



SWINDON BOROUGH COUNCIL

Receipt

HSG 67060

£

p

24 July 20 14

Received of M

CPL Training

of

Egerton House, 2 Tower Road

the sum of

one Hundred

pounds

- ONLY -

pence

in respect of

Premises Licence - Lifordwine Ltd

by ~~Cash/PO/M.O.~~ Cheque

MP863

CHQ

for Director of Housing Services

£100

SWINDON BOROUGH COUNCIL  
Licensing Department  
Wat Tyler House  
Beckhampton Street  
Swindon  
SN1 2JH

Dear Sirs,

Please find enclosed the premises licence application for LJ Foodwine Ltd, 42 Manchester Road, Swindon, SN1 2AG

I have not been able to obtain a list of all the responsible authorities' addresses from your website in order to serve a copy of this application on them.

Having been in contact with your customer services team I have been advised to submit the application to yourselves and your licensing team will serve the copies of the application to all relevant responsible authorities.

Should have any questions the please do not hesitate to contact me directly on the following details:  
CPL Training main tel: 0151 650 6910  
Or [Gui.chipchase@cpltraining.co.uk](mailto:Gui.chipchase@cpltraining.co.uk)

Many Thanks



Guillaume Chipchase  
Licensing Manager

*£100pd 24/7/14  
HSG 67060  
8811404414APRE  
Consultation  
period ends  
21/8/14*

[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 LS FOODWILLIAMS LTD  
(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			
LS FOODWILLIAMS 42 MANCHESTER ROAD			
Post town	SUTTON	Postcode	SN1 2AG

Telephone number at premises (if any)	
Non-domestic rateable value of premises	£ 0

**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	LS FOODMILK LTO
Address	7 BATH ROAD SWINDON SN1 4AS
Registered number (where applicable)	09099384
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			
2	2	0	8	2	0	1	4

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 AND OFF LICENCE PREMISES

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)  | <input type="checkbox"/> |
| b) films (if ticking yes, fill in box B)  | <input type="checkbox"/> |
| c) indoor sporting events (if ticking yes, fill in box C)   | <input type="checkbox"/> |
| d) boxing or wrestling entertainment (if ticking yes, fill in box D)  | <input type="checkbox"/> |
| e) live music (if ticking yes, fill in box E)   | <input type="checkbox"/> |
| f) recorded music (if ticking yes, fill in box F)   | <input type="checkbox"/> |
| g) performances of dance (if ticking yes, fill in box G)  | <input type="checkbox"/> |
| h) anything of a similar description to that falling within (e), (f) or (g) (if ticking yes, fill in box H) | <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**

<b>Plays</b> Standard days and timings (please read guidance note 6)			<b>Will the performance of a play take place indoors or outdoors or both – please tick</b> (please read guidance note 2)		Indoors	<input type="checkbox"/>
					Outdoors	<input type="checkbox"/>
					Both	<input type="checkbox"/>
Day	Start	Finish	<b>Please give further details here</b> (please read guidance note 3)			
Mon						
Tue						
			<b>State any seasonal variations for performing plays</b> (please read guidance note 4)			
Wed						
Thur						
			<b>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</b> (please read guidance note 5)			
Fri						
Sat						
Sun						



## B

<b>Films</b> Standard days and timings (please read guidance note 6)			<b>Will the exhibition of films take place indoors or outdoors or both – please tick</b> (please read guidance note 2)		Indoors	<input type="checkbox"/>
					Outdoors	<input type="checkbox"/>
Day      Start      Finish					Both	<input type="checkbox"/>
Mon			<b>Please give further details here</b> (please read guidance note 3)			
Tue						
Wed			<b>State any seasonal variations for the exhibition of films</b> (please read guidance note 4)			
Thur						
Fri			<b>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</b> (please read guidance note 5)			
Sat						
Sun						



