

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.

(1) Delete as applicable.
(2) Insert name(s) of applicant.

(1) ~~[I]~~ (2) [We] ASDA STORES LTD



apply for a premises licence under section 17 of the Licensing Act 2003 for the premises described in Part 1 below (the premises) and (1) [I am][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 ASDA 35-43 HIGH STREET TOGETHER WITH REAR ACCESS OFF GORDON ROAD WEALDSTONE			
Post town	HARROW	Postcode	HA3 5DE
Telephone number at premises (if any)	TBA		
Non-domestic rateable value of premises	£ TBA		

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* | <input checked="" type="checkbox"/> please complete section (B) |
| (i) as a limited company | <input 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 | <input type="checkbox"/> please complete section (B) |
| (f) a health service body | <input type="checkbox"/> 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 | <input type="checkbox"/> 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 | <input type="checkbox"/> 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	ASDA STORES LTD
Address	ASDA HOUSE SOUTHBANK GREAT WILSON STREET LEEDS LS11 5AD
Registered number (where applicable)	464777
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?

DD	MM	YYYY					
a	s	a	p	a	s	a	p

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)

SUPERMARKET

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)

In all cases complete boxes K, L and M

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	<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			State any seasonal variations for performing plays (please read guidance note 4)		
Wed					
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

Films Standard days and timings (please read guidance note 6)			Will the exhibition of films 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			State any seasonal variations for the exhibition of films (please read guidance note 4)		
Wed					
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

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			<u>State any seasonal variations for indoor sporting events</u> (please read guidance note 4)
Tue			
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</u> (please read guidance note 5)
Fri			
Sat			
Sun			

D

Boxing or wrestling entertainments 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</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			<u>State any seasonal variations for boxing or wrestling entertainment</u> (please read guidance note 4)		
Tue					
Wed					
Thur			<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</u> (please read guidance note 5)		
Fri					
Sat					
Sun					

E

Live music Standard days and timings (please read guidance note 6)			Will the performance of live 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 performance of live music (please read guidance note 4)		
Thur					
Fri			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)		
Sat					
Sun					

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			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)		
Sat					
Sun					

G

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

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 checked="" type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 3)		
Mon	23.00	24.00			
Tue	23.00	24.00			
Wed	23.00	24.00	State any seasonal variations for the provision of late night refreshment (please read guidance note 4)		
Thur	23.00	24.00			
Fri	23.00	24.00			
Sat	23.00	24.00	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)		
Sun	23.00	24.00			

J

Supply of alcohol Standard days and timings (please read guidance note 6)			Will the supply of alcohol be for consumption - please tick (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	State any seasonal variations for the supply of alcohol (please read guidance note 4)		
Mon	06.00	24.00			
Tue	06.00	24.00			
Wed	06.00	24.00	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)		
Thur	06.00	24.00			
Fri	06.00	24.00			
Sat	06.00	24.00			
Sun	06.00	24.00			

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

Name		JAMES WOODBURY
Address		[REDACTED]
Postcode	[REDACTED]	
Personal licence number (if known)	LEEDS.PERL.07399/14	
Issuing licensing authority (if known)	LEEDS CITY COUNCIL	

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	Non standard timings. Where you intend the premises to be open to the public at different times to those listed in the column on the left, please list (please read guidance note 5)
Mon	06.00	24.00	
Tue	06.00	24.00	
Wed	06.00	24.00	
Thur	06.00	24.00	
Fri	06.00	24.00	
Sat	06.00	24.00	
Sun	06.00	24.00	

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)

All staff shall be trained in the premises licence holder's procedures which include liquor licensing and all checkout operators shall have additional training in the sale of alcohol.

(b) The prevention of crime and disorder

The premises to have internal & external CCTV cameras. The CCTV system will be registered in accordance with the Data Protection Act. The system will be capable of continuously recording and copies of such recordings shall be kept for a period of not less than 31 days and handed to a police constable or authorised person upon request. The system shall be maintained in working order & recordings will be made for each trading period conducted at the premises. Adoption of challenge 25 or similar proof of age scheme which is recognised by the police. The proof of age scheme shall be effected by the inspection of a recognised form of photographic identification such as passport, photo driving licence, proof of age card, Military ID or any other form of identification agreed with the police. If the appropriate proof of age is not produced there will be no sale. Notices are to be prominently displayed advising customers of the challenge 25(or similar scheme) policy

(c) Public safety

The premise licence holder seeks to comply with the requirements of the health and safety legislation.

(d) The prevention of public nuisance

External CCTV system in place to deter anti-social behaviour.

(e) The protection of children from harm

All stores will have a till prompt system for alcohol products. Adoption of challenge 25 or similar proof of age scheme which is recognised by the police. The proof of age scheme shall be effected by the inspection of a recognised form of photographic identification such as passport, photo driving licence, proof of age card, Military ID or any other form of identification agreed with the police. If the appropriate proof of age is not produced there will be no sale. Notices are to be prominently displayed advising customers of the challenge 25 (or similar scheme) policy.

Checklist:

Please tick to indicate agreement

- 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 designated 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 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.

[Redacted Signature]			
Date	17th December 2014		
Capacity	Solicitors for and on behalf of the applicants		
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)			
Gosschalks Solicitors Queens Gardens Hull DX 11902 Hull			
Post town		Postcode	HU1 3DZ
Telephone number (if any)	[Redacted]		
If you would prefer us to correspond with you by e-mail, your e-mail address (optional)			
[Redacted]			

Part A

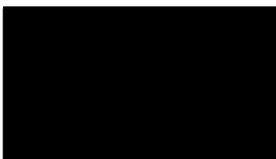
Consent of Individual to Being Specified as Premises Supervisor



(1) Insert full name of prospective premises supervisor.

I (1) JAMES WOODBURY

(2) Insert home address of prospective premises supervisor.



(3) Insert type of application.

hereby confirm that I give my consent to be specified as the designated premises supervisor in relation to the application for (3) NEW PREMISES LICENCE

(4) Insert name of applicant.

by (4) ASDA STORES LTD

(5) Insert number of existing licence, if any.

relating to a premises licence (5)

(6) Insert name and address of premises to which the application relates.

for (6) ASDA
35-43 High Street together
with rear access off Gordon Road
Wealdstone, Harrow, HA3 5DE
and any premises licence to be granted or varied in respect of this application
made by (4)
ASDA STORES LTD

concerning the supply of alcohol at (6)
ASDA

35-43 High Street together
with rear access off Gordon Road
Wealdstone, Harrow, HA3 5DE

(7) Delete as applicable.

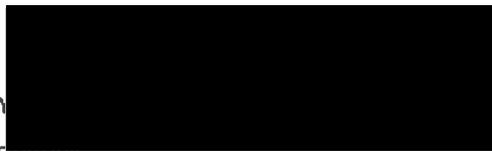
I also confirm that I (7) ~~am applying for~~ ~~intend to apply for~~ (7) [currently hold] a personal licence, details of which I set out below.

(8) Insert personal licence number, if any.

Personal licence number (8) LEEDS/PERL/07399/14

(9) Insert name and address and telephone number of personal licence issuing authority, if any.

Personal licence issuing authority (9)
LEEDS CITY COUNCIL



Signed J WOODBURY

(10) Please print.

Name (10) JAMES WOODBURY

Dated 16/12/14