

***Premises Licence
Application***

**on behalf of
SHELL UK OIL PRODUCTS LTD
Chase Service Station
London Road
Bicester
Oxfordshire
OX26 6HB**

PRN0611

**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 SHELL UK OIL PRODUCTS 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 | | | |
| SHELL CHASE LONDON ROAD BICESTER | | | |
| Post town | OXFORDSHIRE | Post code | OX26 6HB |

| | |
|---|--------------|
| Telephone number at premises (if any) | 01869 329990 |
| Non-domestic rateable value of premises | £51000 |

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)

- e) the proprietor of an educational establishment please complete section (B)
- 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 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 | | | | Postcode | |
| 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 | | 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 SHELL UK OIL PRODUCTS LIMITED |
| Address SHELL CENTRE LONDON SE1 7NA |
| Registered number (where applicable) 3625633 |
| Description of applicant (for example, partnership, company, unincorporated association etc.) LIMITED COMPANY |
| Telephone number (if any) 0207 934 1234 |
| E-mail address (optional) |

Part 3 Operating Schedule

When do you want the premises licence to start?

| | | | | | | |
|-----|---|-------|---|------|---|---|
| Day | | Month | | Year | | |
| 2 | 0 | 1 | 0 | 2 | 0 | 1 |

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)

THIS 650 SQ FT (APPROX) CONVENIENCE STORE IS LOCATED ON A FORECOURT AND IS CURRENTLY UNDERGOING REFURBISHMENT. IT SERVES BOTH THE LOCAL COMMUNITY AND THOSE FROM FURTHER AFIELD. IT PROVIDES A RANGE OF SNACK FOODS, GROCERIES, CONFECTIONERY, SOFT DRINKS, HOT BEVERAGES AND TOBACCO PRODUCTS AND TRADES 24 HOURS PER DAY UNDER THE COMPANY'S OWN RETAIL FORMAT. BETWEEN THE HOURS OF 23.00-06.00 THE SITE OPERATES A CLOSED DOOR POLICY WITH ALL SERVICE TAKING PLACE THROUGH THE NIGHT HATCH.

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)

In all cases complete boxes N, O and P

L

| | | | | | |
|--|--------------|---------------|---|----------|-------------------------------------|
| 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 checked="" type="checkbox"/> |
| | | | | Outdoors | <input type="checkbox"/> |
| | | | | Both | <input type="checkbox"/> |
| Day | Start | Finish | <u>Please give further details here</u> (please read guidance note 3) | | |
| Mon | 23.00 | 05.00 | | | |
| | | | | | |
| Tue | 23.00 | 05.00 | | | |
| | | | <u>State any seasonal variations for the provision of late night refreshment</u> (please read guidance note 4) | | |
| Wed | 23.00 | 05.00 | | | |
| | | | | | |
| Thur | 23.00 | 05.00 | | | |
| | | | <u>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</u> (please read guidance note 5) | | |
| Fri | 23.00 | 24.00 | | | |
| | | | | | |
| Sat | 23.00 | 05.00 | | | |
| | | | | | |
| Sun | 23.00 | 05.00 | | | |
| | | | | | |

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"/> |
| Day | Start | Finish | Both <input type="checkbox"/> | | |
| Mon | 00.00 | 24.00 | State any seasonal variations for the supply of alcohol (please read guidance note 4) | | |
| | | | | | |
| Tue | 00.00 | 24.00 | | | |
| | | | | | |
| Wed | 00.00 | 24.00 | | | |
| | | | | | |
| | | | | | |
| Thur | 00.00 | 24.00 | 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 | 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 premises supervisor

| |
|----------------------------|
| Name JEAN MORGAN |
| |
| |
| |
| |

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) | | |
| 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 | | | |
| | | | 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) | | |

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

| | |
|---|----------|
| Name JEAN MORGAN | |
| Address 'SUSKA' BICESTER ROAD LAUNTON NR. BICESTER OXON | |
| Postcode | OX26 5DP |
| Personal Licence number (if known) NOT YET KNOWN | |
| Issuing licensing authority (if known) CHERWELL DISTRICT 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) |
| Day | Start | Finish | |
| Mon | 00.00 | 24.00 | 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) |
| | | | |
| 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 | |
| | | | |

