

F. McArdle
Chief Executive

Civic Offices, Civic Way,
Swadlincote, Derbyshire DE11 0AH

www.south-derbys.gov.uk

Please ask for: Democratic Services

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DX 23912 Swadlincote

Email :

democraticservices@south-derbys.gov.uk

Date: 2nd November 2015

Dear Councillor,

Licensing and Appeals Sub-Committee

Further to recent correspondence, please find enclosed the agenda and supporting information for the Licensing and Appeals Sub-Committee meeting.

The **Licensing and Appeals Sub-Committee** will meet on **Tuesday, 10 November 2015**, in the **Council Chamber** at the Civic Offices, Civic Way, Swadlincote. The meeting will commence at **10:00**.

If you require any further information, please contact Democratic Services on the number shown above.

Yours faithfully,



F.B. McArdle
Chief Executive

To:- **Conservative Group**
Councillors Stanton (Chairman) and Atkin

· **Labour Group**
Councillor Richards

AGENDA

Open to Public and Press

- 1** Apologies
- 2** To note any declarations of interest arising from any items on the Agenda
- 3** DETERMINATION OF AN APPLICATION FOR THE GRANT OF A PREMISES LICENCE - LIDL UK GmbH **3 - 26**

Exclusion of the Public and Press:

- 4** The Chairman may therefore move:-
That in accordance with Section 100 (A) of the Local Government Act 1972 the press and public be excluded from the remainder of the Meeting as it is likely, in view of the nature of the business to be transacted or the nature of the proceedings, that there would be disclosed exempt information as defined in the paragraph of Part I of the Schedule 12A of the Act indicated in the header to each report on the Agenda.
- 5** DETERMINATION OF AN APPLICATION FOR A PRIVATE HIRE DRIVER'S LICENCE
- 6** DETERMINATION OF AN APPLICATION FOR A PRIVATE HIRE DRIVER'S LICENCE
- 7** DETERMINATION OF AN APPLICATION FOR A PRIVATE HIRE DRIVER'S LICENCE

REPORT TO LICENSING & APPEALS SUB-COMMITTEE

Agenda Item: 3

Hearing Date: 10th November 2015

Contact Officer: Emma McHugh – 01283 595716

DETERMINATION OF AN APPLICATION FOR THE GRANT OF A PREMISES LICENCE

Applicant's Name	Lidl UK GmbH
Premises Name	Lidl
Address	Belmont Street Swadlincote Derbyshire DE11 8JU

1. PURPOSE

- 1.1 To determine an application for the grant of a premises licence received by the Licensing Authority on the 7th October 2015. A copy of the application is attached as **Appendix 1**.

2. BACKGROUND

- 2.1 The applicant is seeking a new premises licence to permit the sale by retail of alcohol for consumption off the premises.

3. APPLICATION DETAILS

- 3.1 The applicant requests the Authority to permit the following:

Activity	Days	Times
Sale by retail of alcohol	Monday to Sunday	7am to 11pm
Opening hours to the public	Monday to Sunday	7am to 11pm

- 3.2 The steps the applicant intends to take to promote all four licensing objectives can be seen at section M of the application form.

4. CONSULTATION RESPONSES

Trading Standards

Representation received during the 28 day consultation period. Full details can be found in **Appendix 2**.

5. AGREEMENT BETWEEN PARTIES

- 5.1 The applicant has agreed to have the conditions requested by Trading Standards as shown at **Appendix 3** added to their licence.
- 5.2 Trading Standards have subsequently withdrawn their representation shown as **Appendix 4**.
- 5.3 All parties have agreed to dispense with the need to hold a hearing.

6. DETERMINATION

- 6.1 The power to grant licences in these circumstances remains with the Licensing and Appeals Sub-Committee.
- 6.2 As all parties have agreed to dispense with a hearing, there is no requirement to hear evidence, and Members are asked to grant the licence subject to such conditions contained in the operating schedule, together with proposed conditions from Derbyshire Constabulary and Derbyshire Trading Standards, and any mandatory conditions required under the Licensing Act 2003.

7. RIGHT OF APPEAL

- 7.1 The applicant or persons making representations have a right of appeal against the decision of the Licensing Authority.

