



South Derbyshire
District Council
25 OCT 2010
Environmental Health

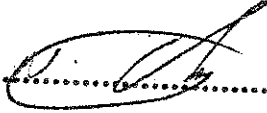
FORM OF AUTHORITY

**APPLICATION FOR A PERSONAL LICENCE
AND/OR PREMISES/ VARIATION LICENCE/
TRANSFER OF LICENCES/T.E.N/APPEAL**

I give consent for:

**PATRICK M BURKE F.B.I.I
OF
CAVAN MARTIN & ASSOCIATES**

- to act as my agent in connection with any applications made under the Licensing Act 2003 and for authority for all correspondence, licences and permits for the enclosed application to be forwarded to his office.

Signed.....

Print Name... NAUSHAD CHAUDHARY

Date... 20th OCTOBER 2010

Cavan Martin & Associates
The Dog and Partridge
136 High Street, Dudley, West Midlands, DY5 3BP
Tel: 0800 2425011
Mobile: 07779 351620
www.cavanmartinassociates.co.uk

Consent of individual to being specified as premises supervisor

NAUSHAD CHAUDHARY

[full name of prospective premises supervisor]

of

**4 WELL STREET
WEDNESBURY
WEST MIDLANDS
WS10 9TN**

[home address of prospective premises supervisor]

hereby confirm that I give my consent to be specified as the designated premises supervisor in relation to the application for

NEW PREMISES LICENCE

[type of application]

by

NAUSHAD CHAUDHARY

[name of applicant]

relating to a premises licence

tba

[number of existing licence, if any]

for

**PARKGATE SERVICE STATION
813 BURTON ROAD
MIDWAY
DE11 0DN**

[name and address of premises to which the application relates]

and any premises licence to be granted or varied in respect of this application made by

NAUSHAD CHAUDHARY

[name of applicant]

concerning the supply of alcohol at

PARKGATE SERVICE STATION

813 BURTON ROAD

MIDWAY

DE11 0DN

[name and address of premises to which application relates]

I also confirm that I am applying for, intend to apply for or currently hold a personal licence, details of which I set out below.

Personal licence number

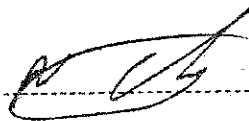
[insert personal licence number, if any]

Personal licence issuing authority

WALSALL MBC

[insert name and address and telephone number of personal licence issuing authority, if any]

Signed



Name (please print)

NAUSHAD CHAUDHARY

Date

20/10/10

**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 Naushad Chaudhary

(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 Parkgate Service Station 813 Burton Road Midway			
Post town	Derby	Post code	DE11 0DN
Telephone number at premises (if any)			
Non-domestic rateable value of premises		£1175	

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
 - o statutory function or
 - o a function discharged by virtue of Her Majesty's prerogative

(A) INDIVIDUAL APPLICANTS (fill in as applicable)

Mr <input checked="" type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
Surname Chaudhary			First names Naushad		
I am 18 years old or over <input checked="" type="checkbox"/> Please tick yes					
Current postal address if different from premises address		4 Well Street Wednesbury			
Post Town	West Midlands			Postcode	WS10 9TN
Daytime contact telephone number					
E-mail address (optional)					

SECOND INDIVIDUAL APPLICANT (if applicable)

Mr <input type="checkbox"/>	Mrs <input checked="" 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
Address
Registered number (where applicable)
Description of applicant (for example, partnership, company, unincorporated association etc.)
Telephone number (if any)
E-mail address (optional)

Part 3 Operating Schedule

When do you want the premises licence to start?

Day			Month			Year		
1	9	1	1	2	0	1	0	

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)
BRICK BUILT SHOP WITHIN A PETROL STATION.

