

* required information

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You can save the form at any 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

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?

☒ Yes

☐ No

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

LIA

* Family name

RUTTER

* E-mail

Main telephone number

Include country code.

Other telephone number

☐ Indicate here if the applicant would prefer not to be contacted by telephone

Is the applicant:

☐ Applying as a business or organisation, including as a sole trader

☒ Applying as an individual

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.

Continued from previous page...

Address

* Building number or name

* Street

District

* City or town

County or administrative area

* Postcode

* Country

United Kingdom

Agent Details

* First name

PAUL

* Family name

SHERRATT

* E-mail

Main telephone number

Include country code.

Other telephone number

☐ Indicate here if you would prefer not to be contacted by telephone

Are you:

☒ An agent that is a business or organisation, including a sole trader

A sole trader is a business owned by one person without any special legal structure.

☐ A private individual acting as an agent

Agent Business

Is your business registered in the UK with Companies House?

☒ Yes

☐ No

Note: completing the Applicant Business section is optional in this form.

Registration number

Business name

LICENSING MATTERS

If your business is registered, use its registered name.

VAT number

-

Put "none" if you are not registered for VAT.

Legal status

Private Limited Company

Your position in the business

DIRECTOR

Home country

United Kingdom

The country where the headquarters of your business is located.

Continued from previous page...

Agent Registered Address

Address registered with Companies House.

Building number or name	<input type="text"/>
Street	<input type="text"/>
District	<input type="text"/>
City or town	<input type="text"/>
County or administrative area	<input type="text"/>
Postcode	<input type="text"/>
Country	<input type="text" value="United Kingdom"/>

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PREMISES DETAILS

I/we, as named in section 1, apply for a premises licence under section 17 of the Licensing Act 2003 for the premises described in section 2 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.

Premises Address

Are you able to provide a postal address, OS map reference or description of the premises?

☒ Address ☐ OS map reference ☐ Description

Postal Address Of Premises

Building number or name	<input type="text" value="BARGAIN BOOZE"/>
Street	<input type="text" value="7 THORNTON SQUARE"/>
District	<input type="text"/>
City or town	<input type="text" value="MACCLESFIELD"/>
County or administrative area	<input type="text"/>
Postcode	<input type="text" value="SK11 7XZ"/>
Country	<input type="text" value="United Kingdom"/>

Further Details

Telephone number	<input type="text"/>
Non-domestic rateable value of premises (£)	<input type="text" value="7,400"/>

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APPLICATION DETAILS

In what capacity are you applying for the premises licence?

- ☒ An individual or individuals
- ☐ A limited company
- ☐ A partnership
- ☐ An unincorporated association
- ☐ A recognised club
- ☐ A charity
- ☐ The proprietor of an educational establishment
- ☐ A health service body
- ☐ A person who is registered under part 2 of the Care Standards Act 2000 (c14) in respect of an independent hospital in Wales
- ☐ A person who is registered under Chapter 2 of Part 1 of the Health and Social Care Act 2008 in respect of the carrying on of a regulated activity (within the meaning of that Part) in an independent hospital in England
- ☐ The chief officer of police of a police force in England and Wales
- ☐ Other (for example a statutory corporation)

Confirm The Following

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

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INDIVIDUAL APPLICANT DETAILS

Applicant Name

Is the name the same as (or similar to) the details given in section one?

☒ Yes ☐ No

If "Yes" is selected you can re-use the details from section one, or amend them as required. Select "No" to enter a completely new set of details.

First name

LIA

Family name

RUTTER

Is the applicant 18 years of age or older?

☐ Yes ☐ No

Continued from previous page...

Applicant Postal Address

Is the address the same as (or similar to) the address given in section one?

☒ Yes ☐ No

If "Yes" is selected you can re-use the details from section one, or amend them as required. Select "No" to enter a completely new set of details.

