

Bracknell Forest Application to vary a premises licence Licensing Act 2003

For help contact

licence.all@bracknell-forest.gov.uk

Telephone: 01344 352000

* required information

Section 1 of 17		
You can save the form at any t	ime and resume it later. You do not need to be	logged in when you resume.
System reference	Not Currently In Use	This is the unique reference for this application generated by the system.
Your reference	SANDHURST	You can put what you want here to help you track applications if you make lots of them. It is passed to the authority.
Are you an agent acting on be	half of the applicant?	Put "no" if you are applying on your own behalf or on behalf of a business you own or
• Yes O	No	work for.
Applicant Details		
* First name	MOTOR FUEL	
* Family name	LIMITED	
* E-mail	aime.parsons@motorfuelgroup.com	
Main telephone number	44 01727 898890	Include country code.
Other telephone number		
	icant would prefer not to be contacted by telep	phone
Is the applicant:		
Applying as a business of	or organisation, including as a sole trader	A sole trader is a business owned by one
Applying as an individual	al	person without any special legal structure. Applying as an individual means the applicant is applying so the applicant can be employed, or for some other personal reason such as following a hobby.
Applicant Business		
Is the applicant's business registered in the UK with Companies House?	YesNo	Note: completing the Applicant Business section is optional in this form.
Registration number	5206547	
Business name	MOTOR FUEL LTD	If the applicant's business is registered, use its registered name.
VAT number -	123 4141 61	Put "none" if the applicant is not registered for VAT.
Legal status	Private Limited Company	

Continued from previous page		
Applicant's position in the		
business	LIMITED COMPANY	
Home country	United Kingdom	The country where the applicant's headquarters are.
Registered Address		Address registered with Companies House.
Building number or name	BUILDING 2 ABBEY VIEW	
Street	EVERARD CLOSE	
District		
City or town	ST ALBANS	
County or administrative area	HERTS	
Postcode	AL1 2QU	
Country	United Kingdom	
Agent Details		
* First name	CHRIS	
* Family name	MITCHENER	
* E-mail	chris@licensingsolutions.org.uk	
Main telephone number	44 07831 159 450	Include country code.
Other telephone number	44 01489 583 932	
☐ Indicate here if you wou	ld prefer not to be contacted by telephone	
Are you:		
An agent that is a busine	ess or organisation, including a sole trader	A sole trader is a business owned by one person without any special legal structure.
 A private individual actir 	ng as an agent	person without any special legal structure.
Agent Business		
Is your business registered in the UK with Companies House?		Note: completing the Applicant Business section is optional in this form.
Is your business registered outside the UK?		
Business name	LICENSING SOLUTIONS	If your business is registered, use its registered name.
VAT number -	566 4798 82	Put "none" if you are not registered for VAT.
Legal status	Sole Trader	

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Your position in the business	OWNER			
Home country	United Kingdom	The country where the headquarters of your business is located.		
Agent Business Address		If you have one, this should be your official		
Building number or name	32	address - that is an address required of you by law for receiving communications.		
Street	CHURCH ROAD			
District	LOCKS HEATH			
City or town	SOUTHAMPTON			
County or administrative area	HAMPSHIRE			
Postcode	SO31 6LU			
Country	United Kingdom			
Section 2 of 17				
APPLICATION DETAILS				
vary substantially the premis you should make a new prem I/we, as named in section 1, be	sed to vary the licence so as to extend the pe ses to which it relates. If you wish to make th nises licence application under section 17 of ing the premises licence holder, apply to vary a mises described in section 2 below.	at type of change to the premises licence, the Licensing Act 2003.		
* Premises Licence Number	LN/200500384			
Are you able to provide a post	al address, OS map reference or description of t	he premises?		
AddressOS ma	p reference O Description			
Postal Address Of Premises				
Building number or name	SHELL SANDHURST			
Street	102 YORKTOWN ROAD			
District				
City or town	SANDHURST			
County or administrative area	BRACKNELL FOREST COUNCIL			
Postcode	GU47 9BH			
Country	United Kingdom			
Premises Contact Details				
Telephone number				

