

**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 Savers Health and Beauty 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 Unit 18 Union Square Shopping Centre, | | | |
| Post town | Torquay, Devon, | Post code | Tq1 3Dg |

| | |
|---|--------------|
| Telephone number at premises (if any) | 01803 203694 |
| Non-domestic rateable value of premises | £58000 |

Part 2 - Applicant Details

Please state whether you are applying for a premises licence as

Please tick yes

- a) an individual or individuals * please complete section (A)
- b) a person other than an individual *
 - i. as a limited company please complete section (B)
 - ii. as a partnership please complete section (B)
 - iii. as an unincorporated association or please complete section (B)
 - iv. other (for example a statutory corporation) please complete section (B)
- c) a recognised club please complete section (B)
- d) a charity please complete section (B)

| | | | |
|---|--|--|--|
| 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 Savers Health and Beauty Limited |
| Address Hutchinson House 5 Hester Road Battersea London SW11 4AN |
| Registered number (where applicable) 2202838 |
| 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?

| | | | | | |
|-----|--|-------|--|------|--|
| Day | | Month | | Year | |
| | | | | | |

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

| | | | | | |
|-----|--|-------|--|------|--|
| Day | | Month | | Year | |
| | | | | | |

Please give a general description of the premises (please read guidance note1)

A retail shop selling a range of health and beauty products plus household goods and food.

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 yes

- 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 entertainment facilities:

- i) making music (if ticking yes, fill in box I)
- j) dancing (if ticking yes, fill in box J)
- k) entertainment of a similar description to that falling within (i) or (j) (if ticking yes, fill in box K)

Provision of late night refreshment (if ticking yes, fill in box L)

Supply of alcohol (if ticking yes, fill in box M)

M

| | | | | | |
|---|-------|--------|---|------------------|-------------------------------------|
| Supply of alcohol Standard days and timings (please read guidance note 6) | | | Will the supply of alcohol be for consumption (Please tick box) (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) Finish time 2000 hours on Mon to Sat in December. 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) Sunday Trading Law will be adhered to if hours restrictions (no more than 6 hours between 1000 and 1800) apply to these premises.  | | |
| Mon | 0800 | 1800 | | | |
| Tue | 0800 | 1800 | | | |
| Wed | 0800 | 1800 | | | |
| Thur | 0800 | 1800 | | | |
| Fri | 0800 | 1800 | | | |
| Sat | 0800 | 1800 | | | |
| Sun | 1000 | 1800 | | | |

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


| | |
|--|----------------|
| Name Lucy Callum | |
| Address 365a Torquay Road Preston Paignton | |
| Postcode | TO3 2BT |
| Personal Licence number (if known) | PA 2573 |
| Issuing licensing authority (if known) | TORBAY COUNCIL |

N

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

O

| | | | |
|---|-------|--------|--|
| 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) Finish time 2000 hours on Mon to Sat in December. |
| Day | Start | Finish | 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) Sunday Trading Law will be adhered to if hours restrictions (no more than 6 hours between 1000 and 1800) apply to these premises.  |
| Mon | 0800 | 1800 | |
| | | | |
| Tue | 0800 | 1800 | |
| | | | |
| Wed | 0800 | 1800 | |
| | | | |
| Thur | 0800 | 1800 | |
| | | | |
| Fri | 0800 | 1800 | |
| | | | |
| Sat | 0800 | 1800 | |
| | | | |
| Sun | 1000 | 1800 | |
| | | | |

P Describe the steps you intend to take to promote the four licensing objectives:

a) General – all four licensing objectives (b,c,d,e) (please read guidance note 9)

The company maintains comprehensive regulatory compliance procedures and all aspects of the four licensing objectives are covered by these procedures.

b) The prevention of crime and disorder

A CCTV system is installed that is capable of continuously recording for a period of not less than 31 days, and is in good working order meeting the Home Office Guidelines

Recordings will be made of all trading periods.

The correct date and time will be generated onto both the recording and the real time image screen

This system will be able to produce copies of recordings on site.

The system is capable of facial image recognition of all persons both entering and exiting the store. At least one camera from the system is in operation covering the doorway and another covering the till area.

Copies of such recording shall be provided on request to an officer under the direction and control of the Police or an officer of the Licensing Authority.

The DPS will ensure that there are trained members of staff available during licensable hours to be able to reproduce and download CCTV images into a removable format at the request of an authorised officer of the Licensing Authority or the Police

There are clear signage indicating that CCTV equipment is in use and recording at the premises

The DPS will take such steps as are necessary to ensure that the system is operated and maintained in accordance with these conditions.

c) Public safety

Fire safety measures and procedures are in operation at the store in accordance with Fire Safety Regulations.

Provision will be made for the disabled to ensure safe evacuation in the event of fire or other emergency and general access to the store.

d) The prevention of public nuisance

All planning requirements will be met and procedures established to prevent noise nuisance from deliveries.

Measures will be in place to ensure the proper disposal of all waste.

e) The protection of children from harm

A written log shall be kept of all refusals including refusals to sell alcohol. The holder of the Premises Licence shall ensure that the refusal log is properly maintained and this shall involve, but is not limited to, nominating in writing a responsible person to check and sign it on a weekly basis.

The holder of the Premises Licence shall ensure that every individual who appears to be under 25 years of age seeking to purchase or be supplied with alcohol at or from the premises shall produce means of identification – passport, photo driving licence or PASS accredited photo ID – proving that individual to be 18 years of age or older. If the person seeking alcohol is unable to produce acceptable means of identification, no sale or supply of alcohol will be made to or for that person.

All staff shall be trained to challenge every individual who appears to be under 25 years of age and to refuse service where individuals cannot produce acceptable means of identification. Such training shall be provided not less than every six months, and written records shall be kept of all training and refresher training.

`Challenge 25` posters shall be displayed in prominent positions at the premises.

Please tick yes

- 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 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 CONVICTION TO A FINE UP TO 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)