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

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	Please give further details here (please read guidance note 3)		
Mon					
Tue			State any seasonal variations for performing plays (please read guidance note 4)		
Wed					
Thur			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)		
Fri					
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			State any seasonal variations for the exhibition of films (please read guidance note 4)		
Wed			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)		
Thur					
Fri					
Sat					
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			<u>State any seasonal variations for indoor sporting events</u> (please read guidance note 4)
Tue			
Wed			
Thur			<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)
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"/>
				Outdoors	<input type="checkbox"/>
Both	<input type="checkbox"/>				
Day	Start	Finish	Please give further details here (please read guidance note 3)		
Mon					
			State any seasonal variations for boxing or wrestling entertainment (please read guidance note 4)		
Tue					
			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)		
Wed					
Thur					
Fri					
Sat					
Sun					

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

H

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

Provision of facilities for making music Standard days and timings (please read guidance note 6)			<u>Please give a description of the facilities for making music you will be providing</u>	
			<u>Will the facilities for making music be 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 provision of facilities for making music</u> (please read guidance note 4)	
Thur			<u>Non standard timings. Where you intend to use the premises for provision of facilities for making music at different times to those listed in the column on the left, please list</u> (please read guidance note 5)	
Fri				
Sat				
Sun				

J

Provision of facilities for dancing Standard days and timings (please read guidance note 6)			Will the facilities for dancing be indoors or outdoors or both – please tick (see guidance note 2)		Indoors	<input type="checkbox"/>
					Outdoors	<input type="checkbox"/>
					Both	<input type="checkbox"/>
			Please give a description of the facilities for dancing you will be providing			
Day	Start	Finish	Please give further details here (please read guidance note 3)			
Mon						
Tue						
			State any seasonal variations for providing dancing facilities (please read guidance note 4)			
Wed						
Thur						
			Non standard timings. Where you intend to use the premises for the provision of facilities for dancing entertainment at different times to those listed in the column on the left, please list (please read guidance note 5)			
Fri						
Sat						
Sun						

K

Provision of facilities for entertainment of a similar description to that falling within i or j Standard days and timings (please read guidance note 6)			<u>Please give a description of the type of entertainment facility you will be providing</u>		
Day	Start	Finish	<u>Will the entertainment facility be 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 the provision of facilities for entertainment of a similar description to that falling within i or j</u> (please read guidance note 4)		
Fri					
Sat			<u>Non standard timings. Where you intend to use the premises for the provision of facilities for entertainment of a similar description to that falling within i or j at different times to those listed in the column on the left, please list</u> (please read guidance note 5)		
Sun					

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

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	05.00	23:00			
Tue	05.00	23:00			
Wed	05.00	23:00			
Thur	05.00	23:00			
Fri	05.00	23:00			
Sat	05.00	23:00			
Sun	05.00	23:00			

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

Name Naushad Chaudhary	
Address 4 Well Street Wednesbury West Midlands	
Postcode	WS10 9TN
Personal Licence number (if known) Being Obtained	
Issuing licensing authority (if known) Walsall MBC	

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)

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	05.00	23:00	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	05.00	23:00	
Wed	05.00	23:00	
Thur	05.00	23:00	
Fri	05.00	23:00	
Sat	05.00	23:00	
Sun	05.00	23:00	

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)

ALL STAFF AT THE PREMISES, PRIOR TO SELLING ALCOHOL, WILL BE TRAINED BY A CAPABLE PERSON (WHICH FOR THE AVOIDANCE OF DOUBT INCLUDES A PERSONAL LICENCE HOLDER) ON THE BASIC LAWS OF SELLING ALCOHOL WITH A PARTICULAR FOCUS ON ENSURING THAT UNDERAGE SALES ARE NOT MADE. REFRESHER TRAINING MUST ALSO BE PROVIDED AT INTERVALS OF NO MORE THAN 3 MONTHS.

b) The prevention of crime and disorder

PROMINENT SIGNS WILL BE DISPLAYED WITH REGARD TO ALCOHOL AND TOBACCO SALES
CCTV CAMERAS WILL BE INSTALLED AT THE PREMISES AND WILL HAVE A MINIMUM DATA RETENTION PERIOD OF 31 DAYS.
A REFUSAL BOOK IS KEPT AT THE PREMISES

c) Public safety

ALL EMERGENCY LIGHTING WILL BE CHECKED WEEKLY
ENTRANCES, EXITS AND PASSEGEWAYS WILL BE KEPT CLEAR

d) The prevention of public nuisance

PROMINENT SIGNS WILL BE DISPLAYED REQUESTING CUSTOMERS TO HAVE REGARD FOR LOCAL RESIDENTS WHEN LEAVING THE PREMISES
ADEQUATE BINS ARE AVAILABLE FOR CUSTOMERS TO DISPOSE OF LITTER

e) The protection of children from harm

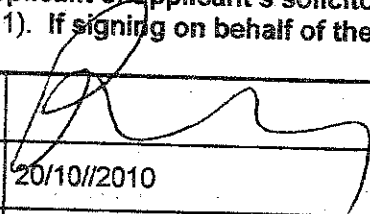
WE WILL OPERATE A CHALLENGE 21 POLICY a NOTICE STATING THAT IT IS ILLIGAL FOR PERSONS TO BUY ALCOHOL ON BEHALF OF PERSONS UNDER 18 YEARS OF AGE WILL BE DISPLAYED AT THE PREMISES.