Continued from previous page				
Non-domestic rateable value of premises (£)	34,500			
Section 3 of 17				
VARIATION				
Do you want the proposed variation to have effect as soon as possible?	Yes	О	No	
Do you want the proposed varintroduction of the late night I		effect in relatio	n to the	
○ Yes	No			You do not have to pay a fee if the only purpose of the variation for which you are applying is to avoid becoming liable to the late night levy.
If your proposed variation would mean that 5,000 or more people are expected to attend the premises at any one time, state the number expected to attend				
could be relevant to the licens	ample the type sing objectives.	of premises, its Where your ap	plication include	n and layout and any other information which s off-supplies of alcohol and you intend to scription of where the place will be and its
CONVENIENCE STORE LOCATE PROVISION OF LATE NIGHT RE				R THE SALE OF ALCOHOL AND ADD THE
Section 4 of 17				
PROVISION OF PLAYS				
Will the schedule to provide p vary is successful?	lays be subject	to change if th	is application to	
○ Yes	No			
Section 5 of 17				
PROVISION OF FILMS				
Will the schedule to provide fil vary is successful?	lms be subject t	to change if thi	s application to	
○ Yes	No			
Section 6 of 17				
PROVISION OF INDOOR SPOR	RTING EVENTS			
Will the schedule to provide in		events be subje	ect to change if	

Continued from previous page				○ Yes	•	No
Section 7 of 17						
PROVISION OF BOXING OR W	RESTLING E	ENTERTAINMENTS				
Will the schedule to provide bo to change if this application to			e subject			
○ Yes	No					
Section 8 of 17						
PROVISION OF LIVE MUSIC						
Will the schedule to provide liv application to vary is successfu		subject to change if this	3			
○ Yes	No					
Section 9 of 17						
PROVISION OF RECORDED MU	JSIC					
Will the schedule to provide reapplication to vary is successfu		ic be subject to change	if this			
○ Yes	No					
Section 10 of 17						
PROVISION OF PERFORMANC	ES OF DAN	CE				
Will the schedule to provide pe		of dance be subject to	change if			
○ Yes	No					
Section 11 of 17						
PROVISION OF ANYTHING OF DANCE	A SIMILAR	DESCRIPTION TO LIVE	MUSIC, REC	CORDED MUSIC OR PER	FORMAN	CES OF
Will the schedule to provide an performances of dance be subj successful?	, ,					
	No					
Section 12 of 17						
PROVISION OF LATE NIGHT R	FRESHMEI	NT				
Will the schedule to provide lat this application to vary is succe	-	eshment be subject to (change if			
Yes	○ No					
Standard Days And Timings						
MONDAY				Dravida timinas in 24 h	our clock	
Start	00:00	End	05:00	Provide timings in 24 h (e.g., 16:00) and only gi	ve details	
Start	23:00] End	24:00	of the week when you i to be used for the activ		premises

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TUESDAY						
	Start	00:00		End	05:00	
	Start	23:00		End	24:00	
WEDNESDAY						
	Start	00:00		End	05:00	
	Start	23:00		End	24:00	
THURSDAY						
	Start	00:00		End	05:00	
	Start	23:00		End	24:00	
FRIDAY						
	Start	00:00		End	05:00	
	Start	23:00		End	24:00	
SATURDAY						
	Start	00:00		End	05:00	
	Start	23:00		End	24:00	
SUNDAY						
	Start	00:00		End	05:00	
	Start	23:00		End	24:00	
Will the provision of late both?	e night	refreshment ta	ıke place indoo	rs or c	outdoors or	
Indoors		Outdoors	6 0	Both		Where taking place in a building or other structure select as appropriate. Indoors may include a tent.
State type of activity to exclusively) whether or						urther details, for example (but not
PROVISION OF HOT DRI	NKS OI	NLY				
State any seasonal varia	itions.					
-		ely) where the a	ıctivity will occı	ır on a	additional da	ys during the summer months.
			_			

