

**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.

We, Waitrose Ltd apply for a premises licence under section 17 of the Licensing Act 2003 for the premises described in Part 1 below (the premises) and 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**

Waitrose, York Road, Guildford	
Post town	Post code GU1 4AT
Telephone number at premises (if any)	Not known at present due to open mid October 2015
Non-domestic rateable value of premises	Believe un-banded and under construction hence fee enclosed

**Part 2 – Applicant Details**

Please state whether you are applying for a premises licence as

- |   | Please tick ✓ yes                   |
|---|-------------------------------------|
| a) An individual or individuals   | <input type="checkbox"/>            |
| b) A person other than an individual  | <input type="checkbox"/>            |
| i. as a limited company   | <input checked="" type="checkbox"/> |
| ii. as a partnership  | <input type="checkbox"/>            |
| iii. as an unincorporated association or  | <input type="checkbox"/>            |
| iv. other (for example a statutory corporation)   | <input type="checkbox"/>            |
| c) a recognised club  | <input type="checkbox"/>            |
| d) a charity  | <input type="checkbox"/>            |
| e) the proprietor of an educational establishment   | <input type="checkbox"/>            |
| f) Health Service Body  | <input type="checkbox"/>            |
| g) a person who is registered under Part 2 of the Care Standards Act 2000 (c14) in respect of an independent hospital in Wales  | <input type="checkbox"/>            |
| ga) 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 | <input type="checkbox"/>            |
| h) The Chief Officer of police of a police force in England & Wales   | <input type="checkbox"/>            |

\*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 | <input checked="" type="checkbox"/> |
| I am making the application pursuant to a statutory function or   | <input type="checkbox"/>            |
| a function discharged by virtue of Her Majesty's prerogative  | <input type="checkbox"/>            |

**(A) INDIVIDUAL APPLICANTS (fill in as applicable)**

If an individual or 1 of 2 applicants is applying ie, Area manager, Manager, Assistant Manager, details in the box

Mr/Mrs/Miss/Miss or other	
Surname	First Names
I am 18 years old or over	<input type="checkbox"/>
Current address if different from premises address	
Post Town	
Daytime contact number	
E-mail address (optional)	

Second applicants details ie Area manager, Manager, Assistant Manager, details in the box  
**SECOND INDIVIDUAL APPLICANT (if applicable)**

Mr/Mrs/Miss/Miss or other	
Surname	First Names
I am 18 years old or over	<input type="checkbox"/> Yes
Current address if different from premises address	
Post Town	Post Code
Daytime contact 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 case of a partnership or other joint nature (other than a body corporate), please give the name and address of each party concerned.

Name Waitrose Ltd
Address 171 Victoria Street, London, SW1E 5NN <b>but please send all correspondence re annual fees etc to Trading &amp; Compliance, Waitrose Limited, Taylor House, Doncastle Road Bracknell Berkshire RG12 8YA</b>
Company registered number 99405
Description of applicant (for example partnership, company, unincorporated association etc.) Limited Company
Telephone number (if any) 01344 424680
Email address (optional)

**PART A3 - Operating Schedule**

When do you want the premises licence to start?

Day    Month    Year

as soon as possible

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

Day    Month    Year

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If 5,000 or more people 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)

Licensed store over three floors with the retail area on the ground floor for off sales with a bakery grazing area & warehouse facilities, retail warehouse on the first floor (for information) and staff facilities on the second floor with the Partners Dining room, marked WAITROSE OFFICES AND AMENITY to be licensed also for on sales for Partners and their bona fide guests.

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

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

**Provision of regulated entertainment – please tick Yes**

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

**Provision of 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 <u>place indoors or outdoors or both – please tick</u> (please read guidance note 2)	Indoors	
Day	Start	Finish		Outdoors	
Mon			<b>Please give further details here</b> (please read guidance note 3)	Both	
Tue					
Wed			State any seasonal variations for performing plays (please read guidance note 4)		
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 5)		
Sat					
Sun					

**B**

<b>Films</b> Standard days and timings (please read guidance note 6)			<b>Will the performance of films take place indoors or outdoors or both – please tick</b> (please read guidance note 2)	Indoors	
				Outdoors	
				Both	
<b>Day</b>	<b>Start</b>	<b>Finish</b>	<b>Please give further details here</b> (please read guidance note 3)		
Mon			<b>State any seasonal variations for the exhibition of films</b> please read guidance note 4)		
Tue					
Wed					
Thur					
Fri					
			<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 5)		
Sat					
Sun					

**C**

<b>Indoor Sporting Events</b> Standard days and timings (please read guidance note 6)			<b>Please give further details</b> (please read guidance note 3)		
<b>Day</b>	<b>Start</b>	<b>Finish</b>	<b>State any seasonal variations for indoor sporting events</b> (please read guidance note 4)		
Mon					
Tue					
Wed					
Thur					
			<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 5)		
Fri					
Sat					
Sun					