Building number or name	<input type="text"/>
Street	<input type="text"/>
District	<input type="text"/>
City or town	<input type="text"/>
County or administrative area	<input type="text"/>
Postcode	<input type="text"/>
Country	<input type="text" value="United Kingdom"/>

Applicant Contact Details

Are the contact details the same as (or similar to) those given in section one?

☒ Yes ☐ No

If "Yes" is selected you can re-use the details from section one, or amend them as required. Select "No" to enter a completely new set of details.

E-mail	<input type="text"/>
Telephone number	<input type="text"/>
Other telephone number	<input type="text"/>

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OPERATING SCHEDULE

When do you want the premises licence to start?

/ /
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 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.

THE STORE WILL BE A CONVENIENCE STORE SELLING ALL MANNER OF ITEMS AND NEWSPAPERS

Continued from previous page...

If 5,000 or more people are expected to attend the premises at any one time, state the number expected to attend

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PROVISION OF PLAYS

Will you be providing plays?

☐ Yes ☒ No

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PROVISION OF FILMS

Will you be providing films?

☐ Yes ☒ No

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PROVISION OF INDOOR SPORTING EVENTS

Will you be providing indoor sporting events?

☐ Yes ☒ No

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PROVISION OF BOXING OR WRESTLING ENTERTAINMENTS

Will you be providing boxing or wrestling entertainments?

☐ Yes ☒ No

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PROVISION OF LIVE MUSIC

Will you be providing live music?

☐ Yes ☒ No

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PROVISION OF RECORDED MUSIC

Will you be providing recorded music?

☐ Yes ☒ No

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PROVISION OF PERFORMANCES OF DANCE

Will you be providing performances of dance?

☐ Yes ☒ No

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PROVISION OF ANYTHING OF A SIMILAR DESCRIPTION TO LIVE MUSIC, RECORDED MUSIC OR PERFORMANCES OF DANCE

Will you be providing anything similar to live music, recorded music or performances of dance?

☐ Yes ☒ No

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LATE NIGHT REFRESHMENT

Will you be providing late night refreshment?

☐ Yes ☒ No

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SUPPLY OF ALCOHOL

Will you be selling or supplying alcohol?

☒ Yes ☐ No

Standard Days And Timings

MONDAY

Start

End

Start

End

TUESDAY

Start

End

Start

End

WEDNESDAY

Start

End

Start

End

THURSDAY

Start

End

Start

End

FRIDAY

Start

End

Start

End

SATURDAY

Start

End

Start

End

SUNDAY

Start

End

Start

End

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.

Continued from previous page...

Will the sale of alcohol be for consumption:

☐ On the premises ☒ Off the premises ☐ Both

If the sale of alcohol is for consumption on the premises select on, if the sale of alcohol 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 variations

For example (but not exclusively) where the activity will occur on additional days during the summer months.

Non-standard timings. Where the premises will be used for the supply of alcohol at different times from those listed in the column on the left, list below

For example (but not exclusively), where you wish the activity to go on longer on a particular day e.g. Christmas Eve.

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

Name

First name

Family name

Enter the contact's address

Building number or name

Street

District

City or town

County or administrative area

Postcode

Country

Personal Licence number (if known)

Issuing licensing authority (if known)

Continued from previous page...

PROPOSED DESIGNATED PREMISES SUPERVISOR CONSENT

How will the consent form of the proposed designated premises supervisor be supplied to the authority?

- ☐ Electronically, by the proposed designated premises supervisor
- ☒ As an attachment to this application

Reference number for consent form (if known)

If the consent form is already submitted, ask the proposed designated premises supervisor for its 'system reference' or 'your reference'.

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ADULT ENTERTAINMENT

Highlight any adult entertainment or services, activities, or other entertainment or matters ancillary to the use of the premises that may give rise to concern in respect of children

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 etc gambling machines etc.

NONE

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HOURS PREMISES ARE OPEN TO THE PUBLIC

Standard Days And Timings

MONDAY

Start

End

Start

End

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.