-APPROPRIATE STAFF TRAINING TO BE SATISFACTORILY COMPLETED AND RECORDED. TRAINING RECORDS CAN BE MADE AVAILABLE FOR INSPECTION UPON REASONABLE REQUEST BY A RELEVANT OFFICER OF A RESPONSIBLE AUTHORITY.
 -REFUSALS BOOK WILL BE OPERATED AND MAINTAINED.
 -SPIRITS LOCATED BEHIND THE COUNTER.
 -CHALLENGE 25 POLICY WILL BE OPERATED AT THE PREMISES, ACCEPTABLE FORMS OF PROOF OF AGE WILL BE A PASSPORT, A PHOTO CARD DRIVING LICENCE OR PASS ACCREDITED IDENTIFICATION CARD.

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)

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>S. Clement PP. Lockett & Co</i> |
| Date | 16 TH SEPTEMBER 2011 |
| Capacity | LOCKETT & CO - DULY AUTHORISED AGENTS. |

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 | |

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)

-CCTV SYSTEM WITH RECORDING FACILITIES IN PLACE AT SITE, IMAGES CAN BE MADE AVAILBALE UPON REASONABLE REQUEST BY A RELEVANT OFFICER OF A RESPONSIBLE AUTHORITY.
-APPROPRIATE STAFF TRAINING TO BE SATISFACTORILY COMPLETED AND RECORDED. TRAINING RECORDS CAN BE MADE AVAILABLE FOR INSPECTION UPON REASONABLE REQUEST BY A RELEVANT OFFICER OF A RESPONSIBLE AUTHORITY.
-REFUSALS BOOK WILL BE OPERATED AND MAINTAINED.
-CHALLENGE 25 POLICY WILL BE OPERATED AT THE PREMISES, ACCEPTABLE FORMS OF PROOF OF AGE WILL BE A PASSPORT, A PHOTO CARD DRIVING LICENCE OR PASS ACCREDITED IDENTIFICATION CARD.

b) The prevention of crime and disorder

-CCTV SYSTEM WITH RECORDING FACILITIES IN PLACE AT SITE, IMAGES CAN BE MADE AVAILABLE UPON REASONABLE REQUEST BY A RELEVANT OFFICER OF A RESPONSIBLE AUTHORITY.
-SPIRITS LOCATED BEHIND THE COUNTER.
-APPROPRIATE STAFF TRAINING TO BE SATISFACTORILY COMPLETED AND RECORDED. TRAINING RECORDS CAN BE MADE AVAILABLE FOR INSPECTION UPON REASONABLE REQUEST BY A RELEVANT OFFICER OF A RESPONSIBLE AUTHORITY.

c) Public safety

-CCTV SYSTEM WITH RECORDING FACILITIES IN PLACE AT SITE, IMAGES CAN BE MADE AVAILABLE UPON REASONABLE REQUEST BY A RELEVANT OFFICER OF A RESPONSIBLE AUTHORITY.

d) The prevention of public nuisance

-APPROPRIATE STAFF TRAINING TO BE SATISFACTORILY COMPLETED AND RECORDED. TRAINING RECORDS CAN BE MADE AVAILABLE FOR INSPECTION UPON REASONABLE REQUEST BY A RELEVANT OFFICER OF RESPONSIBLE AUTHORITY.

e) The protection of children from harm

Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 13)

LOCKETT & Co
13 CHURCH STREET

| | | | |
|------------------|---------------|------------------|----------|
| Post town | KIDDERMINSTER | Post code | DY10 2AH |
|------------------|---------------|------------------|----------|

| | |
|----------------------------------|--------------|
| Telephone number (if any) | 01562 864488 |
|----------------------------------|--------------|

| |
|--|
| If you would prefer us to correspond with you by e-mail your e-mail address (optional) info@lockett.uk.com |
|--|

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, if you wish people to be able to purchase alcohol to consume away from the premises please tick off. 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, 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, both applicants or their respective agents must sign the application form.
13. This is the address which we shall use to correspond with you about this application.



