

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

South Derbyshire District Council
Civic Offices
Civic Way
Swadlincote
Derbyshire
DE11 0AH

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 Central England Co-operative Ltd
(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 Central England Co-operative Ltd Rykneld Road Littleover	
Post town Derby	Post code DE23 4AJ
Telephone number at premises (if any)	Not yet known
Non-domestic rateable value of premises	£ to be assessed

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 | <input type="checkbox"/> 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.

<p>Name Central England Co-Operative Limited</p>
<p>Address Central House Hermes Road Lichfield Staffordshire WS13 6RH</p>
<p>Registered number (where applicable) 10143R</p>
<p>Description of applicant (for example, partnership, company, unincorporated association etc.) Limited Company</p>
<p>Telephone number (if any) 01543 414140</p>
<p>E-mail address (optional)</p>

Part 3 - Operating Schedule

When do you want the premises licence to start?

DD		MM		YYYY			
2	2	1	1	2	0	1	6

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.

Please give a general description of the premises (please read guidance note 1)
 The premises will operate as a Convenience Store selling alcohol for consumption off the premises.

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)

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"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon			<u>Please give further details here</u> (please read guidance note 3)	Both	<input type="checkbox"/>
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)			<u>Will the exhibition of films take place indoors or outdoors or both - please tick</u> (please read guidance note 2)	Indoors	<input type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon			<u>Please give further details here</u> (please read guidance note 3)	Both	<input type="checkbox"/>
Tue					
Wed			<u>State any seasonal variations for the exhibition of films</u> (please read guidance note 4)		
Thur					
Fri			<u>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</u> (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					
Tue			State any seasonal variations for indoor sporting events (please read guidance note 4)		
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					Both	<input type="checkbox"/>
Tue			Please give further details here (please read guidance note 3)			
Wed						
Thur			State any seasonal variations for boxing or wrestling entertainment (please read guidance note 4)			
Fri						
Sat			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)			
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"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon			<u>Please give further details here</u> (please read guidance note 3)	Both	<input type="checkbox"/>
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)			<u>Will the playing of recorded music take place indoors or outdoors or both - please tick</u> (please read guidance note 2)	Indoors	<input type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon			<u>Please give further details here</u> (please read guidance note 3)	Both	<input type="checkbox"/>
Tue					
Wed				<u>State any seasonal variations for the playing of recorded music</u> (please read guidance note 4)	
Thur					
Fri				<u>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</u> (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"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon			<u>Please give further details here</u> (please read guidance note 3)	Both	<input type="checkbox"/>
Tue					
Wed					
Thur			<u>State any seasonal variations for the performance of dance</u> (please read guidance note 4)		
Fri					
Sat			<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)		
Sun					

H

Anything of a similar description to that falling within (e), (f) or (g) Standard days and timings (please read guidance note 6)			<u>Please give a description of the type of entertainment you will be providing</u>		
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				<u>Please give further details here</u> (please read guidance note 3)	Outdoors
Tue			Both		<input type="checkbox"/>
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					

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

J

Supply of alcohol Standard days and timings (please read guidance note 6)			<u>Will the supply of alcohol be for consumption - please tick</u> (please read guidance note 7)	On the premises	<input type="checkbox"/>
Day	Start	Finish		Off the premises	<input type="checkbox"/>
Mon	07:00	22:00	<u>State any seasonal variations for the supply of alcohol</u> (please read guidance note 4)	Both	<input type="checkbox"/>
Tue	07:00	22:00			
Wed	07:00	22:00			
Thur	07:00	22:00		<u>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</u> (please read guidance note 5)	
Fri	07:00	22:00			
Sat	07:00	22:00			
Sun	07:00	22:00			

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

Name Colin Wright	
Address 21 Telford Drive Newthorpe Eastwood Nottingham	
Post code	NG16 3NN
Personal licence number (if known) BROX00524	
Issuing licensing authority (if known) Broxtowe Borough 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).

N/A

L

Hours premises are open to the public Standard days and timings (please read guidance note 6)			<u>State any seasonal variations</u> (please read guidance note 4)
Day	Start	Finish	
Mon	07:00	22:00	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)
Tue	07:00	22:00	
Wed	07:00	22:00	
Thur	07:00	22:00	
Fri	07:00	22:00	
Sat	07:00	22:00	
Sun	07:00	22:00	

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)

Please see attached Operating Schedule.

b) The prevention of crime and disorder

Please see attached Operating Schedule.

Operating Schedule

General

Central England Co-operative Ltd understands that in applying for a Premises Licence for the sale of alcohol at these premises, we have a duty to the local community and we continue to protect our colleagues and customers from danger and harm. To achieve this the following will be operated at the premises;

The Prevention of Crime & Disorder

A CCTV system will operate both externally and internally and will cover all high risk areas including all till points and the Beers, Wines and Spirits department.

