

**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** One Stop 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 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			
One Stop 56-58 Lloyd Street South			
<b>Post town</b>	Manchester	<b>Postcode</b>	M14 7HT

Telephone number at premises (if any)	
Non-domestic rateable value of premises	£

**Part 2 - Applicant details**

Please state whether you are applying for a premises licence as **as appropriate** **Please tick**

- a) an individual or individuals \*  please complete section (A)
- b) a person other than an individual \*
- i as a limited company/limited liability partnership  please complete section (B)
- ii as a partnership (other than limited liability)  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)  please complete section (B)  
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
- 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 (by ticking yes to one box below):

- 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)

M r	<input type="checkbox"/>	Mrs	<input type="checkbox"/>	Miss	<input type="checkbox"/>	Ms	<input type="checkbox"/>	Other Title (for example, Rev)	
<b>Surname</b>					<b>First names</b>				
<b>Date of birth</b>			I am 18 years old or over			Please tick yes			
<input type="checkbox"/>									
<b>Nationality</b>									
Current residential address if different from premises address									

Post town		Postcode	
<b>Daytime contact telephone number</b>			
<b>E-mail address (optional)</b>			
Where applicable (if demonstrating a right to work via the Home Office online right to work checking service), the 9-digit 'share code' provided to the applicant by that service (please see note 15 for information)			

**SECOND INDIVIDUAL APPLICANT (if applicable)**

M r	<input type="checkbox"/>	Mrs	<input type="checkbox"/>	Miss	<input type="checkbox"/>	Ms	<input type="checkbox"/>	Other Title (for example, Rev)	
<b>Surname</b>					<b>First names</b>				
<b>Date of birth over</b>		I am 18 years old or over			<input type="checkbox"/>	Please tick yes			
<b>Nationality</b>									
Where applicable (if demonstrating a right to work via the Home Office online right to work checking service), the 9-digit 'share code' provided to the applicant by that service: (please see note 15 for information)									
Current residential address if different from premises address									
Post town						Postcode			
<b>Daytime contact telephone number</b>									
<b>E-mail address (optional)</b>									

**(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 One Stop Stores Limited
Address Apex Road Brownhills Walsall West Midlands WS8 7HU
Registered number (where applicable) 02462858
Description of applicant (for example, partnership, company, unincorporated association etc.) Private Limited Company
Telephone number (if any) [REDACTED]
E-mail address (optional) [REDACTED]

**Part 3 Operating Schedule**

When do you want the premises licence to start?

DD	MM	YYYY
13	05	2022

If you wish the licence to be valid only for a limited period, when do you want it to end?

DD	MM	YYYY

Please give a general description of the premises (please read guidance note 1)  Convenience Store
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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 and Schedules 1 and 2 to the Licensing Act 2003)

- | Provision of regulated entertainment (please read guidance note 2)  | Please tick all that apply          |
|---|-------------------------------------|
| a) plays (if ticking yes, fill in box A)  | <input type="checkbox"/>            |
| b) films (if ticking yes, fill in box B)  | <input type="checkbox"/>            |
| c) indoor sporting events (if ticking yes, fill in box C)   | <input type="checkbox"/>            |
| d) boxing or wrestling entertainment (if ticking yes, fill in box D)  | <input type="checkbox"/>            |
| e) live music (if ticking yes, fill in box E)   | <input type="checkbox"/>            |
| f) recorded music (if ticking yes, fill in box F)   | <input type="checkbox"/>            |
| g) performances of dance (if ticking yes, fill in box G)  | <input type="checkbox"/>            |
| h) anything of a similar description to that falling within (e), (f) or (g) (if ticking yes, fill in box H) | <input type="checkbox"/>            |
| <b><u>Provision of late night refreshment</u></b> (if ticking yes, fill in box I)                           | <input type="checkbox"/>            |
| <b><u>Supply of alcohol</u></b> (if ticking yes, fill in box J)   | <input checked="" type="checkbox"/> |

In all cases complete boxes K, L and M

**A**

<b>Plays</b> Standard days and timings (please read guidance note 7)			<b>Will the performance of a play take place indoors or outdoors or both - please tick</b> (please read guidance note 3)	Indoors <input type="checkbox"/>
				Outdoors <input type="checkbox"/>
Day	Start	Finish		Both <input type="checkbox"/>
Mon			<b>Please give further details here</b> (please read guidance note 4)	
Tue				
Wed			<b>State any seasonal variations for performing plays</b> (please read guidance note 5)	
Thur				
Fri			<b>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</b> (please read guidance note 6)	
Sat				
Sun				

