

**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

GONUL HOWELL

(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

NO MORE DON OFF LICENCE  
275 WHITWORTH ROAD  
MOREDON

Post town

SWINDON

Postcode

SN2 3BU

Telephone number at premises (if any)

Non-domestic rateable value of premises

£ 5,500

**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 checked="" type="checkbox"/> please complete section (A) |
| b) a person other than an individual *          |   |
| 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 ☐ 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 checked="" type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev) <input type="checkbox"/>
Surname <b>HOWELL</b>		First names <b>GO NUL</b>		
I am 18 years old or over <input checked="" type="checkbox"/>				Please tick yes
Current postal address if different from premises address		<b>61 MORE DONE ROAD</b>		
Post town	<b>SWINDON</b>		Postcode	<b>SN2 2JG</b>
Daytime contact telephone number		<b>0747455 2885</b>		
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
Address
Registered number (where applicable)
Description of applicant (for example, partnership, company, unincorporated association etc.)
Telephone number (if any)
E-mail address (optional)

### Part 3 Operating Schedule

When do you want the premises licence to start?

ASAP

DD	MM	YYYY
<input type="text"/>	<input type="text"/>	<input type="text"/>

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

DD	MM	YYYY
<input type="text"/>	<input type="text"/>	<input type="text"/>

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

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**

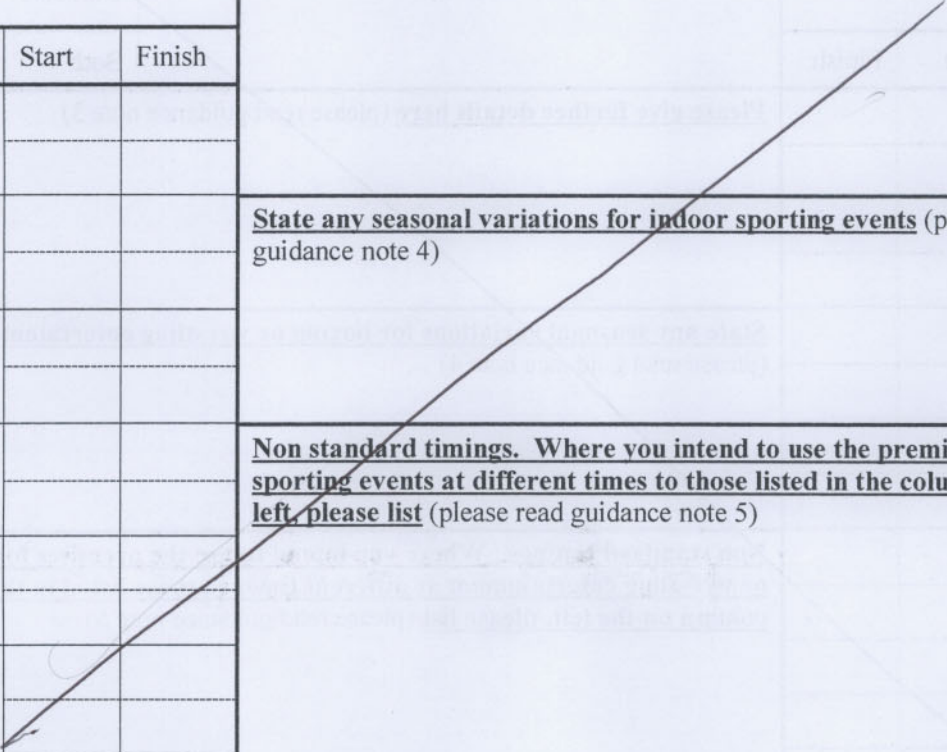
<b>Plays</b> Standard days and timings (please read guidance note 6)			<b>Will the performance of a play take place indoors or outdoors or both – please tick</b> (please read guidance note 2)	
			Indoors	<input type="checkbox"/>
			Outdoors	<input type="checkbox"/>
			Both	<input type="checkbox"/>
Day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