The CCTV recording unit will be positioned in a secure part of the premises. Access to the system will be allowed immediately to authorised officers of responsible authorities on request.

A competent trained person in the use of and operation of the CCTV will be in attendance at the premises at all times that licensable activities take place. This person will be able to fully operate the CCTV system and will be able to download, in a recognised format, any information requested by the responsible authorities.

The CCTV system clock will be set correctly and maintained (taking account of GMT and BST).

All CCTV recordings will be retained for a period of not less than 31 days.

Central England Co-operative Ltd provide all colleagues with avoiding aggression training.

Public Safety

In line with current legislation, the premise has undergone the appropriate Risk Assessments in respect of the safety of both customers and colleagues.

All exit doors and fire exits are easily operable without the use of a key, card, code or similar means.

All colleagues are required to attend comprehensive safety training to ensure that safe working methods are adopted and all colleagues are trained in evacuation procedure in the event of a fire or other dangerous occurrence.

The premises are keen to work in partnership with the local Fire Service and Environmental Health to ensure public safety.

The Prevention of Public Nuisance

If any issues of public nuisance arise from the operation of the premises the premises licence holder will engage with all appropriate authorities to resolve any issues.

An incident reporting system will be maintained at the premises in which details of all public order offences and ejections from the premises will be recorded and made available for inspection upon request by a responsible authority.

The Protection of Children from Harm

The premises will operate a "Challenge 25" Proof of Age Policy. If a customer appears to be under 25 years of age and cannot prove that they are eligible to purchase the age restricted item with an acceptable form of identification, they will be refused service.

Challenge 25 Signage will be displayed at the premises. The signage will be displayed in all areas where alcohol; cigarettes and other age restricted goods are located for sale. Signage will also be displayed at the tills.

The only forms of identification accepted will be a valid passport, valid photo ID driving licence, UK armed forces military ID or valid proof of age scheme card with the PASS approved hologram.

The premises will operate an electronic point of sale system which will automatically prompt the till operator to verify the age of a customer whenever alcohol is sold. All alcohol sales will be electronically recorded. These records will include both authorised and refused sales and will be kept on an electronic point of sale system. Hard copies of the refusal records will be produced for the inspection by any responsible authority on request.

All colleagues working at the premises involved in the sale of age restricted products including alcohol will receive on-going training. This training will be refreshed at least every 6 months. The training will be recorded and will also include a test of knowledge. The training records will be made available to authorised officers of responsible authorities on request.

c) Public safety

Please see attached Operating Schedule.

d) The prevention of public nuisance

Please see attached Operating Schedule.

e) The protection of children from harm

Please see attached Operating Schedule.

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	21st October 2016
Capacity	Solicitor / Authorised Agent for the Applicant