Lockett & Co

Retail, Licensing & Training Consultants
www.lockett.uk.com

PROOF OF AGE CARDS AGE RESTRICTED SALES

If there is any doubt about a persons age you are required to ask them to prove their age or you must refuse the sale

The following forms of ID are acceptable:

• A Passport

www.ukpa.gov.uk



• A Photo Driving Licence

www.dvla.gov.uk

or

Local Post Office



• A PASS accredited proof of age card e.g.

Citizen Card

www.citizencard.com

or

Email: contact@citizencard.com



Validateuk Card

www.validateuk.co.uk

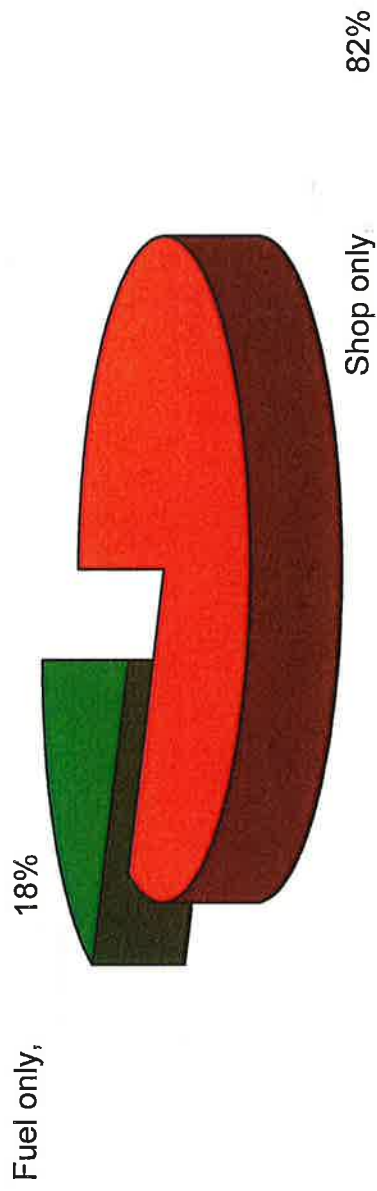
or

Tel: 01434 634996



Shell Chase, London Road, Bicester, Oxon., OX26 6HB.

Source: EPOS - 1st May to 31st July 2011 incl.



**It is a criminal
offence to buy
alcohol on
behalf of a child.**

**You could face a
£5000 fine.**



DRINKAWARE.CO.UK



UNDER 25?

- Please be prepared to show proof of age when buying alcohol



DRINKAWARE.CO.UK



Retail Trading Area

650 sq ft (approx.)

Opening Hours

| | | |
|-----------|---|----------------------------|
| Monday | - | 00.00 hours to 24.00 hours |
| Tuesday | - | 00.00 hours to 24.00 hours |
| Wednesday | - | 00.00 hours to 24.00 hours |
| Thursday | - | 00.00 hours to 24.00 hours |
| Friday | - | 00.00 hours to 24.00 hours |
| Saturday | - | 00.00 hours to 24.00 hours |
| Sunday | - | 00.00 hours to 24.00 hours |

Summary

Convenience Trading Format

Staff Training Manual

Challenge 25

Refusals Book

CCTV with recorder

Night hatch policy 23.00 to 06.00

Background History

This is a well established **SHELL** forecourt and shop which is currently undergoing a refurbishment; the shop has a retail area of approximately 650sq ft.

The Shop

This purpose built shop has been designed to serve both the local community and those from further a field, trading as a full convenience store under the company's own format. A range of fresh foods, groceries and other products are offered and the off-licence is an important part of the service that such a store is expected to provide.

The Operation

The store is operated by the Manager, assisted by a team of full time staff. The Designated Premises Supervisor, is trained and certified through an accredited scheme and is responsible for training all staff and keeping and maintaining ongoing training records utilising the Staff Training Manual. The **Challenge 25** trading initiative is used supported by the refusals system with records kept in the **Refusals Book** to tie in with the CCTV system.

Security

The **digital CCTV system** benefits from a **recorder** and recordings can be made available to Police if required. The shop operates a closed door policy with all service through the night hatch between the hours of 23.00 and 06.00, seven days per week.

Shell Chase forecourt shop.

