence Application

RB Retail & Licensing Services Limited

23 Magister Drive, Lee on the Solent, Portsmouth, PO13 8GE.

Tel: 07771 540066, Fax: 02392 556886.

Email: Richard.Baker@alcohol-licence-services.co.uk, Website: www.alcohol-licence-services.co.uk



31st December 2014

FOR THE ATTENTION OF THE LICENSING OFFICER

Dear Sir/Madam

Re: Licensing Act 2003 – Application for a new Premises Licence

We enclose our client's application (Yealm Motor Services, Market Street, Yealmpton, Plymouth, PL8 2EB.) for a Premises Licence for your department's attention and trust that you will find that everything is in order. We can confirm that copies of the application bundle have also been served on the responsible authorities.

However, should you have any queries with regard to this matter would you please contact us in the first instance rather than reject or return the application.

It may be that we can speedily resolve any query for you by this method.

Please may we have a receipt for the local authority fee included with this application.

Thanking you in anticipation

Yours faithfully

Richard Baker

For and on behalf of RB Retail & Licensing Services Limited

cc. Responsible Authorities

Enclosures:

Application for a Premises Licence

Background history bundle

DPS consent form

Copy notice

Scale plan

Fee

Date rec'd 21/1/15
Cash/Chq/Other £190
Bgt Code 3255/2414/122
SHDC Ref & Rec Book ref
#02130/SMB11002119
Admin initials JP

Company registration number – 7390457

Registered Office – RB Retail & Licensing Services Limited, The Oakley, Kidderminster Road, Droitwich, Worcestershire, WR9 9AY.

**THE LICENSING MANAGER, SOUTH HAMS DISTRICT COUNCIL,
FOLLATON HOUSE, PLYMOUTH ROAD, TOTNES, TQ9 5NE.**

**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.

We YEALM MOTOR SERVICES 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 YEALM MOTOR SERVICES MARKET STREET YEALMPTON			
Post town	PLYMOUTH	Postcode	PL8 2EB

Telephone number at premises (if any)	01752 880336
Non-domestic rateable value of premises	£20250

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 | <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 ☐ 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 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 <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 YEALM MOTOR SERVICES LIMITED
Address HARSCOMBE HOUSE 1 DARKLAKE VIEW ESTOVER PLYMOUTH PL2 7TL
Registered number (where applicable) 03809427
Description of applicant (for example, partnership, company, unincorporated association etc.) LIMITED COMPANY
Telephone number (if any)
E-mail address (optional)

Part 3 Operating Schedule

When do you want the premises licence to start?

DD	MM	YYYY
3	1	012015

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

DD	MM	YYYY

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

CONVENIENCE STORE LOCATED ON A 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)

☐

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)			<u>Will the performance of a play 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 performing plays</u> (please read guidance note 4)		
Wed					
Thur					
			<u>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</u> (please read guidance note 5)		
Fri					
Sat					
Sun					

B

Films Standard days and timings (please read guidance note 6)			<u>Will the exhibition of films 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 the exhibition of films</u> (please read guidance note 4)		
Wed					
Thur					
			<u>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</u> (please read guidance note 5)		
Fri					
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			
Tue			<u>State any seasonal variations for indoor sporting events</u> (please read guidance note 4)
Wed			
Thur			
Fri			<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)
Sat			
Sun			

D

Boxing or wrestling entertainments Standard days and timings (please read guidance note 6)			Will the boxing or wrestling entertainment 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			
Mon			Please give further details here (please read guidance note 3)		
Tue					
Wed			State any seasonal variations for boxing or wrestling entertainment (please read guidance note 4)		
Thur					
Fri			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)		
Sat					
Sun					

E

Live music Standard days and timings (please read guidance note 6)			<u>Will the performance of live music 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				
Wed				
Thur			<u>State any seasonal variations for the performance of live music</u> (please read guidance note 4)	
Fri				
Sat				
Sun				
			<u>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</u> (please read guidance note 5)	

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					
Wed			State any seasonal variations for the playing of recorded music (please read guidance note 4)		
Thur					
Fri					
Sat			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)		
Sun					

G

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

J

Supply of alcohol Standard days and timings (please read guidance note 6)			<u>Will the supply of alcohol be for consumption – please tick</u> (please read guidance note 7)	On the premises	<input type="checkbox"/>
				Off the premises	X
				Both	<input type="checkbox"/>
Day	Start	Finish	<u>State any seasonal variations for the supply of alcohol</u> (please read guidance note 4)		
Mon	06.00	22.00			
Tue	06.00	22.00			
Wed	06.00	22.00			
Thur	06.00	22.00	<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 5)		
Fri	06.00	22.00			
Sat	06.00	22.00			
Sun	06.00	22.00			

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

Name JOHN JAMES NELSON DIXON	
Address 5 FULLERTON ROAD MILEHOUSE PLYMOUTH	
Postcode	PL2 3AX
Personal licence number (if known)	
Issuing licensing authority (if known)	

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).

