



GOSSCHALKS
SOLICITORS

Child Protection – Licensing Consultants
Assistant Director for Child Services
Wat Tyler House
Beckhampton Street
Swindon
SN1 2JH

MCJ/VHL/MJM

WITH COMPLIMENTS

PLEASE SEE ATTACHED LETTER FOR YOUR INFORMATION

GOSSCHALKS

Queens Gardens, Hull, HU1 3DZ 01482 324252 0870 600 5984 info@gosschalks.co.uk www.gosschalks.co.uk 11902 - Hull

Partners: Simon Lunt, Ian Lanch, Richard Ulewellyn, Neil Johnson, Clare Johnson, Roy Taylor, Robert Thomson, Jonathan Beharrell, Nigel Beckwith, Zoë Carmichael, Mark Teal, Stephen Walker, Robert Hastie, Richard Taylor, Andrew Johnson, Jonathan Peet, James Phinn, Justin Graves, Matthew Fletcher, Andrew Tarbutt, Ted Flanagan, Kate Groves, Craig Beetham, Stephen Dillon, Ashlie Prescott, Chris Groves, Paul Plaxton, Nicola Barras, James Houston, Victoria Quinn, Andrew Bell, Charlotte Chilcott

Associates: Julia Williams, Matthew Hudson, Rachel Garton

Partnership Secretary: Martin Haldenby

This firm is authorised and regulated by the Solicitors Regulation Authority under number 61213





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SOLICITORS

Head of Licensing
Licensing Department
Swindon Borough Council
5th Floor Wat Tyler House
Beckhampton Street
Swindon SN1 2JH

Our ref: MCJ/VHL/MJM/109500-3442-3
Your ref:
Date: 19th June 2013
E-Mail: mcj@gosschalks.co.uk
Direct Fax: 0870 600 5947

Dear Sir/Madam

re: **Morrison, 47 Devizes Road, Wroughton SN4 0SA**
Licensing Act 2003 - Application for a Premises Licence under Section 17

We enclose herewith:-

1. Application for Premise Licence.
2. Relevant Fee.
3. Plan Number WRO/SK3/BWSL/001
4. Consent of individual to being specified as premises supervisor.

If any further information is required please telephone the Licensing Team on 01482 324252 and any information you require will be forwarded to you. We would be grateful if you would adopt this course of action first without returning the application as a returned application would of course affect the newspaper advertisement and the notices displayed on the premises.

We would be grateful if all correspondence relating to this application could be forwarded to this address as we are instructed to deal with all matters relating to this application.

We look forward to receiving the Premises Licence in due course.

Yours faithfully

GOSSCHALKS

Copy - Responsible Authorities

Queens Gardens, Hull, HU1 3DZ 01482 324252 0870 600 5984 info@gosschalks.co.uk www.gosschalks.co.uk 11902 - Hull

Partners: Simon Lunt, Ian Lanch, Richard Llewellyn, Neil Johnson, Clare Johnson, Roy Taylor, Robert Thomson, Jonathan Beharrell, Nigel Beckwith, Zoë Carmichael, Nicholas Dean, Mark Teal, Stephen Walker, Robert Hastie, Richard Taylor, Andrew Johnson, Jonathan Peet, James Phinn, Justin Graves, Matthew Fletcher, Andrew Tarbutt, Ted Flanagan, Kate Groves, Craig Beetham, Stephen Dillon, Ashlie Prescott, Chris Groves, Paul Plaxton, Nicola Barras, James Houston, Victoria Quinn, Andrew Bell, Charlotte Chilcott

Associates: Julia Williams, Matthew Hudson, Rachel Garton

Partnership Secretary: Martin Haldenby

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

Head of Licensing
Licensing Department
Swindon Borough Council
5th Floor Wat Tyler House
Beckhampton Street
Swindon SN1 2JH

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.

XWe WM MORRISON SUPERMARKETS PLC
(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 **Xwe** 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 MORRISONS 47 DEVIZES ROAD	
Post town WROUGHTON	Post code SN4 0SA
Telephone number at premises (if any)	
Non-domestic rateable value of premises	£

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 | <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 ☐ 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			Post code	
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			Post code	
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 WM MORRISON SUPERMARKETS PLC
Address HILMORE HOUSE GAIN LANE BRADFORD BD3 7DL
Registered number (where applicable) 00358949
Description of applicant (for example, partnership, company, unincorporated association etc.) COMPANY
Telephone number (if any) 0845 611 5000
E-mail address (optional)

Part 3 - Operating Schedule

When do you want the premises licence to start?