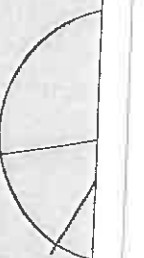
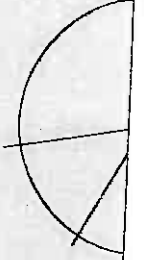
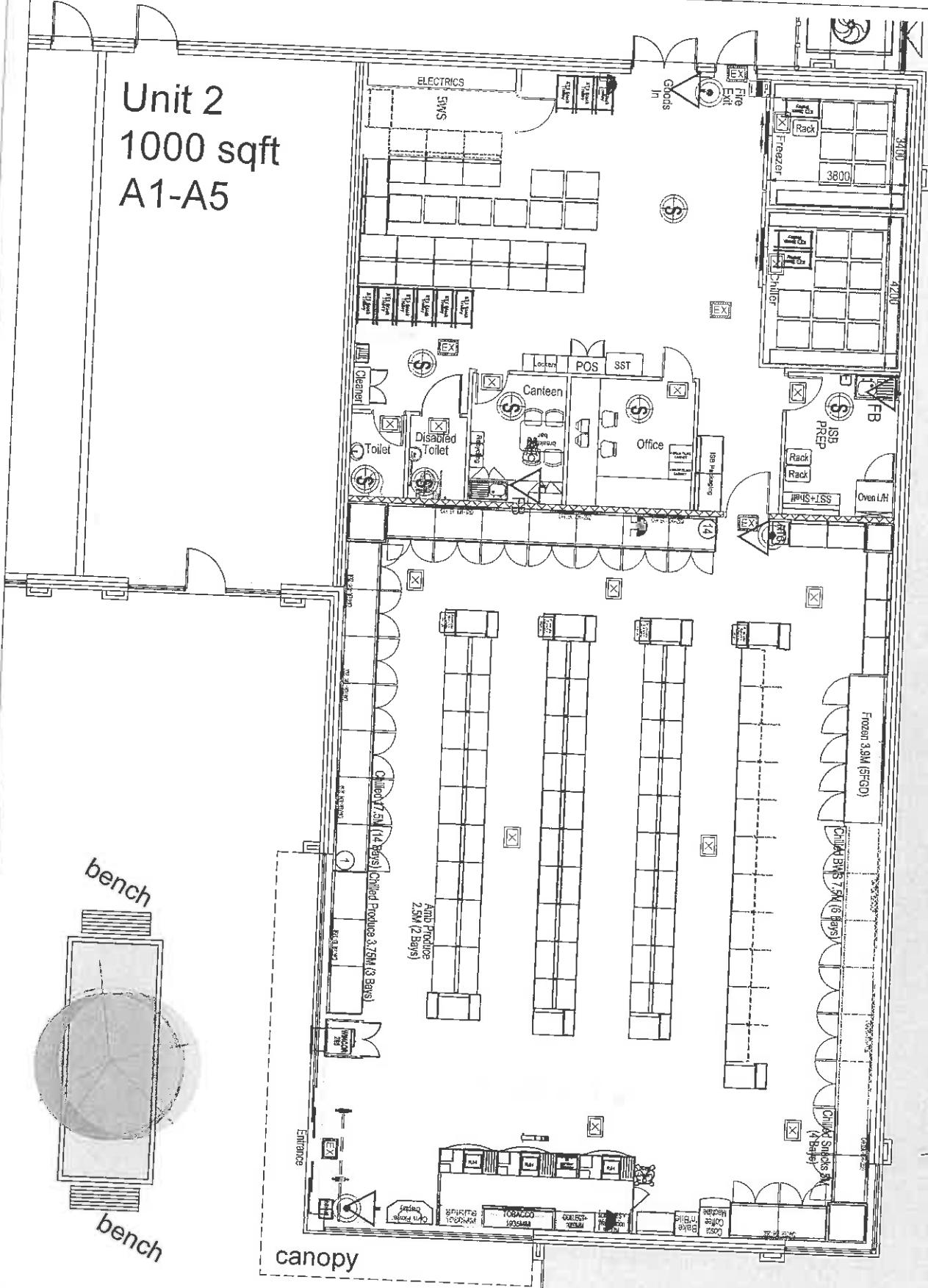
For joint applications, signature of 2nd applicant or 2nd applicant's solicitor or other authorised agent (please read guidance note 12). If signing on behalf of the applicant, please state in what capacity.

Signature	
Date	
Capacity	
Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 13) Shoosmiths LLP The Lakes	
Post town Northampton	Post code NN4 7SH
Telephone number (if any)	03700 863086
If you would prefer us to correspond with you by e-mail, your e-mail address (optional) Elaine.Rayner@shoosmiths.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. 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 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'.
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 or 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, each of the applicant or their respective agent must sign the application form.
13. This is the address which we shall use to correspond with you about this application.

Unit 2
1000 sqft
A1-A5



SYMBOL	DESCRIPTION
1	CONTINUOUS CONTACT PANEL
2	BATTERY UNIT
3	BREAK GLASS CONTACT
4	SMOKE DETECTOR
5	HEAT DETECTOR
6	END OF LINE RESIST TERMINODE
7	ADDRESS ALARM BELL
8	ADDRESS ALARM BELL
9	EMERGENCY LIGHTING UNIT E.L.U
10	EMERGENCY LIGHTING UNIT D.M.18500
11	EMERGENCY LIGHTING UNIT D.M.18500
12	EMERGENCY LIGHTING UNIT D.M.18500
13	EMERGENCY LIGHTING UNIT D.M.18500
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100	EMERGENCY LIGHTING UNIT D.M.18500

Drawing Revisions

Central England Co-operative
Central House, Harnes Road, Lichfield,
Staffordshire, WS13 8RH Tel: 01543 441440

Site Address
**NEW LOCAL CENTRE
LITTLEOVER**

Project Type
NEW STORE

Drawing Title/Stage
**PROVISIONAL FIRE ALARM &
EMERGENCY LIGHTING LAYOUT**

Scale
1:100(A3)

Drawing Number
16-008-W-89

Date
SEP 2016

Author
D STANFORTH

Check & Approved Date
16-008-W-89

Drawn By
CAD

Sheet Area
3.012sqm

Overprint
1.802sqm

Over Area
4.814sqm

Plot Date
16-008-W-89

Plot Size
4.814sqm

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