

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

The Licensing Department
 Exeter City Council
 Civic Centre
 Paris Street
 Exeter
 Devon, EX1 1RQ

Application for a premises licence to be granted under the Licensing Act 2003

PLEASE READ THE FOLLOWING INSTRUCTIONS FIRST

Before completing this form please read the guidance notes at the end of the form. If you are completing this form by hand please write legibly in block capitals. In all cases ensure that your answers are inside the boxes and written in black ink. Use additional sheets if necessary.

You may wish to keep a copy of the completed form for your records.

XWe Aldi Stores Limited
 (Insert name(s) of applicant)

apply for a premises licence under section 17 of the Licensing Act 2003 for the premises described in Part 1 below (the premises) and Xwe are making this application to you as the relevant licensing authority in accordance with section 12 of the Licensing Act 2003

Part 1 - Premises Details

Postal address of premises or, if none, Ordnance Survey map reference or description Aldi Exeter Road Topsham	
Post town Exeter	Post code EX2 7DT
Telephone number at premises (if any)	01827 710800
Non-domestic rateable value of premises	£ (not yet rated)

Part 2 - Applicant Details

Please state whether you are applying for a premises licence as

Please tick as appropriate

- a) an individual or individuals* please complete section (A)
- b) a person other than an individual*
 - i as a limited company please complete section (B)
 - ii as a partnership please complete section (B)
 - iii as an unincorporated association or please complete section (B)
 - iv other (for example a statutory corporation) please complete section (B)
- c) a recognised club please complete section (B)
- d) a charity please complete section (B)
- e) the proprietor of an educational establishment please complete section (B)

- f) a health service body please complete section (B)
- g) a person who is registered under Part 2 of the Care Standards Act 2000 (c14) in respect of an independent hospital in Wales please complete section (B)
- ga) a person who is registered under Chapter 2 of Part 1 of the Health and Social Care Act 2008 (within the meaning of that Part) in an independent hospital in England please complete section (B)
- h) the chief officer of police of a police force in England and Wales please complete section (B)

*If you are applying as a person described in (a) or (b) please confirm:

Please tick yes

- I am carrying on or proposing to carry on a business which involves the use of the premises for licensable activities; or
- I am making the application pursuant to a
 - statutory function or
 - a function discharged by virtue of Her Majesty's prerogative

(A) INDIVIDUAL APPLICANTS (fill in as applicable)

Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)
Surname			First names	
I am 18 years old or over	<input type="checkbox"/>			Please tick yes
Current postal address if different from premises address				
Post town			Post code	
Daytime contact telephone number				
E-mail address (optional)				

SECOND INDIVIDUAL APPLICANT (if applicable)

Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)
Surname			First names	
I am 18 years old or over	<input type="checkbox"/>			Please tick yes
Current postal address if different from premises address				
Post town			Post code	
Daytime contact telephone number				
E-mail address (optional)				

(B) OTHER APPLICANTS

Please provide name and registered address of applicant in full. Where appropriate please give any registered number. In the case of a partnership or other joint venture (other than a body corporate), please give the name and address of each party concerned.

Name Aldi Stores Limited
Address Holly Lane Atherstone Warwickshire CV9 2SQ
Registered number (where applicable) 2321869
Description of applicant (for example, partnership, company, unincorporated association etc.) Company
Telephone number (if any) 01827 710800
E-mail address (optional) N/A

Part 3 - Operating Schedule

When do you want the premises licence to start?

DD		MM		YYYY			
0	1	0	5	2	0	1	5

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.

Not Applicable

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

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

What licensable activities do you intend to carry on from the premises?

(Please see sections 1 and 14 of the Licensing Act 2003 and Schedules 1 and 2 to the Licensing Act 2003)

Please tick any that apply

Provision of regulated entertainment

- a) plays (if ticking yes, fill in box A)
- b) films (if ticking yes, fill in box B)
- c) indoor sporting events (if ticking yes, fill in box C)
- d) boxing or wrestling entertainment (if ticking yes, fill in box D)
- e) live music (if ticking yes, fill in box E)
- f) recorded music (if ticking yes, fill in box F)
- g) performances of dance (if ticking yes, fill in box G)
- h) anything of a similar description to that falling within (e), (f) or (g) (if ticking yes, fill in box H)

Provision of late night refreshment (if ticking yes, fill in box I)

Supply of alcohol (if ticking yes, fill in box J)

In all cases complete boxes K, L and M

A

Plays Standard days and timings (please read guidance note 6)			Will the performance of a play take place indoors or outdoors or both - please tick (please read guidance note 2)	Indoors	<input type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon			Please give further details here (please read guidance note 3)	Both	<input type="checkbox"/>
Tue					
Wed			State any seasonal variations for performing plays (please read guidance note 4)		
Thur					
Fri			Non standard timings. Where you intend to use the premises for the performance of plays at different times to those listed in the column on the left, please list (please read guidance note 5)		
Sat					
Sun					

B

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

C

Indoor sporting events Standard days and timings (please read guidance note 6)			Please give further details (please read guidance note 3)
Day	Start	Finish	
Mon			State any seasonal variations for indoor sporting events (please read guidance note 4)
Tue			
Wed			
Thur			Non standard timings. Where you intend to use the premises for indoor sporting events at different times to those listed in the column on the left, please list (please read guidance note 5)
Fri			
Sat			
Sun			