**D**

<b>Boxing or wrestling entertainments</b> Standard days and timings (please read guidance note 6)			<b>Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick</b> (please read guidance note 2)	Indoors	
				Outdoors	
				Both	
<b>Day</b>	<b>Start</b>	<b>Finish</b>	<b>Please give further details</b> (please read guidance note 3)		
Mon			<b>State any seasonal variations for boxing or wrestling</b> (please read guidance note 4)		
Tue					
Wed					
Thur					
Fri					
			<b>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</b> (please read guidance note 5)		
Sat					
Sun					

**E**

<b>Live music</b> 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	
				Outdoors	
				Both	
Day	Start	Finish	<b>Please give further details</b> (please read guidance note 3)		
Mon					
Tue					
Wed			<b>State any seasonal variations for the performance of live music</b> (please read guidance note 4)		
Thur					
Fri			<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 5)		
Sat					
Sun					

**F**

<b>Recorded music</b> 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	
				Outdoors	
				Both	
Day	Start	Finish	<b>Please give further details</b> (please read guidance note 3)		
Mon					
Tue					
Wed			<b>State any seasonal variations for the playing of recorded music</b> (please read guidance note 4)		
Thur					
Fri			<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 5)		
Sat					
Sun					

**G**

<b>Performances of dance</b> 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	
				Outdoors	
				Both	
Day	Start	Finish	<b>Please give further details</b> (please read guidance note 3)		
Mon					
Tue					
Wed			<b>State any seasonal variations for the performance of dance</b> (please read guidance note 4)		
Thur					
Fri			<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 5)		
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 6)			<b><u>Please give a description of the type of entertainment you will be providing.</u></b>		
Day	Start	Finish	Will the performance of dance take place indoors or outdoors or both – please tick (please read guidance note 2)	Indoors	
Mon				Outdoors	
				Both	
Tue			<b><u>Please give further details</u></b> (please read guidance note 3)		
Wed					
Thur			<b><u>State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g)</u></b> (please read guidance note 4)		
Fri					
Sat			<b><u>Non standard timings. Where you intend to use the premises for the entertainment of a similar description to that falling within (e), (f) or (g) at different times to those listed in the column on the left, please list</u></b> (please read guidance note 5)		
Sun					

**I**

<b>Late night refreshment</b> 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	
Day	Start	Finish		Outdoors	
Mon				Both	
Tue			<b><u>Please give further details</u></b> (please read guidance note 3)		
Wed			<b><u>State any seasonal variations for provision of late night refreshment</u></b> (please read guidance note 4)		
Thur					
Fri			<b><u>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</u></b> (please read guidance note 5)		
Sat					
Sun					

**J**

<b>Supply of alcohol</b> Standard days and timings (please read guidance note 6)			Will the supply of alcohol be for consumption (please read guidance note 7)	On the premises	
				Off the premises	
				Both	✓
<b>Day</b>	<b>Start</b>	<b>Finish</b>	<b>State any seasonal variations for the supply of alcohol</b> (please read guidance note 4)		
Mon	07:30	22:00	<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 5)  Off sales throughout the retail area and on sales in the Partners Dining Room for Partners and their bona fide guests (on the second floor as coloured in pale pink on the enclosed plan)		
Tue	07:30	22:00			
Wed	07:30	22:00			
Thur	07:30	22:00			
Fri	07:30	22:00			
Sat	07:30	22:00			
Sun	10:00	17:00			

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

Name Kenneth Williams

Address [REDACTED]

Postcode [REDACTED]

Personal Licence Number (if known) PA1502

Issuing licensing authority (if known) Royal Borough Of Kingston Upon Thames

**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)

NA

**L**

<b>Hours premises are open to the public</b> Standard days and timings (please read guidance note 6)			<b>State any seasonal variations</b> (please read guidance note 4)		
<b>Day</b>	<b>Start</b>	<b>Finish</b>	<b>Non standard timings. Where you intend the premises to be open at different times to those listed in the column on the left, please list</b> (please read guidance note 5)		
Mon	07:30	22:00			
Tue	07:30	22:00			
Wed	07:30	22:00			
Thur	07:30	22:00			
Fri	07:30	22:00			
Sat	07:30	22:00			

Sun	10:00	17:00	
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**M**

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

**General – all four licensing objectives (b, c, d, e) (please read guidance note 9)**

1. CCTV will be in operation throughout trading hours. Recorded material is kept for one month and will be made available for inspection if requested by a police officer or authorised officer of the Local Authority.
2. All cashiers are fully trained in licensing before they work on a till. Training records are electronically recorded and refresher training takes place every 6 months. Training is supported with training cards and "think 25" posters in the staff areas.
3. Challenge 25 is adopted. Only photographic identification is accepted as proof of age.
4. Challenge 25 notices are displayed on the shop floor in prominent positions. Where the sale of alcohol is refused this is recorded.
5. Any cashier under the age of 18 is required to page a supervisor (all of whom are over the age of 18) to authorise the sale of alcohol and the supervisor must adopt challenge 25 policy in deciding whether to authorise the sale.