**B**

<b>Films</b> Standard days and timings (please read guidance note 7)			<b>Will the exhibition of films take place indoors or outdoors or both - please tick</b> (please read guidance note 3)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<b>Please give further details here</b> (please read guidance note 4)		
Mon					
Tue			<b>State any seasonal variations for the exhibition of films</b> (please read guidance note 5)		
Wed					
Thur			<b>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</b> (please read guidance note 6)		
Fri					
Sat					
Sun					

**C**

Indoor sporting events Standard days and timings (please read guidance note 7)			Please give further details (please read guidance note 4)
Day	Start	Finish	
Mon			
Tue			<b>State any seasonal variations for indoor sporting events</b> (please read guidance note 5)
Wed			<b>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</b> (please read guidance note 6)
Thur			
Fri			
Sat			
Sun			



**D**

<b>Boxing or wrestling entertainments</b> Standard days and timings (please read guidance note 7)			<b><u>Will the boxing or wrestling entertainment take place indoors or outdoors or both - please tick</u></b> (please read guidance note 3)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<b><u>Please give further details here</u></b> (please read guidance note 4)		
Mon					
Tue			<b><u>State any seasonal variations for boxing or wrestling entertainment</u></b> (please read guidance note 5)		
Wed					
Thur			<b><u>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</u></b> (please read guidance note 6)		
Fri					
Sat					
Sun					

**E**

<b>Live music</b> Standard days and timings (please read guidance note 7)			<b>Will the performance of live music take place indoors or outdoors or both - please tick</b> (please read guidance note 3)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<b>Please give further details here</b> (please read guidance note 4)		
Mon					
Tue			<b>State any seasonal variations for the performance of live music</b> (please read guidance note 5)		
Wed					
Thur			<b>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</b> (please read guidance note 6)		
Fri					
Sat					
Sun					

**F**

<b>Recorded music</b> Standard days and timings (please read guidance note 7)			<b>Will the playing of recorded music take place indoors or outdoors or both - please tick</b> (please read guidance note 3)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<b>Please give further details here</b> (please read guidance note 4)		
Mon					
Tue			<b>State any seasonal variations for the playing of recorded music</b> (please read guidance note 5)		
Wed					
Thur			<b>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</b> (please read guidance note 6)		
Fri					
Sat					
Sun					

**G**

<b>Performances of dance</b> Standard days and timings (please read guidance note 7)			<b>Will the performance of dance take place indoors or outdoors or both - please tick</b> (please read guidance note 3)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<b>Please give further details here</b> (please read guidance note 4)		
Mon					
Tue			<b>State any seasonal variations for the performance of dance</b> (please read guidance note 5)		
Wed					
Thur			<b>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</b> (please read guidance note 6)		
Fri					
Sat					
Sun					

# H

<b>Anything of a similar description to that falling within (e), (f) or (g)</b> Standard days and timings (please read guidance note 7)			Please give a description of the type of entertainment you will be providing		
Day	Start	Finish	<b>Will this entertainment take place indoors or outdoors or both - please tick</b> (please read guidance note 3)	Indoors	<input type="checkbox"/>
Mon				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Tue			<b>Please give further details here</b> (please read guidance note 4)		
Wed					
Thur			<b>State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g)</b> (please read guidance note 5)		
Fri					
Sat			<b>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</b> (please read guidance note 6)		
Sun					

I

<b>Late night refreshment</b> Standard days and timings (please read guidance note 7)			<b>Will the provision of late night refreshment take place indoors or outdoors or both - please tick</b> (please read guidance note 3)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
<b>Day</b>	<b>Start</b>	<b>Finish</b>	<b>Please give further details here</b> (please read guidance note 4)		
Mon					
Tue			<b>State any seasonal variations for the provision of late night refreshment</b> (please read guidance note 5)		
Wed					
Thur			<b>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</b> (please read guidance note 6)		
Fri					
Sat					
Sun					