L

Hours premises are open to the public Standard days and timings (please read guidance note 6)			<u>State any seasonal variations</u> (please read guidance note 4)
Day	Start	Finish	
Mon	06.00	22.00	
Tue	06.00	22.00	
Wed	06.00	22.00	
Thur	06.00	22.00	
Fri	06.00	22.00	
Sat	06.00	22.00	
Sun	06.00	22.00	

<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)
--

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)

CCTV SYSTEM WITH RECORDING FACILITIES IN PLACE AT SITE WITH A 28 DAY RECORDING LIBRARY MADE AVAILABLE TO THE POLICE UPON REASONABLE REQUEST, STAFF ALCOHOL SALES TRAINING TO BE SATISFACTORILY COMPLETED AND RECORDED, WRITTEN TRAINING RECORDS CAN BE MADE AVAILABLE FOR INSPECTION UPON REASONABLE REQUEST BY A RELEVANT OFFICER OF A RESPONSIBLE AUTHORITY. APPROPRIATE TRAINING MANUAL TO BE OPERATED, REFUSALS BOOK TO USED BY ALL STAFF, SPIRITS LOCATED BEHIND THE COUNTER, CHALLENGE 25 TO BE OPERATED BY ALL STAFF WITH ACCEPTABLE IDENTIFICATION ONLY A PHOTO DRIVING LICENCE, A PASSPORT OR A PASS ACCREDITED PROOF OF AGE SCHEME. FORECOURT TO BE SWEEPED REGULARLY AND THE WASTE BINS TO BE EMPTIED REGULARLY, APPROPRIATELY WORDED NOTICES TO BE DISPLAYED PROMINENTLY REQUESTING CUSTOMERS TO LEAVE THE PREMISES QUIETLY AT NIGHT RESPECTING LOCAL RESIDENTS

b) The prevention of crime and disorder

CCTV SYSTEM WITH RECORDING FACILITIES IN PLACE AT SITE WITH A 28 DAY RECORDING LIBRARY MADE AVAILABLE TO THE POLICE UPON REASONABLE REQUEST, STAFF ALCOHOL SALES TRAINING TO BE SATISFACTORILY COMPLETED AND RECORDED, WRITTEN TRAINING RECORDS CAN BE MADE AVAILABLE FOR INSPECTION UPON REASONABLE REQUEST BY A RELEVANT OFFICER OF A RESPONSIBLE AUTHORITY. APPROPRIATE TRAINING MANUAL TO BE OPERATED, REFUSALS BOOK TO USED BY ALL STAFF, SPIRITS LOCATED BEHIND THE COUNTER,

c) Public safety

CCTV SYSTEM WITH RECORDING FACILITIES IN PLACE AT SITE WITH A 28 DAY RECORDING LIBRARY MADE AVAILABLE TO THE POLICE UPON REASONABLE REQUEST,

d) The prevention of public nuisance

FORECOURT TO BE SWEEPED REGULARLY AND THE WASTE BINS TO BE EMPTIED REGULARLY, APPROPRIATELY WORDED NOTICES TO BE DISPLAYED PROMINENTLY REQUESTING CUSTOMERS TO LEAVE THE PREMISES QUIETLY AT NIGHT RESPECTING LOCAL RESIDENTS

e) The protection of children from harm

STAFF ALCOHOL SALES TRAINING TO BE SATISFACTORILY COMPLETED AND RECORDED, WRITTEN TRAINING RECORDS CAN BE MADE AVAILABLE FOR INSPECTION UPON REASONABLE REQUEST BY A RELEVANT OFFICER OF A RESPONSIBLE AUTHORITY. APPROPRIATE TRAINING MANUAL TO BE OPERATED, REFUSALS BOOK TO USED BY ALL STAFF, SPIRITS LOCATED BEHIND THE COUNTER, CHALLENGE 25 TO BE OPERATED BY ALL STAFF WITH ACCEPTABLE IDENTIFICATION ONLY A PHOTO DRIVING LICENCE, A PASSPORT OR A PASS ACCREDITED PROOF OF AGE SCHEME.

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	31 st DECEMBER 2014
Capacity	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) RICHARD BAKER RB RETAIL & LICENSING SERVICES LIMITED 23 MAGISTER DRIVE LEE ON THE SOLENT			
Post town	PORTSMOUTH		Postcode
Telephone number (if any)		07771 540066	
If you would prefer us to correspond with you by e-mail, your e-mail address (optional) Richard@rwrбакer.freemerve.co.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.

