

City of Bradford MDC

Bradford
Application for a premises licence
Licensing Act 2003

For help contact

licensingteam@bradford.gov.uk

Telephone: 01274 432240

Section 1 of 21		
You can save the form at a	ny time and resume it later. You do not need to	be logged in when you resume.
System reference	Not Currently In Use	This is the unique reference for this application generated by the system.
Your reference	SHELL SALTAIRE	You can put what you want here to help you track applications if you make lots of them. It is passed to the authority.
Are you an agent acting on	behalf of the applicant?	Put "no" if you are applying on your own behalf or on behalf of a business you own or work for.
Applicant Details		
* First name	SHELL UK OIL PRODUCTS LIMITED	
* Family name	N/A	2.1
You must enter a valid e-n	nail address	
* E-mail	N/A	
Main telephone number	0207 934 1234	Include country code.
Other telephone number		
Indicate here if the ap	plicant would prefer not to be contacted by te	lephone
Is the applicant:		
Applying as a businesApplying as an individ	s or organisation, including as a sole trader lual	A sole trader is a business owned by one person without any special legal structure. Applying as an individual means the applicant is applying so the applicant can be employed, or for some other personal reason, such as following a hobby.
Applicant Business		
Is the applicant's business registered in the UK with Companies House?	© Yes C No	Note: completing the Applicant Business section is optional in this form.
Registration number	3625633	
Business name	SHELL UK OIL PRODUCTS LIMITED	If the applicant's business is registered, use its registered name.
VAT number GB	235763255	Put "none" if the applicant is not registered for VAT

Continued from previous page				
Legal status	Private Limited Company			
Applicant's position in the business	DULY AUTHORISED AGENTS]		
Home country	United Kingdom	The country where the applicant's headquarters are.		
Registered Address		Address registered with Companies House.		
Building number or name	SHELL CENTRE			
Street				
District				
City or town	LONDON			
County or administrative area				
Postcode	SE1 7NA			
Country	United Kingdom			
Agent Details				
* First name	LOCKETT & CO			
* Family name	N/A			
* E-mail	mark@ockett.uk.com			
Main telephone number	01562 864488	Include country code.		
Other telephone number				
Indicate here if you wo	uld prefer not to be contacted by telephone			
Are you:				
An agent that is a busin	ness or organisation, including a sole trader	A sole trader is a business owned by one person without any special legal structure.		
C A private individual ad	ting as an agent			
Agent Business				
Is your business registered in the UK with Companies House?		Note: completing the Applicant Business section is optional in this form.		
Registration number	2728479			
Business name	CORRIGAN LOCKETT LIMITED	If your business is registered, use its registered name.		
VAT number GB	589415592	Put "none" if you are not registered for VAT.		
Legal status	Private Limited Company			

	<u> </u>	
Continued from previous page		
Your position in the business	LICENSING ASSISTANT	
Home country	United Kingdom	The country where the headquarters of your business is located.
Agent Registered Address		Address registered with Companies House.
Building number or name	LOCKETTHOUSE	
Street	13 CHURCH STREET	
District		
City or town	KIDDERMINSTER	
County or administrative area	1	
Postcode	DY10 2AH	
Country	United Kingdom	
Section 2 of 21		
PREMISES DETAILS		
described in section 2 below (in accordance with section 12	oply for a premises licence under section 17 of the the premises) and I/we are making this application of the Licensing Act 2003.	e Licensing Act 2003 for the premises on to you as the relevant licensing authority
Premises Address		
Are you able to provide a pos	al address, OS map reference or description of the	ne premises?
	p reference C Description	
Postal Address Of Premises		
Building number or name	SHELL SALTAIRE	
Street	72 BINGLEY ROAD	
District		
City or town	SHIPLEY	
County or administrative area	WEST YORKSHIRE	
Postcode	BD18 4DJ	
Country	United Kingdom	
Further Details		
Telephone number	01274 592644	
Non-domestic rateable value of premises (£)	56,000	