J

<b>Supply of alcohol</b> Standard days and timings (please read guidance note 7)			<b>Will the supply of alcohol be for consumption - please tick</b> (please read guidance note 8)	On the premises	<input type="checkbox"/>			
				Off the premises	<input checked="" type="checkbox"/>			
				Both	<input type="checkbox"/>			
Day	Start	Finish	<b>State any seasonal variations for the supply of alcohol</b> (please read guidance note 5)					
Mon	0600	2300						
Tue	0600	2300						
Wed	0600	2300						
Thur	0600	2300				<b>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</b> (please read guidance note 6)		
Fri	0600	2300						
Sat	0600	2300						
Sun	0600	2300						

State the name and details of the individual whom you wish to specify on the licence as designated premises supervisor (Please see declaration about the entitlement to work in the checklist at the end of the form):

<b>Name</b> Caroline Mcilveen	
<b>Date of birth</b> [REDACTED]	
<b>Address</b> [REDACTED] [REDACTED]	
<b>Postcode</b>	[REDACTED]
<b>Personal licence number (if known)</b> 132076	
<b>Issuing licensing authority (if known)</b> Manchester City 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 9).**

**L**

<b>Hours premises are open to the public</b> Standard days and timings (please read guidance note 7)			<b>State any seasonal variations</b> (please read guidance note 5)
Day	Start	Finish	
Mon	0600	2300	
Tue	0600	2300	
Wed	0600	2300	
Thur	0600	2300	
Fri	0600	2300	
Sat	0600	2300	
Sun	0600	2300	
			<b>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</b> (please read guidance note 6)



## 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 10)**

**b) The prevention of crime and disorder**

The premises shall install and maintain a comprehensive CCTV system. All entry and exit points will be covered enabling frontal identification of every person entering in any light condition. The CCTV system shall continually record whilst the premises is open for licensable activities and during all times when customers remain on the premises. All recordings shall be stored for a minimum period of 28 days with date and time stamping.

A staff member from the premises who is able to operate the CCTV system shall be on the premises at all times when the premises are open to the public. This staff member will be able to show the police or other authorised officer data or footage within the minimum of delay when requested to do so.

A refusals log will be maintained in accordance with company policy and made available for inspection at the premises by the police or an authorised officer at all times whilst the premises is open. The refusals log will record the date and time of challenged and refused sales, the identity of the member of staff refusing the sale and details of the alcohol the customer attempted to purchase.

**c) Public safety**

**d) The prevention of public nuisance**



**e) The protection of children from harm**

All staff will be trained to ask any customer attempting to purchase alcohol, who appears to be under the age of 25 years (or older if the licence holder so elects) for evidence of age (Challenge 25). This evidence shall be photographic, such as passport or photographic driving licence, or other form of identification bearing the customer's photograph, date of birth and the Proof of Age Standards Scheme (or similarly accredited scheme) hologram, until other effective identification technology (for example, thumb print or pupil recognition) is introduced. All staff will be instructed, through training, that a sale shall not be made unless this evidence is produced.

Till prompts will be installed to remind staff to check the age of customers for sales of age-restricted products.

**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.
- [Applicable to all individual applicants, including those in a partnership which is not a limited liability partnership, but not companies or limited liability partnerships] I have included documents demonstrating my entitlement to work in the United Kingdom or my share code issued by the Home Office online right to work checking service (please read note 15).


**IT IS AN OFFENCE, UNDER SECTION 158 OF THE LICENSING ACT 2003, TO MAKE A FALSE STATEMENT IN OR IN CONNECTION WITH THIS APPLICATION. THOSE WHO**

**MAKE A FALSE STATEMENT MAY BE LIABLE ON SUMMARY CONVICTION TO A FINE OF ANY AMOUNT.**

**IT IS AN OFFENCE UNDER SECTION 24B OF THE IMMIGRATION ACT 1971 FOR A PERSON TO WORK WHEN THEY KNOW, OR HAVE REASONABLE CAUSE TO BELIEVE, THAT THEY ARE DISQUALIFIED FROM DOING SO BY REASON OF THEIR IMMIGRATION STATUS. THOSE WHO EMPLOY AN ADULT WITHOUT LEAVE OR WHO IS SUBJECT TO CONDITIONS AS TO EMPLOYMENT WILL BE LIABLE TO A CIVIL PENALTY UNDER SECTION 15 OF THE IMMIGRATION, ASYLUM AND NATIONALITY ACT 2006 AND PURSUANT TO SECTION 21 OF THE SAME ACT, WILL BE COMMITTING AN OFFENCE WHERE THEY DO SO IN THE KNOWLEDGE, OR WITH REASONABLE CAUSE TO BELIEVE, THAT THE EMPLOYEE IS DISQUALIFIED.**

