

**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 Savers Health and Beauty 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 99-101 Linthorpe Road			
Post town	Middlesbrough	Post code	Ts1 5Dd

Telephone number at premises (if any)	01642 241919
Non-domestic rateable value of premises	£66,000

**Part 2 - Applicant Details**

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

- 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  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				Postcode	
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		Postcode	
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 Savers Health and Beauty Limited
Address Hutchinson House 5 Hester Road Battersea London SW11 4AN
Registered number (where applicable) 2202838
Description of applicant (for example, partnership, company, unincorporated association etc.) Company
Telephone number (if any)
E-mail address (optional)

**Part 3 Operating Schedule**

When do you want the premises licence to start?

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

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

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>



Please give a general description of the premises (please read guidance note1)  
A retail shop selling a range of health and beauty products plus household goods and food.

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 of the Licensing Act 2003 and Schedules 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 entertainment facilities:**

- i) making music (if ticking yes, fill in box I)
- j) dancing (if ticking yes, fill in box J)
- k) entertainment of a similar description to that falling within (i) or (j) (if ticking yes, fill in box K)

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

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

**In all cases complete boxes N, O and P**



**A**

<b>Plays</b> Standard days and timings (please read guidance note 6)			<b>Will the performance of a play take place indoors or outdoors or both – please tick</b> (please read guidance note 2)	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 3)		
Mon					
Tue			<b>State any seasonal variations for performing plays</b> (please read guidance note 4)		
Wed					
Thur			<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)		
Fri					
Sat					
Sun					



**B**

<b>Films</b> Standard days and timings (please read guidance note 6)			<b>Will the exhibition of films take place indoors or outdoors or both – please tick</b> (please read guidance note 2)	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 3)		
Tue					
Wed			<b>State any seasonal variations for the exhibition of films</b> (please read guidance note 4)		
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><u>Please give further details</u></b> (please read guidance note 3)
Day	Start	Finish	(This cell is part of the 'Please give further details' section)
Mon			
Tue			<b><u>State any seasonal variations for indoor sporting events</u></b> (please read guidance note 4)
Wed			
Thur			<b><u>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</u></b> (please read guidance note 5)
Fri			
Sat			(This cell is part of the 'Non standard timings' section)
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	<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 3)		
Mon					
Tue			<b>State any seasonal variations for boxing or wrestling entertainment</b> (please read guidance note 4)		
Wed					
Thur			<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)		
Fri					
Sat					
Sun					



**E**

<b>Live music</b> Standard days and timings (please read guidance note 6)			<b>Will the performance of live music take place indoors or outdoors or both – please tick</b> (please read guidance note 2)	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 3)			
Mon						
Tue						
Wed					<b>State any seasonal variations for the performance of live music</b> (please read guidance note 4)	
Thur						
Fri						
Sat					<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)	
Sun						



**F**

<b>Recorded music</b> Standard days and timings (please read guidance note 6)			<b><u>Will the playing of recorded music take place indoors or outdoors or both – please tick</u></b> (please read guidance note 2)	Indoors <input type="checkbox"/>
				Outdoors <input type="checkbox"/>
				Both <input type="checkbox"/>
<b>Day</b>	<b>Start</b>	<b>Finish</b>	<b><u>Please give further details here</u></b> (please read guidance note 3)	
Mon				
Tue				
Wed			<b><u>State any seasonal variations for the playing of recorded music</u></b> (please read guidance note 4)	
Thur				
Fri			<b><u>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</u></b> (please read guidance note 5)	
Sat				
Sun				



**G**

<b>Performances of dance</b> Standard days and timings (please read guidance note 6)			<b>Will the performance of dance take place indoors or outdoors or both – please tick</b> (please read guidance note 2)	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 3)		
Mon					
Tue					
Wed			<b>State any seasonal variations for the performance of dance</b> (please read guidance note 4)		
Thur					
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 6)			<b><u>Please give a description of the type of entertainment you will be providing</u></b>		
Day	Start	Finish	<b><u>Will this entertainment take place indoors or outdoors or both – please tick</u></b> (please read guidance note 2)	Indoors	<input type="checkbox"/>
Mon				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Tue			<b><u>Please give further details here</u></b> (please read guidance note 3)		
Wed					
Thur					
Fri			<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)		
Sat					
Sun			<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)		



