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## Fwd: Licensing Act 2003 - Application

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Lisa O'Sullivan <town.clerk@haslemeretc.org>  
To: Pippa Auger <deputy.clerk@haslemeretc.org>

Wed, May 29, 2024 at 3:43 PM

Kind Regards,

Lisa

----- Forwarded message -----

From: **Licensing Policy** <Licensing.Policy@waverley.gov.uk>  
Date: Wed, 29 May 2024 at 14:31  
Subject: Licensing Act 2003 - Application  
To: All Councillors Email Group <AllCouncillorsEmailGroup@waverley.gov.uk>  
Cc: Haslemere Clerk <town.clerk@haslemeretc.org>

Dear Sir/Madam

An application has been received for a new premises licence. The application is for Late night refreshment 23:00-05:00 Monday to Sunday; and Off sales of alcohol and Opening hours 00:00-00:00 Monday to Sunday (24 hours). If you would like to make comment or representation on this application, the last date for representations is **26th June 2024**. All correspondence in relation to this application or if you have any queries in respect of this application, please do not hesitate to contact this office via email to [licensing@waverley.gov.uk](mailto:licensing@waverley.gov.uk).

Premises	Application Type Applicant	Address
Asda PFS GU27 1LE	New Euro Garages Ltd	Haslemere Service Station, Junction Place, Haslemere, Surrey,

Regards

**Kate Halsall**

**Licensing Administrator, Regulatory Services**

(Monday and Wednesday 09:00-17:00, Tuesday and Thursday 09:30-17:00 and Friday 09:00-16:45)

Waverley Borough Council, The Burys, Godalming, Surrey, GU7 1HR

01483 523219 (ext 3219)

[www.waverley.gov.uk/licensing](http://www.waverley.gov.uk/licensing)

[www.businesswaverley.co.uk](http://www.businesswaverley.co.uk)

[Quoted text hidden]

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### 3 attachments

 **ASDA Express PFS Haslemere prem lic app.pdf**  
90K

 **ASDA Express PFS Haslemere DPS consent.pdf**  
119K

 **ASDA Express PFS Haslemere plan.pdf**  
224K

## 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.**

(1) Delete as applicable.  
(2) Insert name(s) of applicant.

(1) ~~[I]~~ **[We]** (2)

EURO GARAGES LIMITED

**apply for a premises licence under section 17 of the Licensing Act 2003 for the premises described in Part 1 below (the premises) and (1) [I am][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 ASDA EXPRESS PFS HASLEMERE 4 JUNCTION PLACE HINDHEAD ROAD			
Post town	HASLEMERE	Postcode	GU27 1LE
Telephone number at premises (if any)			
Non-domestic rateable value of premises		£ 118,000	

### 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/limited liability partnership   | <input checked="" type="checkbox"/> | please complete section (B) |
| ii. as a partnership (other than limited liability)   | <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   | <input type="checkbox"/>            | please complete section (B) |
| f) a health service body  | <input type="checkbox"/>            | 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  | <input type="checkbox"/>            | 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 | <input type="checkbox"/>            | 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 (by ticking yes to one box below):

- 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)	
<b>Surname</b>					<b>First names</b>				
<b>Date of birth</b>					I am 18 years old or over <input type="checkbox"/> Please tick yes				
<b>Nationality</b>									
Current residential address if different from premises address									
Post town						Postcode			
<b>Daytime contact telephone number</b>									
<b>E-mail address (optional)</b>									
Where applicable (if demonstrating a right to work via the Home Office online right to work checking service), the 'share code' provided to the applicant by that service (please see note 15 for information)									

**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)	
<b>Surname</b>					<b>First names</b>				
<b>Date of birth</b>					I am 18 years old or over <input type="checkbox"/> Please tick yes				
<b>Nationality</b>									
Current residential address if different from premises address									
Post town						Postcode			
<b>Daytime contact telephone number</b>									
<b>E-mail address (optional)</b>									
Where applicable (if demonstrating a right to work via the Home Office online right to work checking service), the 'share code' provided to the applicant by that service (please see note 15 for information)									