TUESDAY

Start

End

Start

End

WEDNESDAY

Start

End

Start

End

THURSDAY

Start

End

Start

End

FRIDAY

Start

End

Start

End

Continued from previous page...

SATURDAY

Start

End

Start

End

SUNDAY

Start

End

Start

End

State any seasonal variations

For example (but not exclusively) where the activity will occur on additional days during the summer months.

Non standard timings. Where you intend to use the premises to be open to the members and guests at different times from those listed in the column on the left, list below

For example (but not exclusively), where you wish the activity to go on longer on a particular day e.g. Christmas Eve.

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LICENSING OBJECTIVES

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

a) General – all four licensing objectives (b,c,d,e)

List here steps you will take to promote all four licensing objectives together.

SEE BELOW

b) The prevention of crime and disorder

1) A CCTV camera system covering the premise is to be installed. The CCTV recordings are to be maintained for 28 days and to be provided upon reasonable request to either a Police Officer or an officer of any other Responsible Authority and in accordance with the DPA.

c) Public safety

The Premises Licence Holder is aware of their responsibilities in relation to current legislation.

Continued from previous page...

d) The prevention of public nuisance

All staff at the store will be trained in how to manage any person who they suspect may create a public nuisance in the area of the store. Such people will be asked to leave the area quietly (if safe to do so) an entry will be made in the incident register.

e) The protection of children from harm

The premises will adopt a 'Challenge 25' policy. This means that if a customer purchasing alcohol appears to be under the age of 25 they will be asked for proof of their age, to prove that they are 18 years or older.

Posters will be on display advising customers of the 'Challenge 25' policy.

The only forms of identification that will be accepted at the premises are a passport, photo-card driving licences, & cards bearing the 'PASS' hologram.

Staff will be trained before making sales of alcohol in their responsibilities under the Licensing Act 2003. Training will be documented & made available to the Police & authorised officers of the council upon reasonable request.

Staff retraining will take place every 6 months.

A refusal and challenge register will be in use at the premises. This can in the form of a written document or electronic. It will be maintained and staff will record refusals and challenges made. The document will be checked on a regular basis by the DPS.

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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.

Premises Licence Fees are determined by the non-domestic rateable value of the premises.

To find out a premises non domestic rateable value go to the Valuation Office Agency site at http://www.voa.gov.uk/business_rates/index.htm

Band A - No RV to £4300 £100.00

Band B - £4301 to £33000 £190.00

Band C - £33001 to £8700 £315.00

Band D - £87001 to £12500 £450.00*

Band E - £125001 and over £635.00*

*If the premises rateable value is in Bands D or E and the premises is primarily used for the consumption of alcohol on the premises then you are required to pay a higher fee

Band D - £87001 to £12500 £900.00

Band E - £125001 and over £1,905.00

There is an exemption from the payment of fees in relation to the provision of regulated entertainment at church halls, chapel halls or premises of a similar nature, village halls, parish or community halls, or other premises of a similar nature. The costs associated with these licences will be met by central Government. If, however, the licence also authorises the use of the premises for the supply of alcohol or the provision of late night refreshment, a fee will be required.

Schools and sixth form colleges are exempt from the fees associated with the authorisation of regulated entertainment where the entertainment is provided by and at the school or college and for the purposes of the school or college.

If you operate a large event you are subject to ADDITIONAL fees based upon the number in attendance at any one time

Capacity 5000-9999 £1,000.00

Capacity 10000-14999 £2,000.00

Capacity 15000-19999 £4,000.00

Capacity 20000-29999 £8,000.00

Capacity 30000-39000 £16,000.00

Capacity 40000-49999 £24,000.00

Capacity 50000-59999 £32,000.00

Capacity 60000-69999 £40,000.00

Capacity 70000-79999 £48,000.00

Continued from previous page...

Capacity 80000-89999 £56,000.00

Capacity 90000 and over £64,000.00

* Fee amount (£)

190.00

DECLARATION

* I/we understand 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.