1

<b>Provision of facilities for making music</b> Standard days and timings (please read guidance note 6)			<b><u>Please give a description of the facilities for making music you will be providing</u></b>		
			<b><u>Will the facilities for making music be indoors or outdoors or both – please tick</u></b> (please read guidance note 2)		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 3)		
Mon					
Tue					
Wed					
Thur					
Fri					
Sat					
Sun					
			<b><u>State any seasonal variations for the provision of facilities for making music</u></b> (please read guidance note 4)		
			<b><u>Non standard timings. Where you intend to use the premises for provision of facilities for making music at different times to those listed in the column on the left, please list</u></b> (please read guidance note 5)		



J

<b>Provision of facilities for dancing</b> Standard days and timings (please read guidance note 6)			<b><u>Will the facilities for dancing be indoors or outdoors or both – please tick</u></b> (see guidance note 2)	Indoors <input type="checkbox"/>	
				Outdoors <input type="checkbox"/>	
				Both <input type="checkbox"/>	
			<b><u>Please give a description of the facilities for dancing you will be providing</u></b>		
Day	Start	Finish			
Mon			<b><u>Please give further details here</u></b> (please read guidance note 3)		
Tue					
Wed			<b><u>State any seasonal variations for providing dancing facilities</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 facilities for dancing entertainment at different times to those listed in the column on the left, please list</u></b> (please read guidance note 5)		
Sat					
Sun					



**K**

<b>Provision of facilities for entertainment of a similar description to that falling within i or j</b> Standard days and timings (please read guidance note 6)			<b><u>Please give a description of the type of entertainment facility you will be providing</u></b>		
Day	Start	Finish	<b><u>Will the entertainment facility be indoors or outdoors or both – please tick</u></b> (please read guidance note 2)	Indoors	<input type="checkbox"/>
Mon				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Tue			<b><u>Please give further details here</u></b> (please read guidance note 3)		
Wed					
Thur			<b><u>State any seasonal variations for the provision of facilities for entertainment of a similar description to that falling within i or j</u></b> (please read guidance note 4)		
Fri					
Sat			<b><u>Non standard timings. Where you intend to use the premises for the provision of facilities for entertainment of a similar description to that falling within i or j at different times to those listed in the column on the left, please list</u></b> (please read guidance note 5)		
Sun					



L

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		Outdoors	<input type="checkbox"/>
Mon			<b><u>Please give further details here</u></b> (please read guidance note 3)	Both	<input type="checkbox"/>
Tue			<b><u>State any seasonal variations for the provision of late night refreshment</u></b> (please read guidance note 4)		
Wed			<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)		
Thur					
Fri					
Sat					
Sun					



**M**

<b>Supply of alcohol</b> Standard days and timings (please read guidance note 6)			<b>Will the supply of alcohol be for consumption (Please tick box)</b> (please read guidance note 7)	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 4)  Finish time 2000 hours on Mon to Sat in December.  <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)  Sunday Trading Law will be adhered to if hours restrictions (no more than 6 hours between 1000 and 1800) apply to these premises.		
Mon	0800	1800			
Tue	0800	1800			
Wed	0800	1800			
Thur	0800	1800			
Fri	0800	1800			
Sat	0800	1800			
Sun	1000	1800			

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

<b>Name</b> Angela Teasdale	
<b>Address</b> 2 Darvel Road, Hartlepool	
<b>Postcode</b>	TS25 5DS
<b>Personal Licence number (if known)</b> HART/PL/651	
<b>Issuing licensing authority (if known)</b> Hartlepool Council	



**N**

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)

None

**O**

<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)  Finish time 2000 hours on Mon to Sat in December.
Day	Start	Finish	<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 5)  Sunday Trading Law will be adhered to if hours restrictions (no more than 6 hours between 1000 and 1800) apply to these premises.
Mon	0800	1800	
Tue	0800	1800	
Wed	0800	1800	
Thur	0800	1800	
Fri	0800	1800	
Sat	0800	1800	
Sun	1000	1800	



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

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

The company maintains comprehensive regulatory compliance procedures and all aspects of the four licensing objectives are covered by these procedures.

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

A CCTV system is installed that is capable of continuously recording for a period of not less than 31 days

Recordings will be made of all trading periods.

This system will be able to produce copies of recordings on site.

Copies of such recording shall be provided on request to an officer under the direction and control of the Police or an officer of the Licensing Authority.

The DPS will take such steps as are necessary to ensure that the system is operated and maintained in accordance with these conditions.

**c) Public safety**

Fire safety measures and procedures are in operation at the store in accordance with Fire Safety Regulations.

Provision will be made for the disabled to ensure safe evacuation in the event of fire or other emergency and general access to the store.