**(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	EURO GARAGES LIMITED
Address	ASDA HOUSE SOUTHBANK GREAT WILSON STREET LEEDS LS11 5AD
Registered number (where applicable)	04246195
Description of applicant (for example, partnership, company, unincorporated association etc.)	COMPANY
Telephone number (if any)	
E-mail address (optional)	JANET_BRAITHWAITE@GOSSCHALKS.CO.UK

**Part 3 - Operating Schedule**

When do you want the premises licence to start?

DD	MM	YYYY
<input type="text" value="2"/> <input type="text" value="7"/>	<input type="text" value="0"/> <input type="text" value="6"/>	<input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="2"/> <input type="text" value="4"/>

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"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Please give a general description of the premises (please read guidance note 1)
CONVENIENCE STORE / PETROL FILLING STATION

If 5,000 or more people are expected to attend the premises at any one time, please state the number expected to attend.

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What licensable activities do you intend to carry on from the premises?

(please see sections 1 and 14 and Schedules 1 and 2 to the Licensing Act 2003)

<b>Provision of regulated entertainment</b> (please read guidance note 2)	Please tick all 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"/>

<b><u>Provision of late night refreshment</u></b> (if ticking yes, fill in box I)	<input checked="" type="checkbox"/>
<b><u>Supply of alcohol</u></b> (if ticking yes, fill in box J)	<input checked="" type="checkbox"/>

**In all cases complete boxes K, L and M**

# A

<b>Plays</b> Standard days and timings (please read guidance note 7)			<b>Will the performance of a play take place indoors or outdoors or both - please tick</b> (please read guidance note 3)	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 4)		
Mon					
Tue					
			<b>State any seasonal variations for performing plays</b> (please read guidance note 5)		
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 6)		
Fri					
Sat					
Sun					

# B

<b>Films</b> Standard days and timings (please read guidance note 7)			<b>Will the exhibition of films take place indoors or outdoors or both - please tick</b> (please read guidance note 3)	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 4)		
Mon					
Tue					
			<b>State any seasonal variations for the exhibition of films</b> (please read guidance note 5)		
Wed					
Thur					
			<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 6)		
Fri					
Sat					
Sun					

# C

<b>Indoor sporting events</b> Standard days and timings (please read guidance note 7)			<b>Please give further details</b> (please read guidance note 4)
Day	Start	Finish	
Mon			<b>State any seasonal variations for indoor sporting events</b> (please read guidance note 5)
Tue			
Wed			
Thur			<b>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</b> (please read guidance note 6)
Fri			
Sat			
Sun			

# D

<b>Boxing or wrestling entertainments</b> Standard days and timings (please read guidance note 7)			<b>Will the boxing or wrestling entertainment take place indoors or outdoors or both - please tick</b> (please read guidance note 3)	
			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 4)	
Mon			<b>State any seasonal variations for boxing or wrestling entertainment</b> (please read guidance note 5)	
Tue				
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 6)	
Fri				
Sat				
Sun				



# E

<b>Live music</b> Standard days and timings (please read guidance note 7)			<b>Will the performance of live music take place indoors or outdoors or both - please tick</b> (please read guidance note 3)	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 4)		
Mon					
Tue					
			<b>State any seasonal variations for the performance of live music</b> (please read guidance note 5)		
Wed					
Thur					
			<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 6)		
Fri					
Sat					
Sun					

# F

<b>Recorded music</b> Standard days and timings (please read guidance note 7)			<b>Will the playing of recorded music take place indoors or outdoors or both - please tick</b> (please read guidance note 3)	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 4)		
Mon					
Tue					
			<b>State any seasonal variations for the playing of recorded music</b> (please read guidance note 5)		
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 6)		
Fri					
Sat					
Sun					