☒ 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?"

* Full name

* Capacity

* Date

27	/	02	/	2017
dd		mm		yyyy

Add another signatory

Once you're finished you need to do the following:

1. Save this form to your computer by clicking file/save as...

2. Go back to <https://www.gov.uk/apply-for-a-licence/premises-licence/cheshire-east/apply-1> to upload this file and continue with your application.

Don't forget to make sure you have all your supporting documentation to hand.

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

OFFICE USE ONLY

Applicant reference number

Fee paid

Payment provider reference

ELMS Payment Reference

Payment status

Payment authorisation code

Payment authorisation date

Date and time submitted

Approval deadline

Error message

Is Digitally signed

☐

Consent of individual to being specified as premises supervisor

I MRS LIA RUTTER

[full name of prospective premises supervisor]

of

[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

[type of application]

by

MRS LIA RUTTER

[name of applicant]

TBA

relating to a premises licence

[number of existing licence, if any]

for

BARGAIN BOOZE
7 TROTTON SQUARE
MACELESFIELD
SK11 7X2

[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

MRS LIA RUTTER

[name of applicant]

concerning the supply of alcohol at

BARGAIN BOOZE
7 THORNTON SQUARE
MACCLESFIELD
SK11 7XZ

[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

or, if any]

Personal licence issuing authority

CHESHIRE EAST COUNCIL

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

MUNICIPAL BUILDINGS
EARLE STREET
CREWE
CW1 2BJ

Signed

Name (please print)

LIA RUTTER

Date

1

27/2/17

Note: Any items shown on the plan that are not subject to the requirement for plans under the regulations to the Licensing Act 2003 are subject to change at any time.

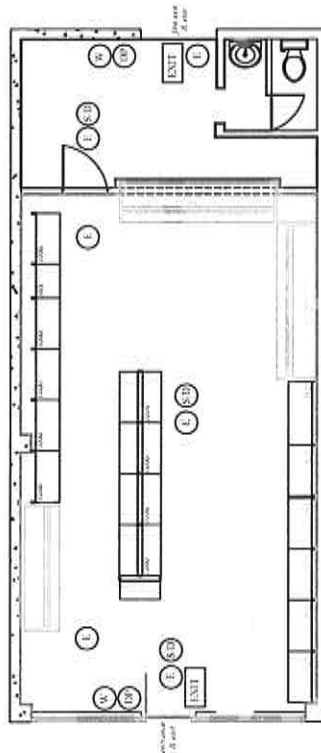
- LEGEND
- (L) EMERGENCY EXITS/DOORS
 - (E) EMERGENCY LIGHTS
 - (S) SMOKE DETECTORS
 - (D) DISABILITY DISCRIMINATION ACT 1995 PART III
 - (N) POINT OF SALE (ALCOHOL)
 - (S) SMOKE DETECTOR
 - (E) EMERGENCY LIGHTS
 - (D) DISABILITY DISCRIMINATION ACT 1995 PART III
 - (N) POINT OF SALE (ALCOHOL)

KEY:

LICENSABLE ACTIVITY

STORAGE AREA

POINT OF SALE (ALCOHOL)



CLIENT:	REVISIONS	DATE
LIA RUTTER	A	
7 THORNTON SQUARE	B	
MACCLESFIELD	C	
CHESHIRE	D	
SK11 7XZ	E	
DRAWN BY:		
DAVE NEEDHAM		
SCALE		
1:100		
DATE		
15/02/2017		
SQ. FT.		
648		
BRANCH NO:		
TBC		

IT IS THE RETAILERS RESPONSIBILITY TO ENSURE THAT THE SITE COMPLIES WITH THE DISABILITY DISCRIMINATION ACT 1995 PART III AND THAT ALL RELEVANT FIRE SAFETY EQUIPMENT, EMERGENCY LIGHTS AND SMOKE DETECTORS WHERE APPLICABLE ARE INSTALLED PRIOR TO OPENING.