**d) The prevention of public nuisance**

All planning requirements will be met and procedures established to prevent noise nuisance from deliveries.

Measures will be in place to ensure the proper disposal of all waste.

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



A written log shall be kept of all refusals including refusals to sell alcohol. The holder of the Premises Licence shall ensure that the refusal log is properly maintained and this shall involve, but is not limited to, nominating in writing a responsible person to check and sign it on a weekly basis.

The holder of the Premises Licence shall ensure that every individual who appears to be under 25 years of age seeking to purchase or be supplied with alcohol at or from the premises shall produce means of identification – passport, photo driving licence or PASS accredited photo ID – proving that individual to be 18 years of age or older. If the person seeking alcohol is unable to produce acceptable means of identification, no sale or supply of alcohol will be made to or for that person.

All staff shall be trained to challenge every individual who appears to be under 25 years of age and to refuse service where individuals cannot produce acceptable means of identification. Such training shall be provided not less than every six months, and written records shall be kept of all training and refresher training.

Challenge 25` posters shall be displayed in prominent positions at the premises.

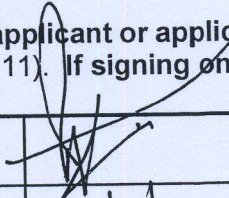
Please tick yes

- 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	21/3/12
Capacity	Senior Learning & Development 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 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)**

Alex Tolan  
 Savers Health and Beauty  
 Unit 1 Prologis Park  
 Arenson Way

<b>Post town</b>	Dunstable	<b>Post code</b>	LU5 4RZ
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<b>Telephone number (if any)</b>	01582 884 796
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**If you would prefer us to correspond with you by e-mail your e-mail address (optional)**  
 alex.tolan@uk.aswatson.com

**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, 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.
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, 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, both applicants or their respective agents must sign the application form.
13. This is the address which we shall use to correspond with you about this application.



Consent of individual to being specified as premises supervisor

I, ANGELA TEASDALE

[full name of prospective premises supervisor]

of 2 DARVEL RD WARTLEPOOL TS25 5DS

[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

THE GRANT OF A PREMISES LICENCE

[type of application]

By Savers Health and Beauty Limited

[name of applicant]

relating to a premises licence application for N/A

[number of existing licence, if any]

99-101 LINTHORPE RD MIDDLEBROUGH TS1 5DD

[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

Savers Health and Beauty Limited

[name of applicant]

concerning the supply of alcohol at:

99-101 LINTHORPE RD MIDDLEBROUGH TS1 5DD

[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:

WART/PL/651

[insert personal licence number, if any]

Personal licence issuing authority:

WARTLEPOOL COUNCIL

BRYAN HANSON HOUSE  
HANSON SQUARE  
WARTLEPOOL TS24 7BT

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

Signed: Mrs A Teasdale

Name (please print): ANGELA TEASDALE

Date:



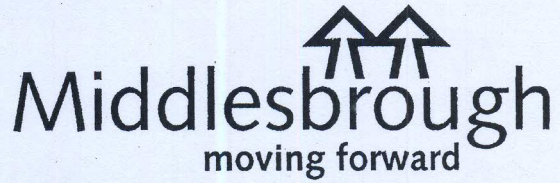
# Middlesbrough Council

www.middlesbrough.gov.uk

## COMMUNITY PROTECTION SERVICES

### Licensing

PO Box 65, Vancouver House, Gurney Street,  
Middlesbrough TS1 1QP  
Tel: (01642) 245432



## Representations On A Current Application For A Grant/Variation of a Premises Licence Or Club Premises Certificate Under The Licensing Act 2003

**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, **PS 0944 HIGG** Marie Nevison

Wish to make representation about the application for variation/grant for a premises licence/club premises certificate (delete as applicable)

### PART 1 – PREMISES OR CLUB PREMISES DETAILS

Postal Address of Premises or Club Premises, or if none, ordnance survey map reference or description	
Savers 99 – 101 Linthorpe Road	
Post Town Middlesbrough	Post Code TS1 5DD

Name of premises licence holder or club holding club premises certificate (if known)