# G

<b>Performances of dance</b> Standard days and timings (please read guidance note 7)			<b>Will the performance of dance take place indoors or outdoors or both - please tick</b> (please read guidance note 3)		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 4)			
Mon			<b>State any seasonal variations for the performance of dance</b> (please read guidance note 5)			
Tue						
Wed						
Thur			<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 6)			
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 7)			Please give a description of the type of entertainment you will be providing			
			<b>Will this entertainment take place indoors or outdoors or both - please tick</b> (please read guidance note 3)		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 4)			
Mon			<b>State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g)</b> (please read guidance note 5)			
Tue						
Wed						
Thur			<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 6)			
Fri						
Sat						
Sun						

<b>Late night refreshment</b> Standard days and timings (please read guidance note 7)			<b>Will the provision of late night refreshment take place indoors or outdoors or both - please tick</b> (please read guidance note 3)	Indoors	<input type="checkbox"/>			
				Outdoors	<input type="checkbox"/>			
				Both	<input checked="" type="checkbox"/>			
Day	Start	Finish	<b>Please give further details here</b> (please read guidance note 4)					
Mon	23.00	05.00						
Tue	23.00	05.00						
Wed	23.00	05.00				<b>State any seasonal variations for the provision of late night refreshment</b> (please read guidance note 5)		
Thur	23.00	05.00						
Fri	23.00	05.00						
			<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 6)					
Sat	23.00	05.00						
Sun	23.00	05.00						

## J

<b>Supply of alcohol</b> Standard days and timings (please read guidance note 7)			<b>Will the supply of alcohol be for consumption - please tick</b> (please read guidance note 8)	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 5)		
Mon	00.00	24.00			
Tue	00.00	24.00			
Wed	00.00	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 6)		
Thur	00.00	24.00			
Fri	00.00	24.00			
Sat	00.00	24.00			
Sun	00.00	24.00			

State the name and details of the individual whom you wish to specify on the licence as designated premises supervisor (Please see declaration about the entitlement to work in the checklist at the end of the form):

<b>Name</b>	NEIL ROBERT ECCLES
<b>Date of birth</b>	13/01/1973
<b>Address</b>	4 CHASEWATER SANDYMOOR RUNCORN CHESHIRE
<b>Postcode</b>	WA7 1UJ
<b>Personal licence number (if known)</b>	PLHBC0143
<b>Issuing licensing authority (if known)</b>	HALTON

## 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 9).**

NONE

## L

<b>Hours premises are open to the public</b> Standard days and timings (please read guidance note 7)			<b>State any seasonal variations</b> (please read guidance note 5)
Day	Start	Finish	<b>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</b> (please read guidance note 6)
Mon	00.00	24.00	
Tue	00.00	24.00	
Wed	00.00	24.00	
Thur	00.00	24.00	
Fri	00.00	24.00	
Sat	00.00	24.00	
Sun	00.00	24.00	

# 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 10)**

Staff shall be trained in the premises licence holder's procedures which include liquor licensing and all checkout operators shall have additional training in the sale of alcohol.  
All spirits will be displayed behind the counter.  
No miniature bottles of spirits of 20cl or below shall be sold from the premises.  
Please note this does not apply to pre packaged gift packs which may contain a spirit miniature.

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

A CCTV system will be installed and maintained at the premises. Cameras will cover internal areas and the external area immediately in front of the store. The system will be capable of continuously recording and copies of such recordings shall be kept for a period of not less than 31 days and handed to the Police or authorised person upon production of a compliant 'Access Request'.  
All spirits will be displayed behind the counter.

**c) Public safety**

The premise licence holder seeks to comply with the requirements of the health and safety legislation.