- 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)

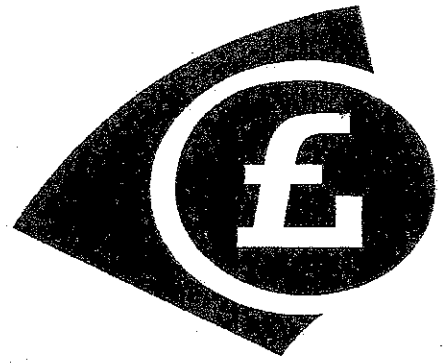
Signature of applicant or applicant's solicitor or other duly authorised agent (See guidance note 11). If signing on behalf of the applicant please state in what capacity.

Signature	
Date	20/10/2010
Capacity	AUTHORISED AGENT

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) CAVAN MARTIN & ASSOCIATES LTD THE DOG AND PARTRIDGE 136 HIGH STREET			
Post town	DUDLEY	Post code	DY5 3BP
Telephone number (if any)	08002425011		
If you would prefer us to correspond with you by e-mail your e-mail address (optional) cavanmartinassociates@btinternet.com			



Accountants
Tax Advisors

To Whom It May Concern:

Re: ParkgateService Station

With regard to the above named premises, our client is running a very successful service station & convenience store.

As from an accounting & profitability statistic point of view, the profit from fuel sales is 30%. 55% of sales are from confectionary, tobacco & periodical, while 15% of sales comes from epay & soft drinks. The sale of alcohol would be ancillary to the other services that are provided. As to survive and be able to compete with other service stations and small businesses on the same road he has to offer more variety with competitive prices.

An off licence opportunity will give him this edge with choice of product along with his already successful convenience store he can serve the local community, he provides 24hr service.

AK & Co Accountants

AK & Co Accountants
20 Mostyn Road
Birmingham

Copy

LICENSING ACT 2003

I Naushad Chaudhary, Park Gate, 813 Burton Road, Midway, Derby, DE11 0DN

Hereby give notice I have applied under S17 Licensing and in accordance with S12 Licensing Act 2003 for a premises Licence for the above mentioned premises namely

- **For the sale of Alcohol for consumption off the premises**
- **MON – SUN 05:00 – 23:00**

Any person wishing to make a representation regarding the application must do so in writing to

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

Email: licensing2@south-derbys.gov.uk

not later than **19TH November 2010.**

A copy of the application may be inspected during normal business hours.