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Non standard timings. It those listed above, list l		the premises	will be used for the pro	ovision of lat	e night refreshment at different times from
For example (but not ex	xclusive	ely), where yo	ou wish the activity to g	jo on longer	on a particular day e.g. Christmas Eve.
Section 13 of 17					
SUPPLY OF ALCOHOL					
Will the schedule to sup vary is successful?	oply ald	ohol be subj	ect to change if this ap	plication to	
Yes		○ No			
Standard Days And Ti	mings				
MONDAY					Provide timings in 24 hour clock
	Start	00:00	End	24:00	(e.g., 16:00) and only give details for the days
	Start		End		of the week when you intend the premises to be used for the activity.
TUESDAY					
	Start	00:00	End	24:00	
	Start		End		
WEDNESDAY					
	Start	00:00	End	24:00	
	Start		End		
THURSDAY					
	Start	00:00	End	24:00	
	Start		End		
FRIDAY					
	Start	00:00	End	24:00	
	Start		End		
SATURDAY					•
	Start	00:00	End	24:00	
	Start		End		
SUNDAY					ı
00.12/11	Start	00:00	End	24:00	
	Start		End		
	Juit	1	LIIU	1	I

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Will the sale of alcohol	be for consumption?		
On the premises	Off the pre	emises (Botl	If the sale of alcohol is for consumption on the premises select on, if the sale of alcohol is for consumption away from the premises select off. If the sale of alcohol is for consumption on the premises and away from the premises select both.
State any seasonal vari	ations.		
For example (but not e	xclusively) where the ac	tivity will occur on	additional days during the summer months.
list below.	·		upply of alcohol at different times from those listed above,
For example (but not e	xclusively), where you w	vish the activity to	go on longer on a particular day e.g. Christmas Eve.
Section 14 of 17	AIT		
ADULT ENTERTAINME		activities or other	ontertainment or matters ancillary to the use of the
0 0 1	e rise to concern in respe		entertainment or matters ancillary to the use of the
give rise to concern in	respect of children, rega	rdless of whether	mises or ancillary to the use of the premises which may you intend children to have access to the premises, for ricted age groups etc gambling machines etc.
NONE			
Section 15 of 17			
HOURS PREMISES ARE	OPEN TO THE PUBLIC		
Standard Days And T	imings		
MONDAY			Provide timings in 24 hour clock
	Start 00:00	End	24:00 (e.g., 16:00) and only give details for the days
	Start	End	of the week when you intend the premises to be used for the activity.
TUESDAY			
	Start 00:00	End	24:00
	Start	End	

Continued from previous page			
WEDNESDAY			
Start	00:00	End	24:00
Start		End	
THURSDAY			
Start	00:00	End	24:00
Start		End	
FRIDAY			
Start	00:00	End	24:00
	00.00		24.00
Start		End	
SATURDAY			
Start	00:00	End	24:00
Start		End	
SUNDAY			
Start	00:00	End	24:00
Start		End	
State any seasonal variations.			
For example (but not exclusive	ely) where the activit	ty will occur on	additional days during the summer months.
those listed above, list below.		·	e open to the members and guests at different times from go on longer on a particular day e.g. Christmas Eve.
			5 5 1
Identify those conditions curre proposed variation you are see		e licence which	you believe could be removed as a consequence of the
ADJUST ALCOHOL HOURS CO	NDITION		
	nises licence		

