

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

The Licensing Department
South Derbyshire District Council
Civic Offices
Civic Way
Swadlincote
Derbyshire, DE11 0AH

Exp 08.08.13.

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 Aldi Stores 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 **Xwe** 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 Aldi Huntspill Road Hilton	
Post town Derby	Post code DE65 5JR
Telephone number at premises (if any)	()
Non-domestic rateable value of premises	£ (not yet rated)

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)

- 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 Aldi Stores Limited
Address --
Registered number (where applicable)
Description of applicant (for example, partnership, company, unincorporated association etc.) Company
Telephone number (if any) --
E-mail address (optional) N/A

S.

Part 3 - Operating Schedule

When do you want the premises licence to start?

DD		MM		YYYY			
0	1	1	0	2	0	1	3

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.

N/A

Please give a general description of the premises (please read guidance note 1)

Supermarket selling food, alcohol, toiletries, clothing, hardware and electrical items. The premises have dedicated car parking.

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)

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

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

B

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

8.

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"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 3)		
Mon					
Tue			State any seasonal variations for the performance of live music (please read guidance note 4)		
Wed					
Thur			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)		
Fri					
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"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 3)		
Mon					
Tue			State any seasonal variations for the playing of recorded music (please read guidance note 4)		
Wed					
Thur			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)		
Fri					
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"/>
					Both	<input type="checkbox"/>
Day	Start	Finish				
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"/>
					Outdoors	<input type="checkbox"/>
Mon					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						

10.

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"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 3)		
Mon					
Tue					
Wed					
Thur			State any seasonal variations for the provision of late night refreshment (please read guidance note 4)		
Fri					
Sat			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)		
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"/>
				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	07.00	23.00			
Tue	07.00	23.00	None		
Wed	07.00	23.00			
Thur	07.00	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	07.00	23.00			
Sat	07.00	23.00			
Sun	07.00	23.00			

11.

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

Name	
Address	
Post code	
Personal licence number (if known)	
Issuing licensing authority (if known)	

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).

None.

12.

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) None
Day	Start	Finish	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) None
Mon	07.00	23.00	
Tue	07.00	23.00	
Wed	07.00	23.00	
Thur	07.00	23.00	
Fri	07.00	23.00	
Sat	07.00	23.00	
Sun	07.00	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)

Aldi operate over 300 stores in the UK with licences free of conditions. It is submitted that as a responsible operator, selling alcohol for consumption off the premises only, no conditions need to be attached to the premises licence other than the mandatory conditions specified in the Licensing Act 2003.

b) The prevention of crime and disorder

The applicant is a responsible retailer and takes appropriate measures to deter thieves and shoplifters. There are no other likely crime and disorder issues.

13.

c) Public safety

The applicant is a responsible retailer and takes appropriate measures to ensure the safety of those members of the public who visit the store. There are no public safety issues in particular that need to be addressed.

d) The prevention of public nuisance

The applicant is a responsible retailer and takes appropriate measures to ensure the prevention of public nuisance. It has not been an issue in any of their other stores.

e) The protection of children from harm

The applicant is a responsible retailer and takes appropriate measures to ensure the protection of children from harm. Procedures are in place to attempt to ensure at all times that no person under the age of eighteen is sold alcohol.

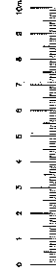
Checklist:

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.

Area	Description	Area	Description	Area	Description
1	1	2	2	3	3
4	4	5	5	6	6
7	7	8	8	9	9
10	10	11	11	12	12



DALKIN SCOTTON PARTNERSHIP
ARCHITECTS LIMITED
111 FORT DUNLOP STREET, 4TH FLOOR, DERBY, DE1 1AA
TEL: 01332 747144
FAX: 01332 747144
www.dspartnership.co.uk

CLIENT ALDI STORES LIMITED

PROJECT HUNTSPIRE ROAD, HILTON
DERBY

TITLE PROPOSED FIRE PLAN

DATE	12.04.13	SCALE	1:100 @ A1	DRAWN	NE	CHECKED	SB
DWGNO.	Z12A03 - W207	APPENDIX	A	REVISION			

NOTE:
FIRE SAFETY SIGNS TO COMPLY
WITH BS 5499

PUSH BAR MECHANISM AND "PUSH BAR TO OPEN" SIGN 600 x 100mm (ON DOOR)

FIRE EXIT SIGN 705 x 150mm (ON DOOR)

FIRE ALARM CALL POINT (BREAK GLASS UNIT)

FOAM SPRAY AFF FIRE EXTINGUISHER

CARBON DIOXIDE FIRE EXTINGUISHER

FIRE BLANKET

SMOKE DETECTOR

VOID MOUNTED SMOKE DETECTOR WITH CEILING MOUNTED INDICATOR

FIRE ALARM SMOKE DETECTOR & SOUNDER

FIRE ALARM HEAT DETECTOR & SOUNDER

FIRE ALARM CONTROL PANEL

FIRE ALARM BELL

"FIRE EXTINGUISHER" SIGN 150 x 200mm SELF ADHESIVE

"NO SMOKING" SIGN 200 x 200mm

"FIRE BLANKET" SIGN 75 x 210mm

"MIND YOUR HEAD" SIGN 400 x 100mm

"MIND THE STEP" SIGN 400 x 100mm

"WAY IN / NO EXIT" SELF ADHESIVE VINYL SIGN

"WAY OUT / NO ENTRY" SELF ADHESIVE VINYL SIGN

"FIRE ALARM CONTROL PANEL" SIGN 200 x 150mm

DIRECTIONAL FIRE EXIT SIGN 600 x 200mm LEFT HAND

DIRECTIONAL FIRE EXIT SIGN 600 x 200mm RIGHT HAND

DIRECTIONAL FIRE EXIT SIGN 300 x 100mm LEFT HAND

ILLUMINATED FIRE EXIT SIGN

GENERAL FIRE NOTICE, RM 1/1033/JK

"EMERGENCY EXIT ONLY" SIGN 450 x 100mm SELF ADHESIVE VINYL

"KEEP CLEAR" SIGN 200 x 200mm SELF ADHESIVE VINYL

DIRECTION ARROW SIGN WHITE ARROW ON BLUE CIRCLE ON WHITE SQUARE 200 x 200mm

"DO NOT KEEP CLEAN" SIGN 200 x 200mm MOUNTED EXTERNALLY

"FIRE DOOR KEEP CLOSED" SIGN 80 x 80mm SELF ADHESIVE

"FIRE DOOR KEEP CLOSED" SIGN 80 x 80mm

"FIRE DOOR KEEP LOCKED" SIGN 80 x 80mm

"AUTOMATIC DOORS" SIGN BLACK LETTERS ON WHITE 200 x 200 SELF ADHESIVE

FIRE ALARM CALL POINT SIGN 80 x 80mm SELF ADHESIVE

FIRE ALARM CALL POINT SIGN 150 x 200mm

"FIRE EXTINGUISHER" SIGN 150 x 200mm

16.