Section 3 of 21							
APPLICATION DETAILS	And the second s						
In what capacity are you applyi	ng for the premises licence?						
An individual or individual	als						
A limited company / limit	A limited company / limited liability partnership						
A partnership (other than	limited liability)						
An unincorporated associ	ciation						
Other (for example a stat	utory corporation)						
☐ A recognised club							
☐ A charity							
☐ The proprietor of an edu	cational establishment						
☐ A health service body							
A person who is register	ed under part 2 of the Care Standards Act						
2000 (c14) in respect of a	an independent hospital in Wales						
Social Care Act 2008 in n activity (within the mear England	ed under Chapter 2 of Part 1 of the Health and espect of the carrying on of a regulated hing of that Part) in an independent hospital in						
The chief officer of police	e of a police force in England and Wales						
Confirm The Following							
l am carrying on or prop the use of the premises	osing to carry on a business which involves for licensable activities						
I am making the applica	tion pursuant to a statutory function						
l am making the applica virtue of Her Majesty's p	ition pursuant to a function discharged by prerogative						
Section 4 of 21							
NON INDIVIDUAL APPLICAN	ΠS						
Provide name and registered partnership or other joint ver	address of applicant in full. Where appropriate give any registered nature (other than a body corporate), give the name and address of each	umber. In the case of a ch party concerned.					
Name	SHELL UK OIL PRODUCTS LIMITED						
Details							
Registered number (where applicable)	3625633						
Description of applicant (for	example partnership, company, unincorporated association etc)						

Continued from previous page		
PRIVATE LIMITED COMPANY		
Address		
Building number or name	SHELL CENTRE	
Street		
District		
City or town	LONDON	
County or administrative area		
Postcode	SEI 7NA	
Country	United Kingdom	
Contact Details		
E-mail		
Telephone number	020 7934 1234	
Other telephone number		
* Date of birth		
	dd mm yyyy	
* Nationality		Documents that demonstrate entitlement to work in the UK
	Add another applicant	
Section 5 of 21		
OPERATING SCHEDULE		
When do you want the premises licence to start?	26 / 12 / 2018 dd mm yyyy	
If you wish the licence to be valid only for a limited period, when do you want it to end	dd mm yyyy	
Provide a general description of	of the premises	
licensing objectives. Where you	ses, its general situation and layout and any other or application includes off-supplies of alcohol ar olies you must include a description of where th	nd you intend to provide a place for
Convenience Store Overview.		,
This is a well-established conve operated by United Petroleum	nience store on a petrol forecourt. The site trade UK Limited	es under Shell UK Oil Products Limited and is

Continued from evenious page
Continued from previous page The Convenience Store.
THE CONTROLLED COLO.
The convenience store has a retail area of approximately 750 sq ft. The purpose built store has been designed to serve both the local community along with passing trade. The convenience store will operate 24 hours per day, seven days per week under the company's own format. The store will stock an extended range of fresh foods and dairy produce, groceries and other domestic products and will also offer 'express' lunch facilities. In addition dry fuel products such as BBQ charcoal/kindling/logs will be available. Off sales are a standard and expected feature of the convenience store service.
Security.
The internal and external digital CCTV system will benefit from a recorder and recordings can be made available to Police and other enforcement agencies as needed.
The Operation.
The convenience store will be operated by the Manager assisted by a team of full and part time staff. The Designated Premises Supervisor, is trained and certified through an accredited scheme and is responsible for training all staff and keeping complete training records. The Challenge 25 trading initiative will be used supported by the refusals system with records kept in the Refusals Log.
If 5,000 or more people are expected to attend the premises at any one time, state the number expected to attend
Section 6 of 21
PROVISION OF PLAYS
See guidance on regulated entertainment
Will you be providing plays?
C Yes © No
Section 7 of 21
PROVISION OF FILMS
See guidance on regulated entertainment
Will you be providing films?
C Yes
Section 8 of 21
PROVISION OF INDOOR SPORTING EVENTS
See guidance on regulated entertainment
Will you be providing indoor sporting events?
C Yes © No
Section 9 of 21
PROVISION OF BOXING OR WRESTLING ENTERTAINMENTS
See guidance on regulated entertainment
Will you be providing boxing or wrestling entertainments?
C Yes © No
Section 10 of 21

Continued from previou	spage		
PROVISION OF LIVE	IUSIC		
See guidance on regu	lated entertainme	ent	And the second s
Will you be providing	live music?		
C Yes	No		
Section 11 of 21			
PROVISION OF RECO	RDED MUSIC		
See guidance on regu	ated entertainme	nt	
Will you be providing	recorded music?		
C Yes	€ No		
Section 12 of 21		M BILL	
PROVISION OF PERFO	PRMANCES OF DA	INCE	,
See guidance on regul	ated entertainme	nt	
Will you be providing p	performances of d	ance?	
C Yes	No		
Section 13 of 21			
PROVISION OF ANYTH	IING OF A SIMIL	AR DESCRIPTION TO LI	VE MUSIC, RECORDED MUSIC OR PERFORMANCES OF
See guidance on regul			
Will you be providing a		live music, recorded m	usicor
performances of dance			2
	€ No		
Section 14 of 21			
LATE NIGHT REFRESH			
Will you be providing is	_	ient?	
© Yes	○ No		
Standard Days And Ti	mings		
MONDAY			Chartenian in Adhanna alask
	Start 23:00	Enc	
	Start	Ene	of the week when you intend the premises to be used for the activity.
TUESDAY		_	
	Start 23:00	Enc	05:00
		=	
	Start	End	
WEDNESDAY			
	Start 23:00	Enc	05:00
	Start	Enc	