**d) The prevention of public nuisance**

na

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

The store will have a till prompt system for alcohol products.  
 When prompted, staff will adopt a Challenge 25 proof of age scheme.  
 Only recognised forms of photographic identification such as Passport, Photo Driving Licence, 'Proof of Age' card, Military ID or any other form of identification agreed with the police will be accepted as proof of age. If the appropriate proof of age is not produced there will be no sale.  
 Notices are to be prominently displayed advising customers of the Challenge 25 policy.

**Checklist:** **Please tick to indicate agreement**


● I have made or enclosed payment of the fee.	<input checked="" type="checkbox"/>
● I have enclosed the plan of the premises.	<input checked="" type="checkbox"/>
● I have sent copies of this application and the plan to responsible authorities and others where applicable.	<input checked="" type="checkbox"/>
● I have enclosed the consent form completed by the individual I wish to be designated premises supervisor, if applicable.	<input checked="" type="checkbox"/>
● I understand that I must now advertise my application.	<input checked="" type="checkbox"/>
● I understand that if I do not comply with the above requirements my application will be rejected.	<input checked="" type="checkbox"/>
● [Applicable to all individual applicants, including those in a partnership which is not a limited liability partnership, but not companies or limited liability partnerships] I have included documents demonstrating my entitlement to work in the United Kingdom or my share code issued by the Home Office online right to work checking service (please read note 15).	<input type="checkbox"/>

**It is an offence, under Section 158 of the Licensing Act 2003, to make a false statement in or in connection with this application. Those who make a false statement may be liable on summary conviction to a fine of any amount.**

**It is an offence under Section 24b of the Immigration Act 1971 for a person to work when they know, or have reasonable cause to believe, that they are disqualified from doing so by reason of their immigration status. Those who employ an adult without leave or who is subject to conditions as to employment will be liable to a civil penalty under Section 15 of the Immigration, Asylum and Nationality Act 2006 and pursuant to Section 21 of the same act, will be committing an offence where they do so in the knowledge, or with reasonable cause to believe, that the employee is disqualified.**

**Part 4 - Signatures** (please read guidance note 11)

**Signature of applicant or applicant's solicitor or other duly authorised agent** (see guidance note 12).  
**If signing on behalf of the applicant, please state in what capacity.**

<b>Declaration</b>	<ul style="list-style-type: none"><li>● [Applicable to individual applicants only, including those in a partnership which is not a limited liability partnership] I understand I am not entitled to be issued with a licence if I do not have the entitlement to live and work in the UK (or if I am subject to a condition preventing me from doing work relating to the carrying on of a licensable activity) and that my licence will become invalid if I cease to be entitled to live and work in the UK (please read guidance note 15).</li><li>● The DPS named in this application form is entitled to work in the UK (and is not subject to conditions preventing him or her from doing work relating to a licensable activity) and I have seen a copy of his or her proof of entitlement to work, or have conducted an online right to work check using the Home Office online right to work checking service which confirmed their right to work (please see note 15)</li></ul>
Signature	
Date	29TH MAY 2024
Capacity	SOLICITORS FOR AND ON BEHALF OF THE APPLICANTS