C

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

# D

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



# I

<b>Late night refreshment</b> Standard days and timings (please read guidance note 6)			<b>Will the provision of late night refreshment take place indoors or outdoors or both – please tick</b> (please read guidance note 2)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<b>Please give further details here</b> (please read guidance note 3)		
Mon					
Tue					
Wed					
			<b>State any seasonal variations for the provision of late night refreshment</b> (please read guidance note 4)		
Thur					
Fri					
Sat					
			<b>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</b> (please read guidance note 5)		
Sun					

**J**

<b>Supply of alcohol</b> Standard days and timings (please read guidance note 6)			<b>Will the supply of alcohol be for consumption –</b> <b>please tick</b> (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	<b>State any seasonal variations for the supply of alcohol</b> (please read guidance note 4)  <i>N/A</i>	
Mon	10	00		
	01	00		
Tue	10	00		
	01	00		
Wed	10	00		
	01	00		
Thur	10	00		
	01	00		
Fri	10	00		
	01	00		
Sat	10	00		
	01	00		
Sun	10	00		
	01	00		
			<b>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</b> (please read guidance note 5)  <i>N/A</i>	

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

Name	LORRAINE KING
Address	7 PLOUGH CLOSE WILLESDEN LONDON
Postcode	NW11 0 5BZ
Personal licence number (if known)	222214770
Issuing licensing authority (if known)	LONDON BOROUGH OF BRENT 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		
Mon	08	00	N/A	
	01	00		
Tue	08	00		
	01	00		
Wed	08	00		
	01	00		
Thur	08	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)  N/A
	01	00		
Fri	08	00		
	01	00		
Sat	08	00		
	01	00		
Sun	08	00		
	01	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)**

RECORDS WILL BE MAINTAINED IN AN INCIDENT LOG TO COVER:  
Ejections of Patrons, Complaints Received, Any incidents of disorder  
Any refusal of service of alcohol and any visit by a relevant  
authority or emergency service.

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

CCTV WILL COVER EXITS AND ENTRANCES USED BY MEMBERS OF  
THE PUBLIC AND ALCOHOL DISPLAYS AND SALES COUNTER. CCTV WILL  
BE MADE AVAILABLE TO THE POLICE ON REQUEST.

**c) Public safety**

ALL FIRE SAFETY EQUIPMENT WILL BE MAINTAINED IN ACCORDANCE  
WITH FIRE SAFETY REGULATIONS.  
PUBLIC AREAS WILL BE KEPT CLEAN AND FREE FROM OBSTRUCTION.  
CLEAR AND PROMINANT SIGNAGE WILL BE IN PLACE TO DENOTE ALL  
FIRE EXITS

**d) The prevention of public nuisance**

CLEAR AND PROMINANT SIGNAGE WILL BE IN PLACE TO REQUEST CUSTOMERS  
TO LEAVE THE PREMISES QUIETLY.

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

LS FOODMILLINE WILL OPERATE A 'CHALLENGE 21' POLICY AND MAINTAIN A 'REFUSAL TO SERVE LOG' IN RELATION TO ATTEMPTED UNDER AGE PURCHASES OF ALCOHOL.

**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	23/7/2014
Capacity	Agent

For joint applications, signature of 2<sup>nd</sup> applicant or 2<sup>nd</sup> 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)

MR GUILLAUME CHEPCHASE  
CPL TRAINING LTD  
EGERTON HOUSE  
2 TOLLIER ROAD

Post town	BIRKENHEAD	Postcode	CH41 1FN
Telephone number (if any)	0151 650 6910		
If you would prefer us to correspond with you by e-mail, your e-mail address (optional) GUY.CHEPCHASE@CPLTRAINING.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 LORRAINE KING  
[full name of prospective premises supervisor]

of 7 PLOUGH COSE  
MILLESDEN LONDON

NW110 5BZ  
[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

GRANT OF PREMISES LICENCE [type of application]

by LJ FOODNWINE LTD [name of applicant]

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

for 42 MANCHESTER ROAD

SWINDON, WILTSHIRE, SN1 2AG

( LJ FOODNWINE )  
[name and address of premises to which the application relates]

and any premises licence to be granted or varied in respect of this application made

by ..... [name of applicant]

concerning the supply of alcohol at 42 MANCHESTER ROAD

SWINDON, WILTSHIRE, SN1 2AG

.....  
[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 222214770  
[insert personal licence number, if any]

Personal licence issuing authority BRENT COUNCIL  
[insert name and address and telephone number of personal licence issuing authority, if any]

[Signature] .....signed

LORRAINE KING .....name (please print)

26.6.14 .....dated

**Notes:**

This drawings have been produced to the standards set out within the Licensing Act 2003.