Our client's Department Manager is named as the DPS but when the Licence is granted and before the store trades, the DPS will be varied to the day to day DPS

**The prevention of crime and disorder**

As above – no additional steps identified

**Public safety**

As above – no additional steps identified

**The prevention of public nuisance**

As above – no additional steps identified

**The protection of children from harm**

As above – no additional steps identified

Please tick yes

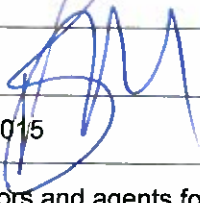
- I have made or enclosed payment of the fee
- I have enclosed the plan of the premises
- I have sent copies of this application and the plan to responsible authorities and others where applicable
- I have enclosed the consent form completed by the individual I wish to be premises supervisor, if applicable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



**IT IS AN OFFENCE, LIABLE ON CONVICTION TO A FINE UP TO LEVEL 5 ON THE STANDARD SCALE, UNDER SECTION 158 OF THE LICENSING ACT 2003 TO MAKE A FALSE STATEMENT IN OR IN CONNECTION WITH THIS APPLICATION.**

**Part 4 – Signatures (please read guidance note 10)**

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

Signature	
Date	25.8.2015
Capacity	Solicitors and agents for the applicant

For joint applicants signature of 2<sup>nd</sup> applicant or 2<sup>nd</sup> 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 address for correspondence associated with this application (please read guidance note 13)

Blake Morgan LLP New Kings Court, Tollgate, Chandler's Ford  
592405/000001/JOSW/LDRLIC

Post town	Eastleigh	Postcode	SO53 3LG
Telephone number (if any)		Tel: 02380 908090	
If you would prefer us to correspond with you by e-mail, your e-mail address (optional)			

**Notes for guidance**

- 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
- Where taking place in a building or other structure please tick as appropriate. Indoors may be in a tent.
- 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.
- For example (but not exclusively), where the activity will occur on additional days during the summer months.
- For example (but not exclusively), where you wish the activity to go on longer on a particular day, e.g. Christmas Eve.
- Please give timings in 24 hour clock (e.g. 16:00) and only give details for days of the week when you intend the premises to be used for the activity
- If you wish people to be able to consume alcohol on the premises please tick on, if you wish people to be able to purchase alcohol to consume away from the premises please tick off. If you wish people to be able to do both please tick both.
- Please give information about anything 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, the presence of gaming machines
- Please list here steps you will take to promote all four licensing objectives together.
- The application form must be signed.
- An applicant's agent (for example solicitor) may sign the form on their behalf provided that they have actual authority to do so.
- Where there is more than one applicant, both applicants or their respective agents must sign the application form.
- This is the address which we shall use to correspond with you about this application.

Part A

Consent of individual to being specified as premises supervisor

In respect of

Waitrose

York Road, Guildford GU14AT

I, Kenneth Williams of [REDACTED]

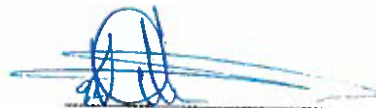
hereby confirm that I give my consent to be specified designated premises supervisor in relation to the New Premises Licence by Waitrose Ltd, relating to a premises licence (number...N/A...) for Waitrose, York Road, Guildford GU14AT and any premises licence to be granted or varied in respect of this application made by Waitrose Ltd concerning the supply of alcohol at Waitrose, York Road, Guildford GU14AT