**For joint applications, signature of 2nd applicant or 2nd applicant's solicitor or other authorised agent** (please read guidance note 13). **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 14) Gosschalks LLP Queens Gardens Hull			
Post town		Postcode	HU1 3DZ
Telephone number (if any)	01482 324252		
If you would prefer us to correspond with you by e-mail, your e-mail address (optional) info@gosschalks.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. In terms of specific regulated entertainments please note that:
  - Plays: no licence is required for performances between 08:00 and 23.00 on any day, provided that the audience does not exceed 500.
  - Films: no licence is required for 'not-for-profit' film exhibition held in community premises between 08.00 and 23.00 on any day provided that the audience does not exceed 500 and the organiser (a) gets consent to the screening from a person who is responsible for the premises; and (b) ensures that each such screening abides by age classification ratings.
  - Indoor sporting events: no licence is required for performances between 08.00 and 23.00 on any day, provided that the audience does not exceed 1000.
  - Boxing or Wrestling Entertainment: no licence is required for a contest, exhibition or display of Greco-Roman wrestling, or freestyle wrestling between 08.00 and 23.00 on any day, provided that the audience does not exceed 1000. Combined fighting sports - defined as a contest, exhibition or display which combines boxing or wrestling with one or more martial arts - are licensable as a boxing or wrestling entertainment rather than an indoor sporting event.
  - Live music: no licence permission is required for:
    - a performance of unamplified live music between 08.00 and 23.00 on any day, on any premises.
    - a performance of amplified live music between 08.00 and 23.00 on any day on premises authorised to sell alcohol for consumption on those premises, provided that the audience does not exceed 500.
    - a performance of amplified live music between 08.00 and 23.00 on any day, in a workplace that is not licensed to sell alcohol on those premises, provided that the audience does not exceed 500.
    - a performance of amplified live music between 08.00 and 23.00 on any day, in a church hall, village hall, community hall, or other similar community premises, that is not licensed by a premises licence to sell alcohol, provided that (a) the audience does not exceed 500, and (b) the organiser gets consent for the performance from a person who is responsible for the premises.
    - a performance of amplified live music between 08.00 and 23.00 on any day, at the non-residential premises of (i) a local authority, or (ii) a school, or (iii) a hospital, provided that (a) the audience does not exceed 500, and (b) the organiser gets consent for the performance on the relevant premises from: (i) the local authority concerned, or (ii) the school proprietor or (iii) the health care provider for the hospital.
  - Recorded Music: no licence permission is required for:
    - any playing of recorded music between 08.00 and 23.00 on any day on premises authorised to sell alcohol for consumption on those premises, provided that the audience does not exceed 500.
    - any playing of recorded music between 08.00 and 23.00 on any day, in a church hall, village hall, community hall, or other similar community premises, that is not licensed by a premises licence to sell alcohol, provided that (a) the audience does not exceed 500, and (b) the organiser gets consent for the performance from a person who is responsible for the premises.
    - any playing of recorded music between 08.00 and 23.00 on any day, at the non-residential premises of (i) a local authority, or (ii) a school, or (iii) a hospital, provided that (a) the audience does not exceed 500, and (b) the organiser gets consent for the performance on the relevant premises from: (i) the local authority concerned, or (ii) the school proprietor or (iii) the health care provider for the hospital.
  - Dance: no licence is required for performances between 08.00 and 23.00 on any day, provided that the audience does not exceed 500. However, a performance which amounts to adult entertainment remains licensable.
  - Cross activity exemptions: no licence is required between 08.00 and 23.00 on any day, with no limit on audience size for:
    - any entertainment taking place on the premises of the local authority where the entertainment is provided by or on behalf of the local authority;
    - any entertainment taking place on the hospital premises of the health care provider where the entertainment is provided by or on behalf of the health care provider;
    - any entertainment taking place on the premises of the school where the entertainment is provided by or on behalf of the school proprietor; and
    - any entertainment (excluding films and a boxing or wrestling entertainment) taking place at a travelling circus, provided that (a) it takes place within a moveable structure that accommodates the audience, and (b) that the travelling circus has not been located on the same site for more than 28 consecutive days.
3. Where taking place in a building or other structure please tick as appropriate (indoors may include a tent).
4. 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.
5. For example (but not exclusively), where the activity will occur on additional days during the summer months.



6. For example (but not exclusively), where you wish the activity to go on longer on a particular day e.g. Christmas Eve.
7. 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.
8. 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'.
9. 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.
10. Please list here steps you will take to promote all four licensing objectives together.
11. The application form must be signed.
12. An applicant's agent (for example solicitor) may sign the form on their behalf provided that they have actual authority to do so.
13. Where there is more than one applicant, each of the applicants or their respective agent must sign the application form.
14. This is the address which we shall use to correspond with you about this application.
15. Entitlement to work/immigration status for individual applicants and applications from partnerships which are not limited liability partnerships:

A licence may not be issued to an individual or an individual in a partnership which is not a limited liability partnership who is resident in the UK who:

- does not have the right to live and work in the UK; or
- is subject to a condition preventing him or her from doing work relating to the carrying on of a licensable activity.