**Part 4 - Signatures** (please read guidance note 11)

**Signature of applicant or applicant's solicitor or other duly authorised agent** (see guidance note 12). **If signing on behalf of the applicant, please state in what capacity.**

<b>Declaration</b>	<ul style="list-style-type: none"><li>• [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).</li><li>• 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, or have conducted an online right to work check using the Home Office online right to work checking service which confirmed their right to work (please see note 15)</li></ul>
<b>Signature</b>	
<b>Date</b>	14 April 2022
<b>Capacity</b>	Licensing Manager

**For joint applications, signature of 2<sup>nd</sup> applicant or 2<sup>nd</sup> applicant's solicitor or other authorised agent** (please read guidance note 13). **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 14) ██████████ One Stop Stores Ltd Apex Road			
Post town	Walsall	Postcode	WS8 7HU
Telephone number (if any)	██████████		
If you would prefer us to correspond with you by e-mail, your e-mail address (optional) ██████████			

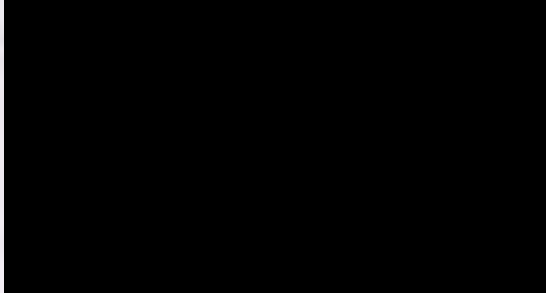
**Notes for Guidance**

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. In terms of specific regulated entertainments please note that:
  - Plays: no licence is required for performances between 08:00 and 23.00 on any day, provided that the audience does not exceed 500.
  - Films: no licence is required for 'not-for-profit' film exhibition held in community premises between 08.00 and 23.00 on any day provided that the audience does not exceed 500 and the organiser (a) gets consent to the screening from a person who is responsible for the premises; and (b) ensures that each such screening abides by age classification ratings.
  - Indoor sporting events: no licence is required for performances between 08.00 and 23.00 on any day, provided that the audience does not exceed 1000.
  - Boxing or Wrestling Entertainment: no licence is required for a contest, exhibition or display of Greco-Roman wrestling, or freestyle wrestling between 08.00 and 23.00 on any day, provided that the audience does not exceed 1000. Combined fighting sports - defined as a contest, exhibition or display which combines boxing or wrestling with one or more martial arts - are licensable as a boxing or wrestling entertainment rather than an indoor sporting event.
  - Live music: no licence permission is required for:
    - a performance of unamplified live music between 08.00 and 23.00 on any day, on any premises.
    - a performance of amplified live music between 08.00 and 23.00 on any day on premises authorised to sell alcohol for consumption on those premises, provided that the audience does not exceed 500.

Consent of individual to being specified as premises supervisor

I Caroline Ann Mcilveen  
*[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

Variation to be Designated Premises Supervisor

*[type of application]*

by

One Stop Stores Ltd

*[name of applicant]*

relating to a premises licence

*[number of existing licence, if any]*

for

56-58 Lloyd Street South  
MANCHESTER  
M14 7HT

*[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

One Stop Stores Ltd

*[name of applicant]*

concerning the supply of alcohol at

56-58 Lloyd Street South  
Manchester  
M14 7HT

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

I also confirm that I am entitled to work in the United Kingdom and am applying for, intend to apply for or currently hold a personal licence, details of which I set out below.

Personal licence number

132076

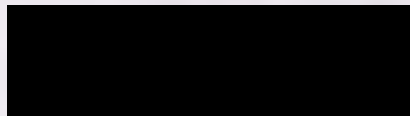
*[insert personal licence number, if any]*

Personal licence issuing authority

Manchester City Council

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

Signed



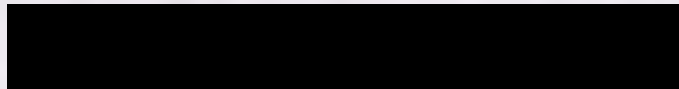
Name (please print)

Caroline ann McIlveen

Date

6 April 2022

Contact Number



Date of Birth



Place of Birth



Nationality

British