APPENDICES

- 1. Application for a premises licence to be granted under the Licensing Act 2003
- 2. Representation from Trading Standards
- 3. Agreed conditions to be added to the Operating Schedule
- 4. Withdrawal of representations from Trading Standards

**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 Lidl U.K. GmbH

(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 Belmont Street			
Post town	Swadlincote	Postcode	DE11 8JU

Telephone number at premises (if any)	N/A
Non-domestic rateable value of premises	£130000

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 | <input checked="" type="checkbox"/> | please complete section (B) |
| ii. as a partnership | <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 ☐ 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				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 Lidl U.K.GmbH
19 Worple Road Wimbledon London SW19 4JS
Registered number (where applicable) FC017929
Description of applicant (for example, partnership, company, unincorporated association etc.) Limited Company
Telephone number (if any) 01934 523121
E-mail address (optional) licensing@lidl.co.uk

Part 3 Operating Schedule

When do you want the premises licence to start?

DD		MM		YYYY		
0	1	1	1	2	0	1

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

DD		MM		YYYY		

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

Supermarket

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 of the Licensing Act 2003 and Schedules 1 and 2 to the Licensing Act 2003)

Provision of regulated entertainment

Please tick any that apply

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

C

Indoor sporting events Standard days and timings (please read guidance note 6)			<u>Please give further details</u> (please read guidance note 3)
Day	Start	Finish	
Mon			
Tue			<u>State any seasonal variations for indoor sporting events</u> (please read guidance note 4)
Wed			
Thur			
Fri			<u>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</u> (please read guidance note 5)
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"/>
					Outdoors	<input type="checkbox"/>
					Both	<input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 3)			
Mon						
Tue						
Wed			State any seasonal variations for boxing or wrestling entertainment (please read guidance note 4)			
Thur						
Fri			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)			
Sat						
Sun						

E

Live music Standard days and timings (please read guidance note 6)			<u>Will the performance of live music take place indoors or outdoors or both – please tick</u> (please read guidance note 2)		Indoors	<input 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						
Tue						
Wed			<u>State any seasonal variations for the performance of live music</u> (please read guidance note 4)			
Thur						
Fri			<u>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</u> (please read guidance note 5)			
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				
Wed			State any seasonal variations for the playing of recorded music (please read guidance note 4)	
Thur				
Fri			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)	
Sat				
Sun				

G

Performances of dance Standard days and timings (please read guidance note 6)			<u>Will the performance of dance take place indoors or outdoors or both – please tick</u> (please read guidance note 2)		Indoors <input 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					
Tue			<u>State any seasonal variations for the performance of dance</u> (please read guidance note 4)		
Wed			<u>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</u> (please read guidance note 5)		
Thur					
Fri					
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	<u>Will this entertainment take place indoors or outdoors or both – please tick</u> (please read guidance note 2)	Indoors	<input type="checkbox"/>
Mon				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Tue			<u>Please give further details here</u> (please read guidance note 3)		
Wed					
Thur			<u>State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g)</u> (please read guidance note 4)		
Fri					
Sat			<u>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</u> (please read guidance note 5)		
Sun					

I

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

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

Name Andrew Wilkins	
Address 173 Phoenix Way Portishead North Somerset	
Postcode	BS20 7GP
Personal licence number (if known) NSC045938	
Issuing licensing authority (if known) North Somerset Council	

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

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)
Day	Start	Finish	
Mon	07:00	23:00	<p>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)</p>
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)

All staff are trained and are aware of the Licensing Legislation, especially in relation to the prevention of underage sales. They are required to sign a register confirming that they have undertaken training and are aware of their responsibilities. Training is repeated at frequent intervals, at least bi-annually. Any person found to be in breach of the Company alcohol policy is subject to disciplinary proceedings. Notices are displayed in the premises advising of the licensing legislation.

b) The prevention of crime and disorder

The operators of the premises will maintain a good relationship with the local police and other relevant authorities

A comprehensive digital CCTV system to be installed giving storage of images for a period of not less than 28 days. Images can be provided on to removable media to authorised bodies with 48 hours notice.

c) Public safety

Fire safety equipment is provided at the premises, and staff are trained on the use of this equipment

d) The prevention of public nuisance

e) The protection of children from harm

If anyone attempting to purchase alcohol appears to be under 25 the on duty manager is called. The manager will only accept photographic ID as proof of age (passport, photo driving licence, forces card or PASS card). If no ID is provided no sale takes place.