Any licence issued in respect of an application made on or after 6 April 2017 will become invalid if the holder ceases to be entitled to work in the UK.

Applicants must demonstrate that they have the right to work in the UK and are not subject to a condition preventing them from doing work relating to the carrying on of a licensable activity.

They do this in one of two ways:

- 1) by providing with this application, copies or scanned copies of the documents which an applicant has provided, to demonstrate their entitlement to work in the UK (which do not need to be certified) as per information published on gov.uk and in guidance.
- 2) by providing their 'share code' to enable the licensing authority to carry out a check using the Home Office online right to work checking service (see below).

### **Home Office online right to work checking service**

As an alternative to providing a copy of original documents, applicants may demonstrate their right to work by allowing the licensing authority to carry out a check with the Home Office online right to work checking service.

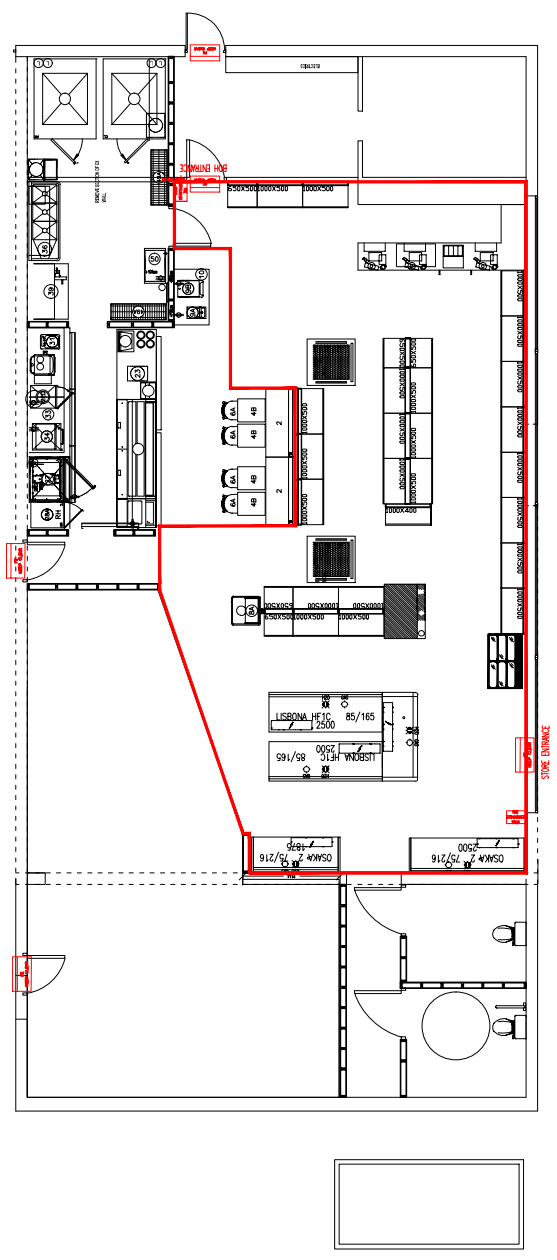
To demonstrate their right to work via the Home Office online right to work checking service, applicants should include in this application their share code (provided to them upon accessing the service at <https://www.gov.uk/prove-right-to-work>) which, along with the applicant's date of birth, will allow the licensing authority to carry out the check.

In order to establish the applicant's right to work, the check will need to indicate that the applicant is allowed to work in the United Kingdom and is not subject to a condition preventing them from doing work relating to the carrying on of a licensable activity.