# B

<b>Films</b> Standard days and timings (please read guidance note 6)			<b><u>Will the exhibition of films take place indoors or outdoors or both – please tick</u></b> (please read guidance note 2)		Indoors	<input type="checkbox"/>
					Outdoors	<input type="checkbox"/>
					Both	<input type="checkbox"/>
Day	Start	Finish	<b><u>Please give further details here</u></b> (please read guidance note 3)			
Mon						
Tue			<b><u>State any seasonal variations for the exhibition of films</u></b> (please read guidance note 4)			
Wed			<b><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></b> (please read guidance note 5)			
Thur						
Fri						
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			
Wed			<b><u>State any seasonal variations for indoor sporting events</u></b> (please read guidance note 4)
Thur			<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)
Fri			
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"/>
			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 boxing or wrestling entertainment</b> (please read guidance note 4)	
Wed				
Thur			<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)	
Fri				
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				
Wed			<b>State any seasonal variations for the playing of recorded music</b> (please read guidance note 4)	
Thur				
Fri			<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)	
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				
Wed			<b>State any seasonal variations for the performance of dance</b> (please read guidance note 4)	
Thur				
Fri				
Sat			<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)	
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>Will this entertainment take place indoors or outdoors or both – please tick</b> (please read guidance note 2)	Indoors	<input type="checkbox"/>
Mon				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Tue			<b>Please give further details here</b> (please read guidance note 3)		
Wed					
Thur			<b>State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g)</b> (please read guidance note 4)		
Fri					
Sat			<b>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</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			
Mon			<b><u>Please give further details here</u></b> (please read guidance note 3)		
Tue					
Wed			<b><u>State any seasonal variations for the provision of late night refreshment</u></b> (please read guidance note 4)		
Thur					
Fri			<b><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></b> (please read guidance note 5)		
Sat					
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 – 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)		
Mon	8.00	24.00			
Tue	8.00	24.00			
Wed	8.00	24.00			
Thur	8.00	24.00			
Fri	8.00	24.00			
Sat	8.00	24.00			
Sun	8.00	24.00	<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)		

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

Name		GONUL HOWELL	
Address		61 MOREDON ROAD MOREDON SWINDON	
Postcode	SN2 2JG		
Personal licence number (if known) 881110132			
Issuing licensing authority (if known) SWINDON BOROUGH 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).

L

**Hours premises are open to the public**  
Standard days and timings (please read guidance note 6)

Day	Start	Finish
Mon		
Tue		
Wed		
Thur		
Fri		
Sat		
Sun		

State any seasonal variations (please read guidance note 4)

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 (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)

b) The prevention of crime and disorder

TRAINING OF ALL STAFF IN SALE OF ALCOHOL  
NOT TO DRUNKS / UNDERAGE / INCAPABLE  
REFUSAL REPORTED CHALLENGE 25

c) Public safety

CCTV TO BE INSTALLED TO COVER  
MAIN SALES AREA AND TILLS  
AND FRONT DOOR 3 DAYS RECORDING

d) The prevention of public nuisance

e) The protection of children from harm

CHALLENGE 25 SEE b ABOVE

DPS LIVES WITHIN 30 MIN OF SITE

DPS lives within 30 min



--

**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	29/7/16
Capacity	APPLICANT

**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)

Post town

Postcode

Telephone number (if any)

If you would prefer us to correspond with you by e-mail, your e-mail address (optional)

### 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 GONUL HOWELL  
[full name of prospective premises supervisor]

of 61 MOREDON ROAD  
MOREDON  
SWINDON

\_\_\_\_\_  
[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

OFF LICENCE  
[type of application]

by

GONUL HOWELL  
[name of applicant]

relating to a premises licence NEW PREMISES LICENCE  
[number of existing licence, if any]

for 275 WHITWORTH ROAD  
MOREDON  
SWINDON

\_\_\_\_\_  
[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

GONUL / HOWELL  
[name of applicant]

concerning the supply of alcohol at

235 WHITWORTH ROAD  
MOREDON  
SWINDON

-----  
[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.