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.

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	
Date	29.09.15
Capacity	Licensing Manager

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	

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

Lidl U.K. GmbH

Licensing Department

Locking Castle Business Park

West Wick

Post town	Weston Super Mare	Postcode	BS24 7TG
Telephone number (if any)	01934 523121		
If you would prefer us to correspond with you by e-mail, your e-mail address (optional) licensing@lidl.co.uk			

REPRESENTATION FORM FROM RESPONSIBLE AUTHORITIES

Responsible Authority (please delete as applicable):

Trading Standards

Name	Clair Dathan
Job Title	Trading Standards Officer
Postal and email address	Derbyshire County Council Trading Standards Chatsworth Hall Chesterfield Road Matlock Derbyshire DE4 3FW
Contact telephone number	01629 539848

Name of the premises you are making a representation about	Lidl
Address of the premises you are making a representation about	Belmont Street Swadlincote DE11 8JU

Which of the four licensing objectives does your representation relate to?	Yes Or No	Please detail the evidence supporting your representation. Or the reason for your representation. Please use separate sheets if necessary
To prevent crime and disorder	NO	
Public safety	NO	
To prevent public nuisance	NO	
To protect children from harm	YES	The application does not provide sufficient information about the steps taken to prevent the sale of alcohol to children, in particular recording the training provided.

Suggested conditions that could be added to the licence to remedy your representation or other suggestions you would like the Licensing Sub Committee to take into account. Please use separate sheets where necessary and refer to checklist.	<p>The addition of the following:</p> <p>All training records will be kept centrally at the operator's head office or regional office as appropriate and made available to the Licensing Authority, Police or other authorised officer as soon as possible and in any event within 7 days of request</p>
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Signed:

Clair Dathan

Please return this form along with any additional sheets to the Licensing Section, South Derbyshire District Council, Council Offices, Civic Way, Swadlincote, Derbyshire, DE11 0AH or email to licensing@south-derbys.gov.uk This form must be returned within the statutory period. For more details please check with the Licensing Office on 01283 595 716/890/724

**Licensing Act 2003
Premises Licence Application – #
Notification to Local Authority of agreement regarding
Representations**

To: Licensing Authority Office

Date: 09.10.15

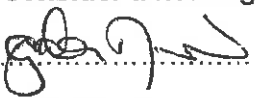
Dear Sir/Madam

I write in my capacity as the applicant in relation to the above matter. Discussions have taken place with Trading Standards in relation to the promotion of the licensing objectives.

I would like to add the following conditions to my application:

All training records will be kept centrally at the operator's head office or regional office as appropriate and made available to the Licensing Authority, Police or other authorised officer as soon as possible and in any event within 7 days of request

Please accept this notice as formal request to amend my application/operating schedule in accordance with the above and note that I agree to these conditions being attached to the premises licence. Furthermore, I confirm that I do not consider a hearing to be necessary.

Signed  Name in block GRAHAM MCKEE

Date 09/10/15

**Licensing Act 2003
Premises Licence Application – #
Notification to Local Authority of agreement regarding
Representations**

To: Licensing Authority Office

Date: 13 October 2015

Dear Sir/Madam

Lidl Belmont Street, Swadlincote


I write in my capacity as the Trading Standards Officer for Derbyshire County Council

Discussions have taken place with the application in relation to the promotion of the licensing objectives.

I understand that the applicant has formally amended their application to include the following conditions:

All training records will be kept centrally at the operator's head office or regional office as appropriate and made available to the Licensing Authority, Police or other authorised officer as soon as possible and in any event within 7 days of request

On this basis, please accept this notice as formal notification to withdraw my representation to the above premises licence application. Furthermore, I confirm that I do not consider a hearing to be necessary.

Signed..... 

Name in blockCLAIR DATHAN.....

Date.....13.10.15.....