An online check will not be possible in all circumstances because not all applicants will have an immigration status that can be shared digitally. The Home Office online right to work checking service sets out what information and/or documentation applicants will need in order to access the service. Applicants who are unable to obtain a share code from the service should submit copies of documents as set out above.

Your right to work will be checked as part of your licensing application and this could involve us checking your immigration status with the Home Office. We may otherwise share information with the Home Office. Your licence application will not be determined until you have complied with this guidance.

- NOTES**
1. All dimensions to be checked on site and any discrepancy to be verified with the client.
  2. All dimensions to be checked on site and any discrepancy to be verified with the client.
  3. Use this drawing for site measurements and snagging. When referencing refrigeration cabinets use the latest CBS drawings. If the CBS drawings does not match this plan, please contact the Store Planner.
  4. For all BOM items please contact the Architect.
  5. All items to be installed on site to suit the store layout.



\*\*KEY\*\*  
 FIRE EXIT  
 FIRE EXTINGUISHERS  
 FIRE ALARM



PROPERTY: HASLEMERE  
 ADDRESS: 1511 HASLEMERE  
 STORE NO: 1511

SP-GF-5320

GROUND FLOOR  
 BWS LICENCE APPLICATION  
 Scale: 1:100

Feet	6'	6'6"	7'	7'6"	8'	8'6"	9'	9'6"	10'	10'6"	11'	12'	13'	14'	15'	16'
mm	1830	2000	2100	2300	2400	2600	2700	2900	3000	3200	3300	3700	4000	4200	4600	4800

## Consent of Individual to Being Specified as Premises Supervisor

(1) Insert full name of prospective premises supervisor.

I (1) NEIL ROBERT ECCLES

(2) Insert home address of prospective premises supervisor.

of (2) 4 CHASEWATER  
SANDYMOOR  
RUNCORN  
CHESHIRE  
WA7 1UJ

(3) Insert type of application.

hereby confirm that I give my consent to be specified as the designated premises supervisor in relation to the application for (3)

NEW LICENCE

(4) Insert name of applicant.

by (4) EURO GARAGES LIMITED

(5) Insert number of existing licence, if any.

relating to a premises licence (5)

(6) Insert name and address of premises to which the application relates.

for (6) ASDA EXPRESS PFS HASLEMERE  
4 JUNCTION PLACE  
HINDHEAD ROAD  
HASLEMERE SURREY GU27 1LE

and any premises licence to be granted or varied in respect of this application made by (4)

EURO GARAGES LIMITED

concerning the supply of alcohol at (6)

ASDA EXPRESS PFS HASLEMERE  
4 JUNCTION PLACE  
HINDHEAD ROAD  
HASLEMERE SURREY GU27 1LE

(7) Delete as applicable.

I also confirm that I am entitled to work in the United Kingdom and (7) ~~am applying for~~ ~~[intend to apply for]~~ ~~[currently hold]~~ a personal licence, details of which I set out below.

(8) Insert personal licence number, if any.

Personal licence number (8) PLHBC0143

(9) Insert name and address and telephone number of personal licence issuing authority, if any.

Personal licence issuing authority (9)

HALTON BOROUGH COUNCIL

(10) Please print.

Signed



Name(10) NEIL ROBERT ECCLES

Date 29TH MAY 2024

# DPS ENQUIRY FORM

Following the implementation of Schedule 4 of the Immigration Act 2016 we are required to provide information about your entitlement to live and work in the UK. Please provide all of the information required below.

<b>Mr, Mrs, Miss, Ms</b>	MR
<b>Name:</b>	NEIL ROBERT ECCLES
<b>Date of Birth:</b>	13/01/1973
<b>Place of Birth:</b>	BANGOR NORTH WALES
<b>Nationality</b>	BRITISH
<b>Mobile Tel No:</b>	07779700022
<b>Personal Licence No:</b>	PLHBC0143
<b>Issuing Authority</b>	HALTON BOROUGH COUNCIL