No deviation may be made from the details shown on this drawing without prior written permission of UK Surveyors. Any discrepancy found between this drawing and any other document should be referred immediately to UK Surveyors.

**IF IN ANY DOUBT PLEASE ASK.**

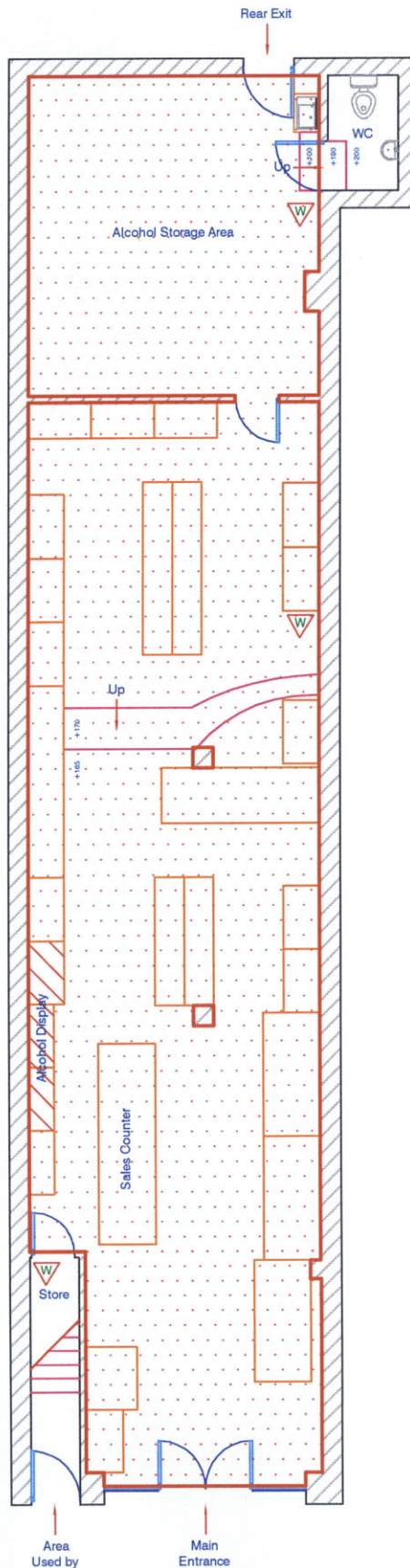
All rights described in chapter IV of copyright, design and Patents Act 1988 have been generally asserted.







## Existing Ground Floor

Ground Floor Licensed Area: 98.4sm

**Total Licensed Alcohol Area: 98.4sm**



### Fire/Security Symbols

-  : Fire extinguisher
-  : Water
-  : Linear Luminaire, Self Contained, Emergency
-  : Alcohol Licensed Area

Drawing No:  
002823

Drawing Title:  
Premises Licensing Plan

Drawing: 42-44 Manchester Road, Swindon,  
Wiltshire SN1 2AG

Date:  
18/07/2014

Sheet:  
1 of 1

# UK Surveyors Ltd

Retail/Commercial Gambling & Alcohol Licensing, Architectural CAD,  
Planning & Surveying Services

☎: Birmingham: 0121 647 4060  
☎: London: 0203 056 7537  
☎: Manchester: 0161 871 7006  
✉: enquiries@uksurveyors.net  
🌐: www.uksurveyors.net

**Do not scale off this plan**

Drawn By: BC & DJR

Scale: 1:100 @ A4