

New Premises Licence

Premises Details

Premises Address *

Convenience Store / Petrol Filling Station Asda Express PFS
Rainhill Warrington Road Prescot Liverpool L35 9JB

Telephone number at premises (if any)

Non-domestic value of premises. *

£ 23750

Applicant Details

I/We 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.

Please state whether you are applying for a premises licence as:

a person other than an individual -as a limited company/
limited liability partnership

Applicant Details

If you are applying as a person described in one of the above please confirm: *

I am carrying on or proposing to carry on a business which involves the use of the premises for licensable activities; or

Other Applicant (Non Individual)

Name *

EURO GARAGES LIMITED

Registered Address *

ASDA HOUSE

SOUTHBANK

GREAT WILSON STREET

Town/City *

LEEDS

County

Other Applicant (Non Individual)

Postcode *

LS11 5AD

Registered Number (where applicable)

04246195

Description of applicant (for example partnership, company, unincorporated association, etc) *

COMPANY

Telephone Number

01138261116

Email *

JANET_BRAITHWAITE@GOSSCHALKS.CO.UK

Operating Schedule

When do you want the premises licence to start? *

16/03/2024

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

Please give a general description of the premises. *

CONVENIENCE STORE / P ETROL 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.

Operating Schedule

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 read guidance note 2) *

Plays

Films

Indoor Sporting Events

Boxing or Wrestling

Live Music

Operating Schedule

Recorded Music

Performances of Dance

Anything of a similar description falling under Music or Dance

Provision of late night refreshment

Supply of Alcohol

Late Night Refreshment Standard Times

Standard days and timings, where you intend to use the premises for late night refreshment.(please read guidance note 7) *
Please enter times in 24hr format (HH:MM)

Day *

Every Day

23:00

05:00

Late Night Refreshment

Will the provision of late night refreshment take place indoors or outdoors or both? (please read guidance note 3) *

Both

Please provide further details.(please read guidance note 4)

State any seasonal variations for the provision of late night refreshment.(please read guidance note 5)

Please state any non-standard timings, where you intend to use the premises for late night refreshment at different times from the Standard days and times listed?(please read guidance note 6)

Supply of Alcohol Standard Times

Standard days and timings, where you intend to use the premises for the supply of alcohol. (please read guidance note 7)*
Please enter times in 24hr format (HH:MM)

Supply of Alcohol Standard Times

Day *

Every Day

00:00

00:00

Supply of Alcohol

Will the supply of alcohol be for consumption on premises or off premises or both? (please read guidance note 8) *

Off the premises

Is the premises used exclusively or primarily for supply of alcohol for consumption on the premises? *

No

State any seasonal variations for the supply of alcohol. (please read guidance note 5)

Please state any non-standard timings, where you intend to use the premises for the supply of alcohol at different times from the Standard days and times listed?(please read guidance note 6)

Designated Premises Supervisor

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)

Title *

Mr

First name *

NEIL ROBERT

Surname *

ECCLES

Street address *

[REDACTED]

[REDACTED]

[REDACTED]

Town/City *

[REDACTED]

County

[REDACTED]

Postcode *

[REDACTED]

Designated Premises Supervisor

Personal Licence Number (if known)

PLHBC0143

Issuing Licensing Authority (if known)

Halton

Adult Entertainment

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

Opening Hours Standard Times

Standard days and timings, where the premises are open to the public. (please read guidance note 7) * Please enter times in 24hr format (HH:MM)

Day *

Every Day

00:00

00:00

Licensing Objectives

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 holders 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.

Licensing Objectives

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

Declarations

Declaration Type *

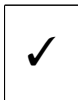
Sole Applicant - Individual or Other

Declarations

I have uploaded a copy of the plan of the premises. I have uploaded a copy of the consent form completed by the individual I wish to be designated premises supervisor, if applicable. I understand I must now advertise my application. I understand that if I do not comply with the above requirements my application will be rejected. Applicable to all individual applicants, including those in 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 (please read note 15)

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.

Signature/Declaration of applicant or applicant's solicitor or other duly authorised agent (see Guidance Note 11 & 12). If signing/applying on behalf of the applicant, please state your name and in what capacity you are authorised to sign/apply. When submitting an on-line application form the 'Declaration made' checkbox must be selected.



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).



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, if appropriate (please see note 15).

Full Name *

GOSSCHALKS LLP

Date *

16/02/2024

Declarations

Capacity *

Applicant's Solicitor



Declaration made

Do you wish to provide alternative correspondence details? *

Yes

Alternative Correspondence

Please provide Contact Name and postal address for correspondence associated with this application.

Title

Mrs

First name

JANET

Surname

BRAITHWAITE

Street address *

GOSSCHALKS LLP QUEENS GARDENS

Town/City *

HULL

County

Postcode *

HU1 3DZ

Telephone Number

01482 324252

Email *

JANET_BRAITHWAITE@GOSSCHALKS.CO.UK

Email confirmation

On submission an email confirmation will be sent using the details below

Forename

JANET

Email confirmation

Surname /Company Name

BRAITHWAITE

Email *

JANET_BRAITHWAITE@GOSSCHALKS.CO.UK

Telephone

01482 324252