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 PA1502

Personal licence issuing authority Royal Borough Of Kingston Upon Thames

Signed



Name Mr K Williams

Dated 17/8/15

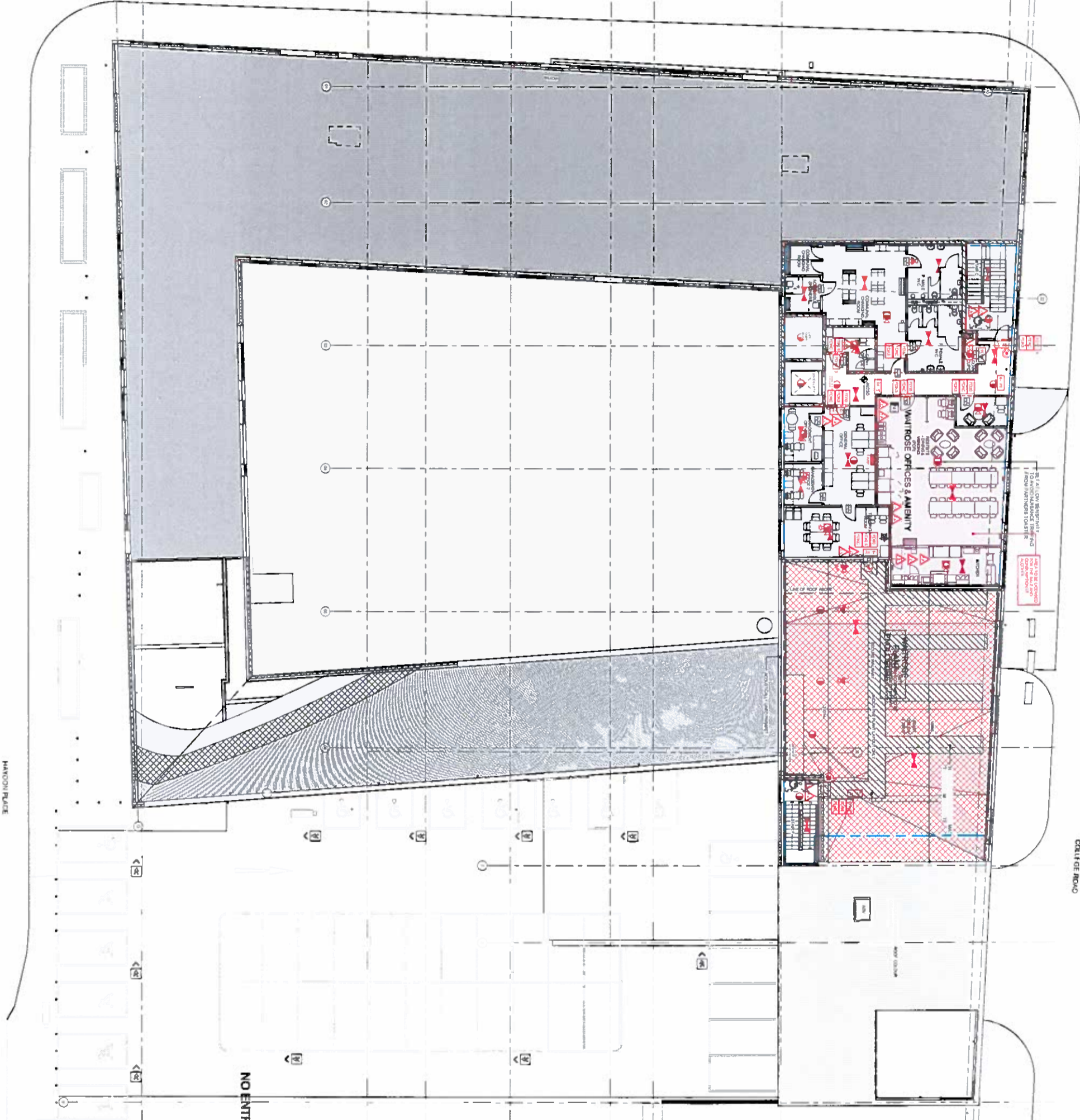






LEAPALE LANE

CURTIS ROAD



HANDSH PLAGE

NO ENTR

**WAITROSE GUILDFORD**  
**YORK ROAD**  
**GUILDFORD**  
**GU1 4LY**

SCALE 1:100  
 AUGUST 2015

STAFF DINING ROOM (PDR) TO BE LICENSED FOR THE SALE AND CONSUMPTION OF ALCOHOL IN THESE AREAS  
 ALL OTHER AREAS TO BE LICENSED FOR SALE OF ALCOHOL FOR CONSUMPTION OFF THE PREMISES UNLESS OTHERWISE STATED

SUBJECT TO SWERGER DRAWING 3533-EX-G01 FOR INFORMATION ON ELECTRICAL SERVICES FIRE ALARM LAYOUTS

LE	NO.	DESCRIPTION	SYMBOL
1	1	STAFF DINING ROOM (PDR)	[Symbol]
2	2	WAITROSE OFFICES & AMENITY	[Symbol]
3	3	KITCHEN	[Symbol]
4	4	STAFF RESTROOMS	[Symbol]
5	5	STAFF TOILETS	[Symbol]
6	6	STAFF BREAK ROOM	[Symbol]
7	7	STAFF STORAGE	[Symbol]
8	8	STAFF LOCKERS	[Symbol]
9	9	STAFF CHANGING ROOMS	[Symbol]
10	10	STAFF WASHING UP	[Symbol]
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**B+R ARCHITECTS**  
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