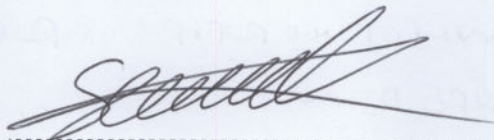
Personal licence number

881110132  
[insert personal licence number, if any]

Personal licence issuing authority

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

Signed



Name (please print)

GONUL HOWELL

Date

29/7/16





881110132



**Personal Licence  
Licensing Act 2003**

**Issued to Gonul Howell  
resident at 5 Castleton Road  
Swindon SN5 5GE  
Licence expires  
on 5<sup>th</sup> May 2021**

**If found, please return to the  
nearest Police Station or  
obtain our contact details  
from [www.swindon.gov.uk](http://www.swindon.gov.uk)**

Swindon Borough Council  
Wat Tyler House  
Beckhampton St. SN1 2JH  
TEL 01793 445500

Date: 01/08/2016 15:26  
User: 37  
Machine: OSS15

-Account Details-

Payment of: GL  
Ledger And Officer  
Reference: F9276JC004J1096Y

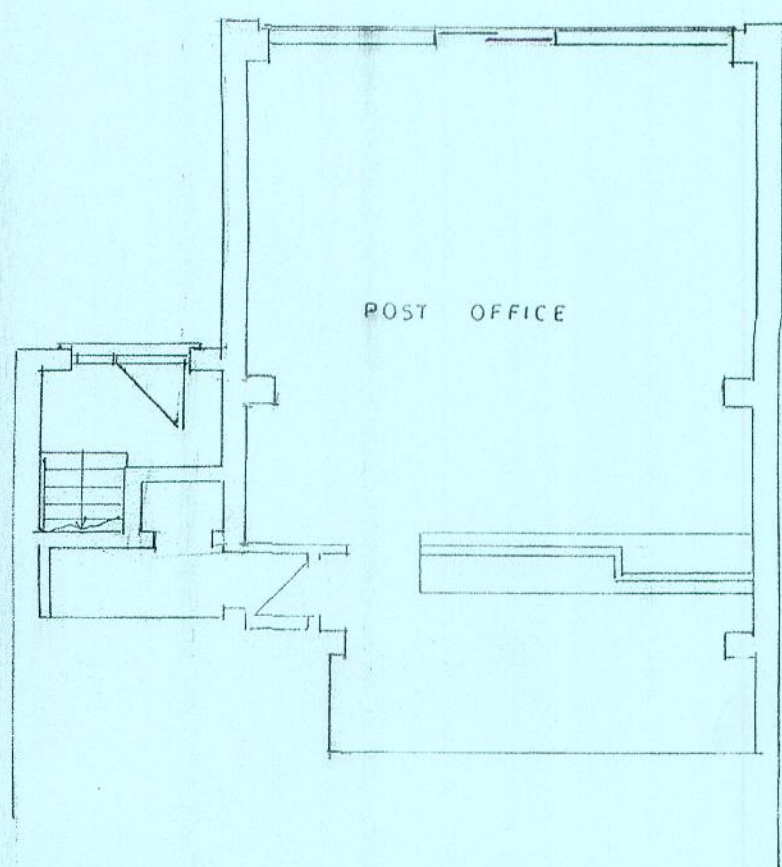
CAN: 1246  
Amount: £190.00  
VAT Rate: 0  
VAT Amount: £0.00

-Payment Details-

Pay Ref:

Payment Amount: £190.00  
Payment Method: 01  
Counter Cheques  
Thank You  
VAT Reg. No. 195 5047 42