Consent of individual to being specified as premises supervisor

I, JOHN JAMES NELSON DIXON
[full name of prospective premises supervisor]

of 5 FULLERTON ROAD, MILEHOUSE, PLYMOUTH, PL2 3AX
[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 for

PREMISES LICENCE TO SELL ALCOHOL FOR CONSUMPTION OFF
[type of application] THE PREMISES

by YEARM MOTOR SERVICES LIMITED
[name of applicant]

relating to a premises licence: [number of existing licence, if any]

or YEARM MOTORS, MARKET STREET, YEALMPTON, PLYMOUTH
[name and address of premises to which the application relates] PL8 2EB

and any premises licence to be granted or varied in respect of this application made by: YEARM MOTOR SERVICES LIMITED
[name of applicant]

concerning the supply of alcohol at: YEARM MOTORS, MARKET STREET
YEALMPTON, PLYMOUTH, PL8 2EB
[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: [insert personal licence number, if any]

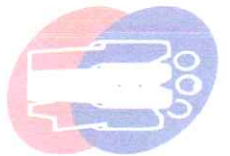
Personal licence issuing authority:

.....
[Insert name and address and telephone number of personal licence issuing authority, if any]

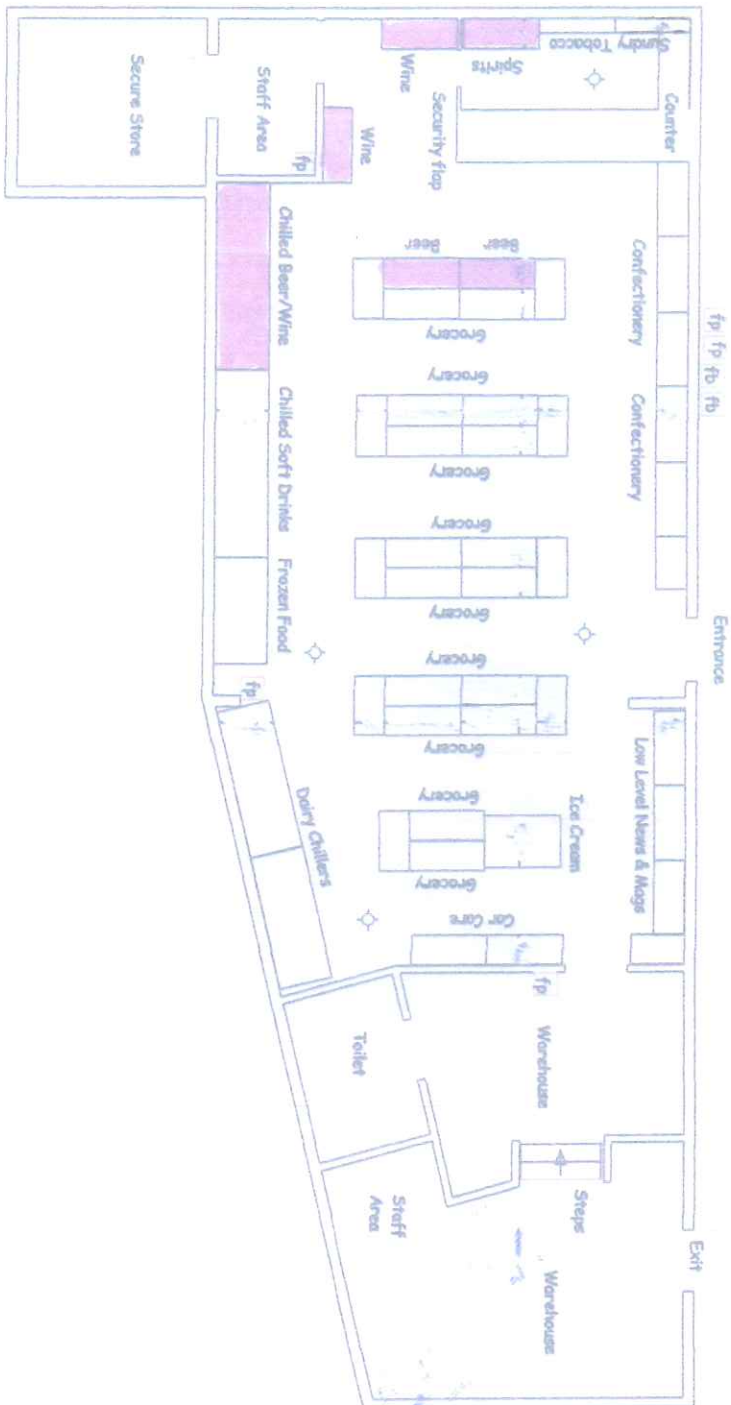
Signed 

Name (please print) JOHN JAMES NELSON DIXON

Dated 30/12/14



RB Retail & Licensing
Services Limited



Key
fp Fire Extinguisher - Powder
fb Fire Bucket
Security Camera

Yealm Motors
Market Street,
Yealmington, Plymouth
PL8 2EB
Scale - 1:100
Drawing Reference: RB/0912
Drawn by: R Baker RB Retail & Licensing
30th December 2014

All retail selling areas to be licensed for alcohol display. Copyright - RB Retail & Licensing
Services Limited, 23 Magister Drive, Lee on the Solent, Portsmouth PO123 8GE,
Site dimensions to be used at all times