D

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

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

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"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon			Please give further details here (please read guidance note 3)	Both	<input type="checkbox"/>
Tue					
Wed			State any seasonal variations for the performance of dance (please read guidance note 4)		
Thur					
Fri			Non standard timings. Where you intend to use the premises for the performance of dance at different times to those listed in the column on the left, please list (please read guidance note 5)		
Sat					
Sun					

H

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

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"/>
Day				Start	Finish
Mon	07:00	23.00		Off the premises	<input checked="" type="checkbox"/>
Tue	07:00	23.00	Both	<input type="checkbox"/>	
			State any seasonal variations for the supply of alcohol (please read guidance note 4)		
			None		
			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)		

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

Name Lisa Joanne Gilligan	
Address The Coach House Church Causeway Church Langton Market Harborough Leicester	
Post code	LE16 7SU
Personal licence number (if known) HHPER00549	
Issuing licensing authority (if known) Harborough District 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)			State any seasonal variations (please read guidance note 4) None
Day	Start	Finish	
Mon	07:00	23.00	
Tue	07:00	23.00	
Wed	07:00	23.00	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)
Thur	07:00	23.00	None
Fri	07:00	23.00	
Sat	07:00	23.00	
Sun	07:00	23.00	

M - Describe the steps you intend to take to promote the four licensing objectives:

a) General - all four licensing objectives (b, c, d and e) (please read guidance note 9)

Aldi operate over 500 stores in the UK with licences free of conditions. It is submitted that as a responsible operator, selling alcohol for consumption off the premises only, no conditions need to be attached to the premises licence other than the mandatory conditions specified in the Licensing Act 2003.

b) The prevention of crime and disorder

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

c) Public safety

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

d) The prevention of public nuisance

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

e) The protection of children from harm

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

Checklist:

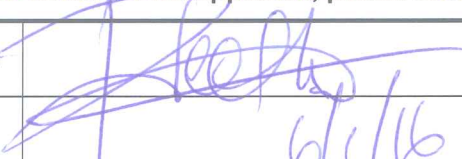
Please tick to indicate agreement

- I have made or enclosed payment of the fee.
- I have enclosed the plan of the premises.
- I have sent copies of this application and the plan to responsible authorities and others where applicable.
- I have enclosed the consent form completed by the individual I wish to be designated premises supervisor, if applicable.
- I understand that I must now advertise my application.
- I understand that if I do not comply with the above requirements my application will be rejected.

IT IS AN OFFENCE, LIABLE ON SUMMARY CONVICTION TO A FINE NOT EXCEEDING LEVEL 5 ON THE STANDARD SCALE, UNDER SECTION 158 OF THE LICENSING ACT 2003, TO MAKE A FALSE STATEMENT IN OR IN CONNECTION WITH THIS APPLICATION.

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	6/1/16
Capacity	Solicitors 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) Freeths LLP One Colton Square	
Post town Leicester	Post code LE1 1QH
Telephone number (if any)	+44 (0)845 272 5723
If you would prefer us to correspond with you by e-mail, your e-mail address (optional) N/A	

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.

Representation Form for Responsible Authorities

Responsible Authority

Devon & Cornwall Constabulary

Full Name	John Bean	Job Title	Licensing Officer
Postal and email address	Police Station Heavitree Road Exeter EX1 2LR		
Tel No.	01392 451512		

Name of the premises you are Making a representation about.	Aldi Stores
Address of the premises you Are making a representation About.	Exeter Road Topsham EX2 7DT

Which of the four Licensing Objectives does your representation Relate to?	Y/N	Please detail the evidence supporting your representation, or the reason for your representation. Please use separate sheets if necessary.
Prevention of Crime & Disorder	Y	The applicant has offered no appropriate and enforceable conditions to uphold the licensing objective
Public Safety		
Prevention of Public Nuisance		
Protection of Children from Harm	Y	The applicant has offered no appropriate and enforceable conditions to uphold the licensing objective

This form must be returned within the statutory Period.
Please check with the Licensing Section on 01392 265434

Representation Form for Responsible Authorities

<p>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</p>		<ol style="list-style-type: none">1. CCTV must be installed, operated and maintained to the satisfaction of the Licensing Authority and the Chief Officer of Police.2. CCTV images must be retained for a minimum of 14 days and be produced on the request of the Police or a Licensing Officer of Exeter City Council. Recording media must be set to 25 frames per second.3. The CCTV system must be operational at all times when the premises are trading. Details of any malfunction must be recorded in the premises incident book.4. An incident book must be maintained within which full details of all occurrences of disorder are logged.5. Refusal forms will be maintained at the premises recording refused alcohol sales.6. The refusals forms and incident book must be kept on the premises and must be available to Officers of both the Licensing Authority and the Police.7. A Challenge 25 Policy will be implemented at the premises and the only acceptable forms of ID will be passport, photo driving licence and Government Approved PASS card.

N.B If you do make a representation you will be expected to attend the Licensing Sub Committee meeting and any subsequent appeal proceeding.

Signed:..John Bean.....
(On behalf of the Chief Officer of Police)

Dated: 12th January 2016

Return this form along with any additional sheets/supporting information to:
Licensing Section, Exeter City Council, Civic Centre, Paris Street, Exeter, Devon,
EX1 1RQ. Or email to licensing@exeter.gov.uk

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