Continued from previou	s pa ge				
THURSDAY					
	Start	23:00		End 05:	5:00
	Start			End	
FRIDAY					
	Start	23:00		End 05:	5:00
	Start			End	
SATURDAY					
	Start	23:00		End 05:	5:00
	Start			End _	
SUNDAY					
	Start	23:00		End 05	5.00
	Start			End	Will write the train of
Will the provision of la	te night	refreshment take p	lace indoo	rs or outd	doors or
Indoors		C Outdoors	0	Both	Where taking place in a building or other structure tick as appropriate. Indoors may include a tent.
THE PROVISION OF HO	TDRINI	(SAND HEATED SN	ACK FOOD	S (E.G. PAI	ANNINIS, SAUSAGE POLLS AND PASTIES)
State any seasonal var	iations				
		ely) where the activ	rity will occ	ur on add	ditional days during the summer months.
NONE			· · · · · · · · · · · · · · · · · · ·		
				,1	
Non-standard timings those listed in the col			e used for	the supply	oly of late night refreshments at different times from
For example (but not	exclusiv	ely), where you wis	h the activi	ty to go o	on longer on a particular day e.g. Christmas Eve.
NONE		To an and the state of the stat	en e e e e e e e e e e e e e e e e e e		.)
		<u> </u>		Y =	
Section 15 of 21					

Continued from previous	päge	,				
SUPPLY OF ALCOHOL						
Will you be selling or su	ıpplyin	ng alcohol?				
← Yes		C No				
Standard Days And Ti	mings	1				*
MONDAY						Give timings in 24 hour clock.
	Start	00:00		End	24:00	(e.g., 16:00) and only give details for the days
	Start			End		of the week when you intend the premises to be used for the activity.
TUESDAY						
	Start	00:00		End	24:00	
	Start			End		
WEDNESDAY						
	Start	00:00		End	24:00	
	Start			End		
THURSDAY						ı
	Start	00:00		End	24:00	
	Start			End		
FRIDAY	otat			ыч		-
PRIDAT	Start	00:00		End	24:00	
		00.00			24300	
	Start			End		
SATURDAY						1
	Start	00:00		End	24:00	
	Start			End		
SUNDAY						
•	Start	00:00		End	24:00	
	Start			End		
Will the sale of alcohol b	e for c	consumption:				If the sale of alcohol is for consumption on the premises select on, if the sale of alcohol
On the premises		Off the premises	0	Both		is for consumption away from the premises
						select off. If the sale of alcohol is for consumption on the premises and away
						from the premises select both.
State any seasonal varia	tions					
	clusive	ely) where the activity w	ill occ	uron	additional da	ys during the summer months.
NONE						
			01			

Continued from previous page	
Non-standard timings. Where t column on the left, list below	he premises will be used for the supply of alcohol at different times from those listed in the
For example (but not exclusive	ly), where you wish the activity to go on longer on a particular day e.g. Christmas Eve.
NONE	
State the name and details of t licence as premises supervisor	he individual whom you wish to specify on the
Name	
First name	CORRIGAN DEAN
Family name	LOCKETT
Date of birth	12 / 11 / 1963
2	dd mm уууу
Enter the contact's address	
Building number or name	BARN OWL COTTAGE
Street	STOURPORT ROAD
District	
City or town	BEWDLEY
County or administrative area	WORCESTERSHIRE
Postcode	DY12 1QA
Country	United Kingdom
Personal Licence number	
(if known)	WF2011101386
Issuing licensing authority	CARD THE STATE OF
(if known)	WYRE FOREST DISTRICT COUNCIL
PROPOSED DESIGNATED PRE	MISES SUPERVISOR CONSENT
How will the consent form of t be supplied to the authority?	he proposed designated premises supervisor
· · ·	posed designated premises supervisor
As an attachment to this	application
Reference number for consent form (if known)	