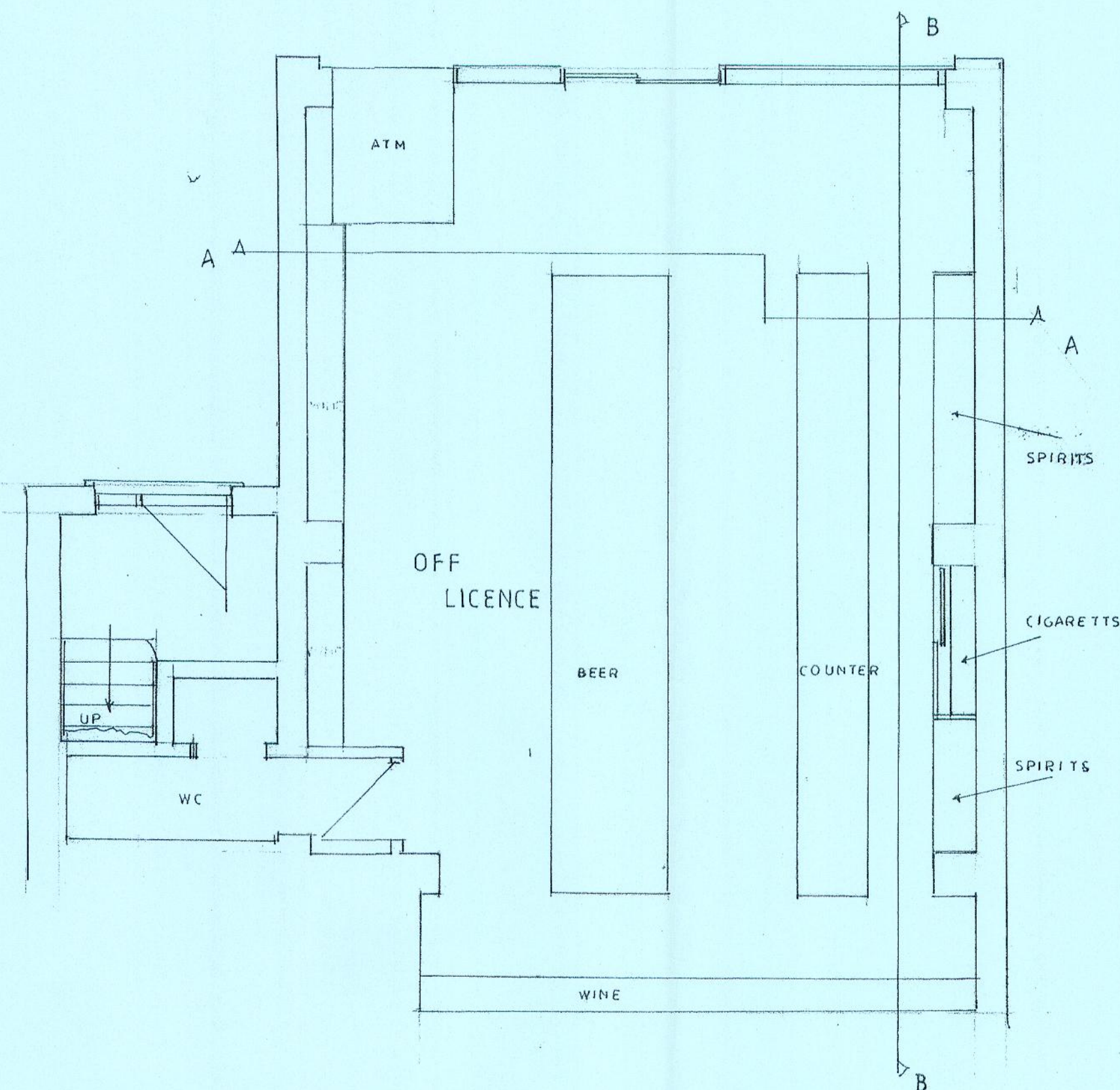
EXISTING GROUND FLOOR PLAN



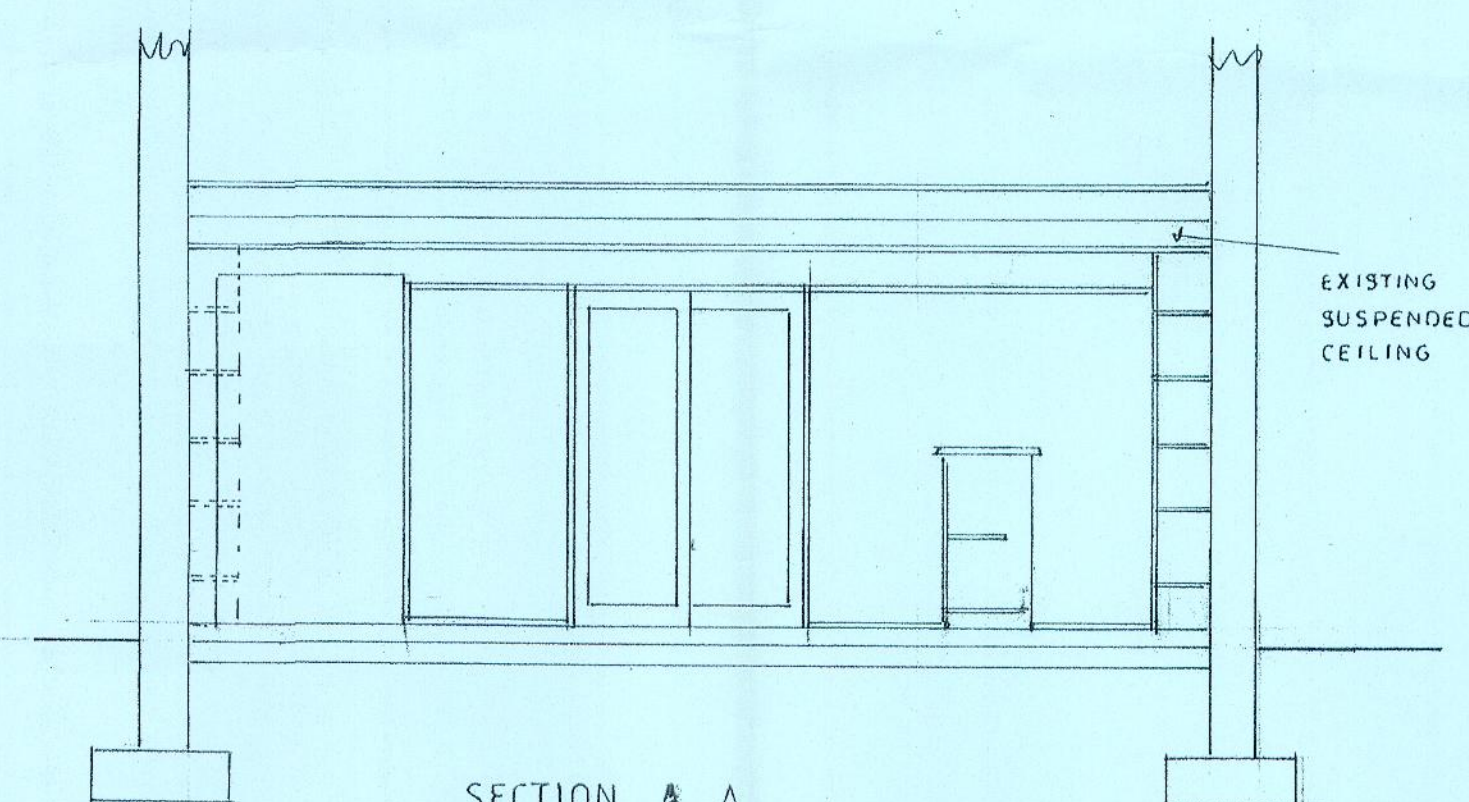
EXISTING FRONT ELEVATION



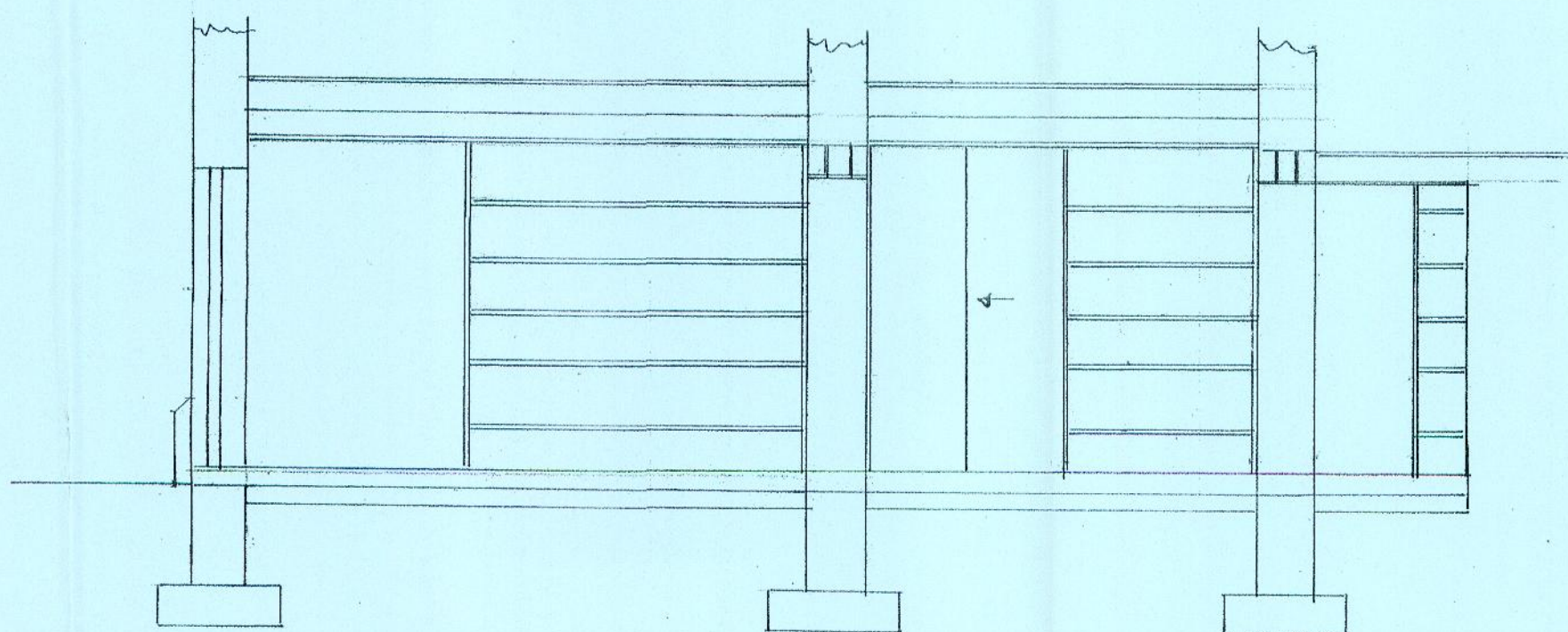
PROPOSED FRONT ELEVATION



PROPOSED GROUND FLOOR PLAN



SECTION A A



SECTION B B



BLOCK & SITE PLAN

OS LICENCE  
AL 100005969  
11 1250

11 500



CHRIS MERRITT  
DESIGN  
12 SORREL CLOSE  
ROYAL WOOTTON BASSETT  
NR SWINDON  
WILTS  
SN 4 7JG  
TELE 01793 852248

NOTE ALL DIMENSIONS AND  
DRAINAGE POSITIONS TO BE  
CHECKED ON SITE

job title  
**PROPOSED  
CHANGE OF USE  
TO OFF LICENCE  
AND GENERAL  
STORE AT 275  
WHITWORTH RD**

drawing title  
**EXISTING AND  
PROPOSED PLAN  
SECTIONS AND  
ELEVATIONS**

scale	date	drawn
1/100 1/150	JUNE 16	

A2 16/20

