

FOR PUBLICATION

AGENDA ITEM

APPLICATION FOR A NEW PREMISES LICENCE BY CENTRAL ENGLAND CO-OPERATIVE LIMITED IN RESPECT OF CENTRAL ENGLAND CO-OPERATIVE LIMITED, LITTLEMOOR, NEWBOLD, CHESTERFIELD, DERBYSHIRE, S41 8QQ

MEETING: LICENSING COMMITTEE
DATE: 26TH JUNE 2014
REPORT BY: LICENSING OFFICER
WARD DUNSTON

1.0 APPLICATION

- 1.1 The Applicant is Central England Co-operative Limited.
- 1.2 The premise is Central England Co-operative Limited, Littlemoor, Newbold, Chesterfield, Derbyshire, S41 8QQ.

2.0 PURPOSE OF REPORT

- 2.1 For Members to determine an application for a new premises licence in respect of Central England Co-operative Limited, (formerly known as Goldminers Arms) Littlemoor, Newbold, Chesterfield, Derbyshire, S41 8QQ.
- 2.2 The application is made by Central England Co-operative Limited, Central House, Hermes Road, Lichfield, Staffordshire, WS13 6RH.
- 2.3 Because a relevant representation has been made and not withdrawn, the application cannot be granted or refused under officer delegated authority.

3.0 **BACKGROUND**

- The application is to licence the premises for the sale by retail of alcohol for consumption OFF the premises between 06.30 am – 23.00 pm Monday to Sunday.

3.1 A copy of the application form and location plan are attached as Appendix 1 and 1a.

3.2 Applications for a new Premises Licence are required to be advertised by way of site notice displayed at the premises, an advert in the local press, and copies of the application submitted to all Responsible Authorities. These have been checked and accepted by the Licensing Authority.

Responsible Authorities and Interested Parties (persons/bodies representative of businesses or residents in the vicinity of the premises) are entitled to make representations to the Licensing Authority provided they are relevant representations.

3.3 A representation has been received on 28th May 2014 from Trading Standards Division at Derbyshire County Council (Responsible Authority) relating to the protection of children from harm licensing objective (Attached as Appendix 2).

4.0 **ISSUES**

4.1 Any representation received must be relevant to the likely effect of the proposed variation on the promotion of at least one of the 4 licensing objectives which are: (1) the prevention of crime and disorder; (2) public safety; (3) prevention of public nuisance and (4) the protection of children from harm. Representations which are not relevant must be rejected. If a representation has been made but is subsequently withdrawn it is no longer a relevant representation and provided there are no other relevant representations the application can be dealt with under officer delegated authority.

4.2 As part of the application process the applicant is required to describe in the operating schedule the additional steps that are intended to be taken in order to promote the licensing objectives for the new premises licence that has been requested. These volunteered proposed steps will under the Licensing Act 2003 be attached to the premises licence as conditions which must be complied with. These are set out in section M (page 11 of 14) on the application form (Appendix 1).

4.3 When carrying out its licensing functions, the Licensing Authority must do so with a view to promoting the 4 licensing objectives and also with regard to its Statement of Licensing Policy and the guidance issued by the Secretary of State under section 182 of the Licensing Act 2003.

5.0 **OPTIONS**

5.1 The Licensing Committee may grant the application as requested, grant it subject to conditions, or refuse the application.

5.2 Where either the applicant or a person who made relevant representations is aggrieved by the decision of the Licensing Authority, appeal is to the Magistrates' Court.

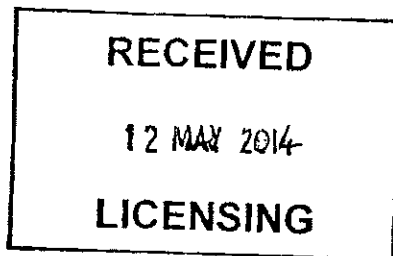
6.0 **RECOMMENDATION**

6.1 That the Committee determine whether the application for a new Premises Licence made by Central England Co-operative Ltd for the premises at Central England Co-operative Ltd, (former Goldminers Arms Site) Littlemoor, Chesterfield, Derbyshire, S41 8QQ, be granted, granted with conditions, or refused.

LICENSING OFFICER

For more information on this report please contact the author,
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kate.brookbank@chesterfield.gov.uk

Chesterfield Borough Council
 Licensing Authority
 Customer Service Centre
 85 New Square
 Chesterfield
 S40 1AH



The Lakes
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 NN4 7SH
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Delivered: by post

Your Ref
 Our Ref **EXR KRF 132860.509**
 Date **(PLEASE QUOTE ON ALL CORRESPONDENCE)**
 8 May 2014

Dear Sirs

**CENTRAL ENGLAND CO-OPERATIVE LIMITED
 LAND FORMERLEY KNOWN AS GOLDMINERS ARMS LITTLEMOOR NEWBOLD
 CHESTERFIELD S41 8QQ
 APPLICATION FOR A PREMISES LICENCE**

We act on behalf of Central England Co-Operative Limited. Please find enclosed:-

1. Application for the grant of a Premises Licence;
2. Plans;
3. Cheque in the sum of £190.00.
4. Consent form signed by Designated Premises Supervisor.