Continued from previous	page	70		
If the consent form is a the proposed designat supervisor for its 'syste	ed pre	amises		
reference'. Section 16 of 21				
ADULT ENTERTAINME	NT			
Highlight any adult ent	ertain:	ment or services, activities, or	other	entertainment or matters ancillary to the use of the
		concern in respect of childre		
rise to concern in respe	ct of ch	hildren, regardless of whether	r you i	ses or ancillary to the use of the premises which may give intend children to have access to the premises, for example e groups etc gambling machines etc.
NONE		· · · · · · · · · · · · · · · · · · ·		
1				
Section 17 of 21				
HOURS PREMISES ARE	OPEN	TO THE PUBLIC		
Standard Days And Tir	mings			
MONDAY				Characteristics in O.4 hours alone.
	Start	00:00	End	Give timings in 24 hour clock. 24:00 (e.g., 16:00) and only give details for the days
	Start		End	of the week when you intend the premises to be used for the activity.
THEODAY				to be used for the activity.
TUESDAY				
	Start	00:00	End	24:00
	Start		End.	
WEDNESDAY				
	Start	00:00	End	24:00
	Start		End	
THURSDAY				
	Start	00:00	End	24:00
	Start		End	
FRIDAY				
	Start	00:00	End	24:00
		00.00		[2430
	Start		End	
SATURDAY				
	Start	00:00	End	24:00
	Start		End	

Continued from previous page	
SUNDAY	
Start	00:00 End 24:00
Start	End
State any seasonal variations	
	ly) where the activity will occur on additional days during the summer months.
NONE	
Non standard timings. Where y those listed in the column on the	ou intend to use the premises to be open to the members and guests at different times from he left, list below
For example (but not exclusive	ly), where you wish the activity to go on longer on a particular day e.g. Christmas Eve.
NONE	
Section 18 of 21	
LICENSING OBJECTIVES	
Describe the steps you intend	to take to promote the four licensing objectives:
a) General – all four licensing o	bjectives (b,c,d,e)
List here steps you will take to	promote all four licensing objectives together.
is open for licensable activities.	system with recording facilities will be in place at site and will operate at all times the premise images will be retained for a period of no less than 31 days. Access to the equipment and the police or other relevant officers of a responsible authority within 24 hours of the request
undertaken (minimum of every	to their responsibilities in the retail sale of alcohol and regular refresher training will also be a months). Written training records can be made available for inspection upon reasonable relevant officers of a responsible authority.
A refusals log will be operated officers of a responsible author	and maintained and will be produced to a relevant officer of the Police or other relevant ity upon reasonable request.
An incident log will be operate officers of a responsible author	d and maintained and will be produced to a relevant officer of the Police or other relevant ity upon reasonable request.
A Challenge 25 policy will be o licence and PASS accredited id	perated at the premise. Acceptable forms of identification are a passport, photo-card driving entification card.
Spirits (with the exception of s	pirit mixers and premixed spirit drinks) will be located behind the counter.
throughout the store that may contained within the red lined	nall be permitted to display bulk stacks, wine towers and chilled promotional offerings not necessarily be shown on the plan. The locations may be subject to change but will be licensable area shown on the plan attached to the Premises Licence. The display of bulk re they may impact on the ability of customers to use exits or escape routes without

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impediment.

b) The prevention of crime and disorder

A suitable and sufficient CCTV system with recording facilities will be in place at site and will operate at all times the premise is open for licensable activities. Images will be retained for a period of no less than 31 days. Access to the equipment and recordings will be provided to the police or other relevant officers of a responsible authority within 24 hours of the request being made.

Staff will be trained with regard to their responsibilities in the retail sale of alcohol and regular refresher training will also be undertaken (minimum of every 6 months). Written training records can be made available for inspection upon reasonable request by the Police or other relevant officers of a responsible authority.

Spirits (with the exception of spirit mixers and premixed spirit drinks) will be located behind the counter.

c) Public safety

A suitable and sufficient CCTV system with recording facilities will be in place at site and will operate at all times the premise is open for licensable activities. Images will be retained for a period of no less than 31 days. Access to the equipment and recordings will be provided to the police or other relevant officers of a responsible authority within 24 hours of the request being made.

d) The prevention of public nuisance

Staff will be trained with regard to their responsibilities in the retail sale of alcohol and regular refresher training will also be undertaken (minimum of every 6 months). Written training records can be made available for inspection upon reasonable request by the Police or other relevant officers of a responsible authority.

An incident log will be operated and maintained and will be produced to a relevant officer of the Police or other relevant officers of a responsible authority upon reasonable request.

e) The protection of children from harm

Staff will be trained with regard to their responsibilities in the retail sale of alcohol and regular refresher training will also be undertaken (minimum of every 6 months). Written training records can be made available for inspection upon reasonable request by the Police or other relevant officers of a responsible authority.