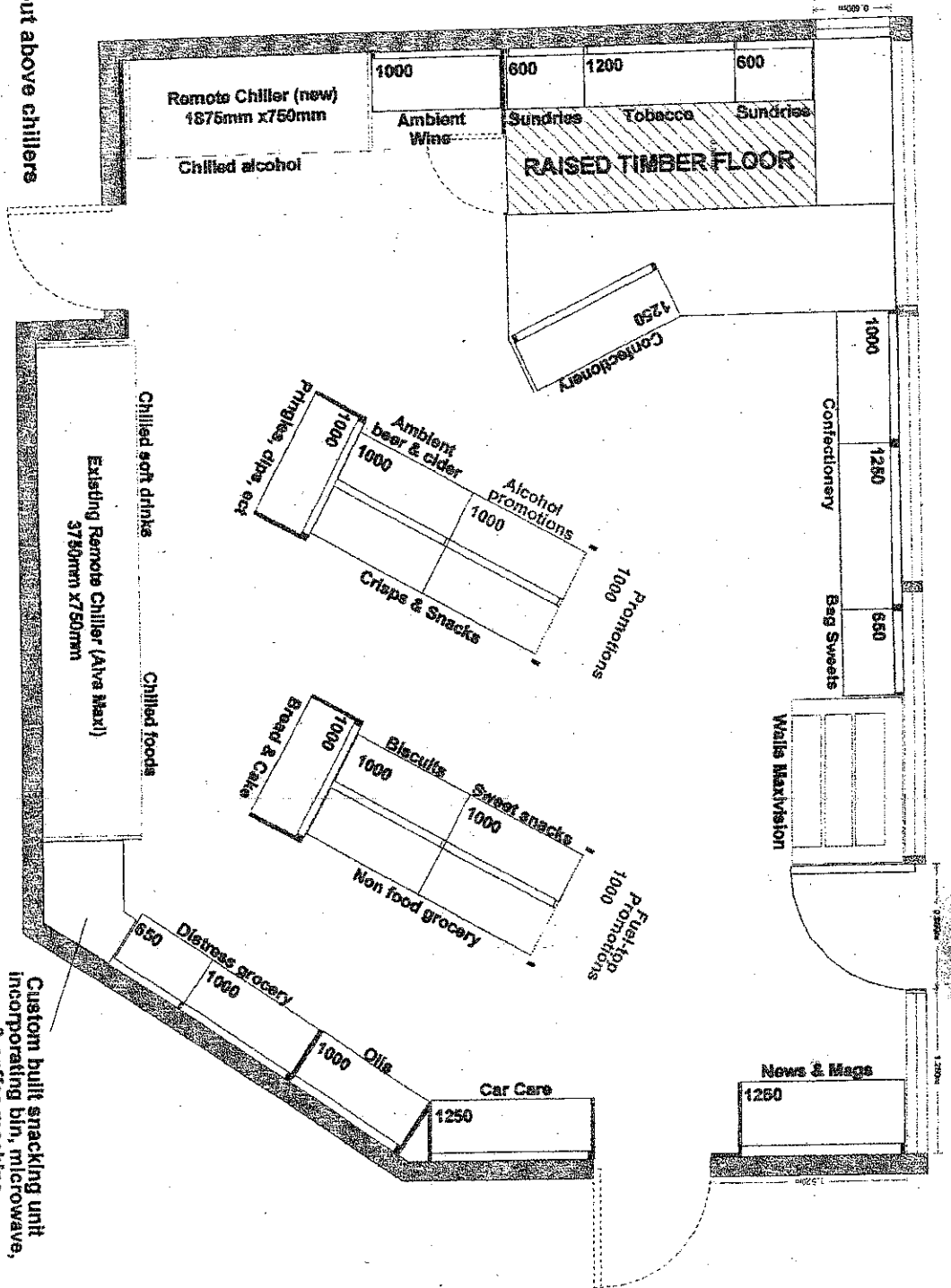
It is an offence, liable on conviction to a fine up to level 5 on the standard scale, under section 158 of the licensing act 2003 to make a false statement in or in connection with this application.

Cavan Martin & Associates Ltd
Authorised Agents

DATED 20TH October 2010

Proposed layout - Lifestyle Express 'evolution'

Proposed layout - Lifestyle Express 'evolution'



Boxed-out above chillers

NOTE: all measurements to be checked before any work commences

300mm deep blue MDF palmet around the top perimeter

Prepared For :

Parkgate (Jet) Service Station
 813 Burton Road,
 Swadlincote, Derbyshire
 DE11 0DN
 01283 550258 / 07954 272277
 Mr. Naushad Chaudhary

- Woodwork Finish Light Oak
- Slatwall Insert Colour Mirrored
- Kickplate Colour Blue
- Ticket Rail Colour Blue
- Proposed Ceiling Height TBC
- Gondola Column Heights 1413mm
- Wall Column Heights TBC

- Denotes Slatwall
- Denotes Promotional Bay

SCALE : 1 : 50
 REFERENCE : parkgate.fp3
 DATE DRAWN : 11/06/2010
 DATE REVISED : -
 DRAWING BY : Craig Bourne

ALL PLANS AND QUOTATIONS REMAIN THE PROPERTY OF THE DESIGNER WHO RETAIN THEREON. NO SHOP PLANS OR SPECIFICATIONS SHALL BE REPRODUCED OR USED IN ANY MANNER WITHOUT THE WRITTEN PERMISSION FROM THE DESIGNER.

Landmark Wholesale
 Holhouse Development Program
 Craig Bourne, Retail Development Manager
 Tel : 07963338915