We should be grateful if you would acknowledge safe receipt.

Yours faithfully

**Licensing Team at
 SHOOSMITHS LLP**



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

Chesterfield Borough Council Customer Service Centre 85 New Square Chesterfield S40 1AH

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 Central England Co-operative 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 ~~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 Central England Co-operative Limited Land Formerley Known As Goldminers Arms Littlemoor	
Post town Newbold	Post code S41 8QQ
Telephone number at premises (if any)	
Non-domestic rateable value of premises	£ 17,500.00

Part 2 - Applicant Details

Please state whether you are applying for a premises licence as

Please tick as appropriate

- 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)
- e) the proprietor of an educational establishment please complete section (B)

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- 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 Central England Co-Operative Limited
Address Central House Hermes Road Lichfield Staffordshire WS13 6RH
Registered number (where applicable) 10143R
Description of applicant (for example, partnership, company, unincorporated association etc.) Limited Company
Telephone number (if any) 01543 414140
E-mail address (optional)

Part 3 - Operating Schedule

When do you want the premises licence to start?

DD		MM		YYYY			
0	7	0	6	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			

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)

The premises will operate as a convenience store with a Premises Licence for the sale of alcohol for consumption off the premises.

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)

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

B

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

C

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

D

Boxing or wrestling entertainments Standard days and timings (please read guidance note 6)			Will the boxing or wrestling entertainment take place indoors or outdoors or both - please tick (please read guidance note 2)	
Day	Start	Finish	Indoors	<input type="checkbox"/>
Mon			Outdoors	<input type="checkbox"/>
Tue			Both	<input type="checkbox"/>
Wed			Please give further details here (please read guidance note 3)	
Thur			State any seasonal variations for boxing or wrestling entertainment (please read guidance note 4)	
Fri			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 (please read guidance note 5)	
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"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon			Please give further details here (please read guidance note 3)	Both	<input type="checkbox"/>
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"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon			Please give further details here (please read guidance note 3)	Both	<input type="checkbox"/>
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"/>	
Day	Start	Finish	Both			<input type="checkbox"/>
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"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon			Please give further details here (please read guidance note 3)	Both	<input type="checkbox"/>
Tue					
Wed				State any seasonal variations for the provision of late night refreshment (please read guidance note 4)	
Thur					
Fri				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)	
Sat					
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"/>
Day	Start	Finish		Off the premises	<input type="checkbox"/>
Mon	06:30	23:00	State any seasonal variations for the supply of alcohol (please read guidance note 4)	Both	<input type="checkbox"/>
Tue	06:30	23:00			
Wed	06:30	23:00			
Thur	06:30	23:00		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)	
Fri	06:30	23:00			
Sat	06:30	23:00			
Sun	06:30	23:00			

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

Name Matthew George Garton	
Address 24 Cleveland Avenue Chaddesden Derby	
Post code	DE21 6SB
Personal licence number (if known) PA10550103	
Issuing licensing authority (if known) Derby 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).

N/A

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	06:30	23:00	
Tue	06:30	23:00	
Wed	06:30	23:00	
Thur	06:30	23:00	
Fri	06:30	23:00	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	06:30	23:00	
Sun	06:30	23:00	

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)

The Applicants operate over 160 licensed sites and carry out all appropriate training to ensure that, as far as is possible, no problems are caused by the granting of a Licence.

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

The Central England Co-operative Limited operates approximately 160 stores with licensed facilities and they have a good record in their relationship with the Police and other enforcement agencies.

For managerial purposes, as well as this objective, the premises are covered by CCTV.

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c) Public safety

All appropriate steps are taken to ensure public safety and risk assessments are carried out to approved statutory authority standard.

d) The prevention of public nuisance

It is not envisaged that there will be any public nuisance arising from the operation of the premises. However, if any issues are raised during the operation of the premises, then the premises licence holder would work with all appropriate authorities to resolve any such issues.

e) The protection of children from harm

The Central England Co-operative Limited incorporates in all its stores the Challenge 25 procedure. All staff are trained in all aspects of safety and with particular reference to avoiding any form of underage sales.

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.

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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	<i>Shoosmiths</i>
Date	8 May 2014
Capacity	Solicitor / Authorised Agent for 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) Shoosmiths LLP The Lakes	
Post town Northampton	Post code NN4 7SH
Telephone number (if any)	Direct Dial : 03700 863086
If you would prefer us to correspond with you by e-mail, your e-mail address (optional) elaine.rayner@shoosmiths.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.