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☐ I have enclosed the relevant part of the premises licence
Reasons why I have failed to enclose the premises licence or relevant part of premises licence.
Section 16 of 17
LICENSING OBJECTIVES
Describe the steps you intend to take to promote the four licensing objectives:
a) General – all four licensing objectives (b,c,d,e) List here steps you will take to promote all four licensing objectives together.
MANDATORY AND OTHER CONDITIONS TO REMAIN INCLUDING ALARM SYSTEM, CCTV SYSTEM WITH RECORDING FACILITIES, TRAINED STAFF WITH RECORDED ONGOING ALCOHOL TRAINING REGIME, CHALLENGE 25 AND PROOF OF AGE INITIATIVE EMBRACED, INSTORE CHALLENGE SIGNAGE, REFUSALS SYSTEM WITH REFUSALS BOOK AND INCIDENT LOG, ACCESS TO THE SHOP AT THE DISCRETION OF THE CASHIER 23.00 TO 05.30, LNR WILL BE LIMITED TO HOT DRINKS ONLY
b) The prevention of crime and disorder
ALARM SYSTEM, CCTV SYSTEM WITH RECORDING FACILITY, TRAINED STAFF, CHALLENGE 25, REFUSALS SYSTEM AND INCIDENT LOG
c) Public safety
STAFF TRAINED IN FIRE SAFETY PROCEDURES AND THE USE OF FIRE SAFETY EQUIPMENT, FIRE FIGHTING EQUIPMENT
d) The prevention of public nuisance
STAFF TRAINED TO DEAL WITH SITUATIONS, USEABLE WASTE BINS PROVIDED ON THE FORECOURT
e) The protection of children from harm
FULL ALCOHOL TRAINING REGIME IN USE, ONGOING RECORDED ALCOHOL TRAINING WITH REFRESHER TRAINING TO BE CARRIED OUT EVERY 6 MONTHS, CHALLENGE 25 TRADING INITIATIVE EMBRACED, CHALLENGE SIGNAGE, REFUSALS SYSTEM AND REFUSALS BOOK
Section 17 of 17
PAYMENT DETAILS
This fee must be paid to the authority. If you complete the application online, you must pay it by debit or credit card. Variation Fees are determined by the non domestic rateable value of the premises. To find out the non-domestic rateable value of a premises please go to the Valuation Office Agency site at http://www.voa.

gov.uk/business_rates/index.htm

Continued from previous page... Band A - No RV to £4300 £100.00 Band B - £4301 to £33000 £190.00 Band C - £33001 to £87000 £315.00 Band D - £87001 to £125000 £450.00* Band E - £125001 and over £635.00* *If the premises is in Bands D or E and the premises is primarily used for the consumption of alcohol on the premises then you are required to pay a higher fee Band D - £87001 to £125000 £900.00 Band E - £125001 and over £1,905.00 If you own a large premises you are subject to additional fees based upon the number in attendance at any one time. Capacity 5000-9999 £1,000.00 Capacity 10000 -14999 £2,000.00 Capacity 15000-19999 £4,000.00 Capacity 20000-29999 £8,000.00 Capacity 30000-39999 £16,000.00 Capacity 40000-49999 £24,000.00 Capacity 50000-59999 £32,000.00 Capacity 60000-69999 £40,000.00 Capacity 70000-79999 £48,000.00 Capacity 80000-89999 £56,000.00 Capacity 90000 and over £64,000.00 315.00 * Fee amount (£) **DECLARATION** I/we understand 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. \boxtimes Ticking this box indicates you have read and understood the above declaration This section should be completed by the applicant, unless you answered "Yes" to the guestion "Are you an agent acting on behalf of the applicant?" * Full name **CHRIS MITCHENER DULY AUTHORISED AGENT** * Capacity 01 06 * Date 2017 dd mm уууу Add another signatory Once you're finished you need to do the following: 1. Save this form to your computer by clicking file/save as... 2. Go back to https://www.gov.uk/apply-for-a-licence/premises-licence/premises-licence/bracknell-forest/change-1 to upload this file and continue with your application. Don't forget to make sure you have all your supporting documentation to hand. 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

OFFICE USE ONLY	
Applicant reference number	SANDHURST
Fee paid	
Payment provider reference	
ELMS Payment Reference	
Payment status	
Payment authorisation code	
Payment authorisation date	
Date and time submitted	
Approval deadline	
Error message	
Is Digitally signed	
< Previous <u>1</u> <u>2</u> <u>3</u> <u>4</u>	5 6 7 8 9 10 11 12 13 14 15 16 17 Next>