DD		MM		YYYY			
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			

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)

SUPERMARKET

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)

Please tick any that apply

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)

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<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

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		
Mon			Please give further details here (please read guidance note 3)	
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

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		
Mon			Please give further details here (please read guidance note 3)	
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

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)	
Day	Start	Finish	Indoors	<input type="checkbox"/>
Mon			Outdoors	<input type="checkbox"/>
Tue			Both	<input type="checkbox"/>
Wed			<u>Please give further details here</u> (please read guidance note 3)	
Thur				
Fri			<u>State any seasonal variations for boxing or wrestling entertainment</u> (please read guidance note 4)	
Sat				
Sun				
			<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)	

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

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	0700	2300		
Tue	0700	2300		
Wed	0700	2300	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	0700	2300		
Fri	0700	2300		
Sat	0700	2300		
Sun	0700	2300		

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

Name NAKESHA MURRAIN	
Address FLAT 4 104 TOWN STREET STANNINGLEY PUDSEY	
Post code	LS28 6EZ
Personal licence number (if known) LEEDS/PERL/06273/12	
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

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	0700	2300	
Tue	0700	2300	
Wed	0700	2300	
Thur	0700	2300	
Fri	0700	2300	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)
Sat	0700	2300	
Sun	0700	2300	

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)

THE PREMISES WILL BE CONSTRUCTED IN ACCORDANCE WITH DRAWING NO. WRO/SK3/BWSL/001 AS SERVED WITH THE APPLICATION OR IN THE CASE OF ALTERATION TO THOSE PLANS ANY FURTHER PLANS SERVED ON THE RESPONSIBLE AUTHORITIES AND LICENSING AUTHORITY PRIOR TO COMPLETION OF THE PREMISES.

ALL STAFF ENGAGED IN THE SALE OF ALCOHOL WILL BE TRAINED IN ACCORDANCE WITH THE PREMISES LICENCE HOLDER'S TRAINING PROCEDURES.

b) The prevention of crime and disorder

ALL STAFF WILL RECEIVE SUITABLE TRAINING (INCLUDING REFRESHER TRAINING) IN RELATION TO THE PROOF OF AGE "CHALLENGE 25" SCHEME TO BE APPLIED ON THE PREMISES. THE FOLLOWING FORMS OF IDENTIFICATION ARE ACCEPTABLE; PHOTO DRIVING LICENCE, PASSPORT, PROOF OF AGE STANDARDS SCHEME (PASS) CARD AND ANY OTHER LOCALLY OR NATIONALLY APPROVED FORM OF IDENTIFICATION.

CCTV SHALL BE PROVIDED ON THE PREMISES AND SHALL BE KEPT IN GOOD WORKING ORDER.

ALL CHECKOUT OPERATORS WILL OPERATE A REFUSAL LOG.

c) Public safety

THE PREMISES LICENCE HOLDER UNDERTAKES ONGOING RISK ASSESSMENTS IN ORDER TO COMPLY WITH HEALTH & SAFETY LEGISLATION.

d) The prevention of public nuisance

THE PREMISES ARE RESPONSIBLY MANAGED AND SUPERVISED. NO ADDITIONAL MEASURES ARE BELIEVED NECESSARY.

e) The protection of children from harm

ALL STAFF WILL RECEIVE SUITABLE TRAINING (INCLUDING REFRESHER TRAINING) IN RELATION TO THE PROOF OF AGE "CHALLENGE 25" SCHEME TO BE APPLIED ON THE PREMISES. THE FOLLOWING FORMS OF IDENTIFICATION ARE ACCEPTABLE; PHOTO DRIVING LICENCE, PASSPORT, PROOF OF AGE STANDARD'S SCHEME (PASS) CARD AND ANY OTHER LOCALLY OR NATIONALLY APPROVED FORM OF IDENTIFICATION.

TILL PROMPTS ARE IN USE AT THE STORE.

Checklist:

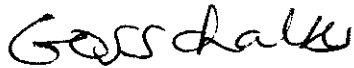
Please tick to indicate agreement

- 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.

Signature	
Date	19th JUNE 2013
Capacity	SOLICITORS ON BEHALF OF THE APPLICANT

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 East Yorkshire			
Post town		Post code HU1 3DZ	
Telephone number (if any)	01482 324252		
If you would prefer us to correspond with you by e-mail, your e-mail address (optional) mcj@gosschalks.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.



Wm MORRISON SUPERMARKETS PLC
Property & Development Division
Hilmore House, Gain Lane,
Bradford, BD3 7DL
Tel: 0845 611 6000

Wroughton

3 Tuns, Devizes Road, Wroughton
Tel: tbc

PROJECT

C-Store

DRAWING

Sales Floor Details

RETAIL SALES AREA

2,312 SQ.FT.

BY

RT

DATE

12.06.13

SCALE

1:100@A3

DRAWING No.

WRO/SK3/BWSL/001