A refusals log will be operated and maintained and will be produced to a relevant officer of the Police or other relevant officers of a responsible authority upon reasonable request.

A Challenge 25 policy will be operated at the premise. Acceptable forms of identification are a passport, photo-card driving licence and PASS accredited identification card.

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NOTES ON DEMONSTRATING ENTITLEMENT TO WORK IN THE UK

Continued from previous page...

- Dance: no licence is required for performances between 08.00 and 23.00 on any day, provided that the
 audience does not exceed 500. However, a performance which amounts to adult entertainment remains
 licensable.
- Cross activity exemptions: no licence is required between 08.00 and 23.00 on any day, with no limit on audience size for:
 - any entertainment taking place on the premises of the local authority where the entertainment is provided by or on behalf of the local authority;
 - o any entertainment taking place on the hospital premises of the health care provider where the entertainment is provided by or on behalf of the health care provider;
 - any entertainment taking place on the premises of the school where the entertainment is provided by or on behalf of the school proprietor; and
 - any entertainment (excluding films and a boxing or wrestling entertainment) taking place at a travelling circus, provided that (a) it takes place within a moveable structure that accommodates the audience, and (b) that the travelling circus has not been located on the same site for more than 28 consecutive days.

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PAYMENT DETAILS

This fee must be paid to the authority. If you complete the application online, you must pay it by debit or credit card. Rateable Value Band No rateable value to £4,300 A £4,301 to £33,000 B £33,001 to £87,000 C £87,001 to £125,000 D £125,001 and above E Rateable Value Band A B C D* E* Application fee £100 £190 £315 £450 £635 In addition, a multiplier will be applied to premises within bands D and E, where they are exclusively or primarily in the business of selling alcohol. * Premises within band D Fee shall be the application fee or annual charge x 2 * Premises within band E Fee shall be the application fee or annual charge x 3

4	Fee	900	ALL	mt	/C1
	100	CHIL	VU	T III.	12

315.00

DECLARATION

Applicable to individual applicants only, including those in a partnership which is not a limited liability partnership] I understand I am not entitled to be issued with a licence if I do not have the entitlement to live and work in the UK (or if I am subject to a condition preventing me from doing work relating to the carrying on of a licensable activity) and that my licence will become invalid if I cease to be entitled to live and work in the UK (please read guidance note 15).

The DPS named in this application form is entitled to work in the UK (and is not subject to conditions preventing him or her from doing work relating to a licensable activity) and I have seen a copy of his or her proof of entitlement to work, if appropriate (please see note 15)

Ticking this box indicates you have read and understood the above declaration

This section should be completed by the applicant, unless you answered "Yes" to the question "Are you an agent acting on behalf of the applicant?"

Add another signatory

* Full name	MARK BROWN P.P. LOCKETT & CO	
* Capacity	DULY AUTHORISED AGENTS	
* Date	27 / 11 / 2018 dd mm yyyy	
		-

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Continued from previous page		
with your application.		е
IT IS AN OFFENCE LIABLE TO LICENSING ACT 2003, TO MA	SUMMARY CONVICTION TO A FINE OF ANY AMOUNT UNDER SECTION 158 OF THE KE A FALSE STATEMENT IN OR IN CONNECTION WITH THIS APPLICATION	
KNOW, OR HAVE REASONAB THEIR IMMIGRATION STATUS CONDITIONS AS TO EMPLOY ASYLUM AND NATIONALITY	CTION 24B OF THE IMMIGRATION ACT 1971 FOR A PERSON TO WORK WHEN THEY LE CAUSE TO BELIEVE, THAT THEY ARE DISQUALIFIED FROM DOING SO BY REASON OF THOSE WHO EMPLOY AN ADULT WITHOUT LEAVE OR WHO IS SUBJECT TO MENT WILL BE LIABLE TO A CIVIL PENALTY UNDER SECTION 15 OF THE IMMIGRATION ACT 2006 AND PURSUANT TO SECTION 21 OF THE SAME ACT, WILL BE COMMITTING OIN THE KNOWLEDGE, OR WITH REASONABLE CAUSE TO BELIEVE, THAT THE EMPLO	N, AN
OFFICE USE ONLY		
		:
Applicant reference number	SHELL SALTAIRE	
Feepad		
Payment provider reference		
ELMS Payment Reference		
ELMS Payment Reference Payment status		
Payment status		
Payment status Payment authorisation code		
Payment status Payment authorisation code Payment authorisation date		
Payment status Payment authorisation code Payment authorisation date Date and time submitted		