Number of premises licence or club premise certificate (if known)
N/K

### PART 2 – DETAILS OF PERSON MAKING REPRESENTATION

I am

- |  | Please<br>Tick ✓                    |
|--|-------------------------------------|
| 1) an interested party (please complete (A) or (B) below)                                | <input type="checkbox"/>            |
| a) a person living in the vicinity of the premises                                       | <input type="checkbox"/>            |
| b) a body representing persons living in the vicinity of the premises                    | <input type="checkbox"/>            |
| c) a person involved in business in the vicinity of the premises                         | <input type="checkbox"/>            |
| d) a body representing persons involved in business in the vicinity of the premises      | <input type="checkbox"/>            |
| 2) a responsible authority (please complete (C) below)                                   | <input checked="" type="checkbox"/> |
| 3) a member of the club to which this representation relates (please complete (A) below) | <input type="checkbox"/>            |



**(A) DETAILS OF INDIVIDUAL MAKING REPRESENTATION (fill in as applicable)**

Mr  Mrs  Miss  Ms  Other Title (for example, Rev)

Surname

First Names

I am 18 years old or over

Yes  (Please Tick)

Current Address			
Post Town		Post Code	

Daytime contact telephone number

E-mail address (optional)

**(B) DETAILS OF OTHER PARTY MAKING REPRESENTATION (e.g. Body or Business)**

Name and Address
------------------

Telephone Number (If any)	
E-Mail address (optional)	

**(C) DETAILS OF RESPONSIBLE AUTHORITY MAKING REPRESENTATION**

Name and Address CHIEF CONSTABLE OF CLEVELAND POLICE C/O POLICE SERGEANT 944 HIGGINS BRIDGE STREET WEST MIDDLESBROUGH
---

Telephone Number (If any)	01642 303176
E-Mail address (optional)	

This representation relates to the following licensing objective(s)



- |   |                                     |
|---|-------------------------------------|
|   | Please<br>Tick ✓                    |
| 1. The prevention of crime and disorder | <input checked="" type="checkbox"/> |
| 2. Public safety                        | <input type="checkbox"/>            |
| 3. The prevention of public nuisance    | <input checked="" type="checkbox"/> |
| 4. The protection of children from harm | <input checked="" type="checkbox"/> |

This is a new application for a premises licence to be granted under the Licensing act 2003. The applicant is requesting the sale of alcohol between 08 00am and 18 00hrs, Monday to Saturday and between 10 00am and 18 00hrs on Sunday's.

Cleveland Police wish to make representations for the following reasons:

Since the implementation of, and prior to the Licensing act 2003, there have been a high number of reports received by Cleveland Police indicating that anti social behaviour and crime occurs in the area where this premises is situated.

The area in which the premise is situated suffers from alcohol related crime and disorder and suffers from a high level of under age drinking and associated crime. The premises already have a number of associated thefts, even before being able to sell alcohol and it is the opinion of Cleveland Police that if this licence is granted, thefts will only increase further. In addition to the above, the premise is situated near to a residential area and Cleveland Police are concerned that granting the premises licence will undermine the public nuisance objective.

Without certain conditions being attached to the licence, Cleveland Police feel that the Licensing objectives will be undermined, as such, Cleveland Police will withdraw representations regarding this application as long as the following conditions are attached to the licence and adhered too.

- 1) The premise must be fitted with a colour digital CCTV system, covering both internal and external area's of the premise. The footage must be retained for a minimum of 31 days and must be able to be transferred onto a medium that can be viewed on Police computer systems.
- 2) When the store is open and trading, there must always be a member of staff on duty who is fully trained and can operate the CCTV system, and who can provide a copy of the footage from the CCTV system, to the Police or other responsible authority after being given a reasonable request for it.
- 3) A incident book must be kept at the premise and maintained to record all incidents of crime and disorder that occurs at the premise. This incident book must be made available for inspection upon request by Police and other responsible authorities. The DPS is to check the incident book periodically and sign the incident book, to ensure compliance.
- 4) Training on think 25, the legislation surrounding selling alcohol to persons underage and



training in relation to only accepting photographic ID bearing a date of birth, that is either a passport, driving licence or recognised proof of age card accredited under the proof of age standards scheme, (PASS) is to be provided to all staff members, every 6 months. Written training records to this effect, will be maintained and kept and must be made available for inspection.

- 5) Challenge 25 signage is to be displayed prominently in and around the store.
- 6) A refusals book must be kept at the premise and maintained, to record all incidents of all refusals to sell alcohol to any person. The DPS is to check the refusals book periodically and sign the refusals book, to ensure compliance.
- 7) No alcohol is to be displayed within 5 metres of any entry/exit door.

Please provide as much information as possible to support the representation. (Please read guidance note 2)  
*In the event that this application is not withdrawn, further evidence will be provided.*

Please  
Tick ✓

Have you made any representation relating to these premises before?

If Yes, please state the date of that representation

Day		Month		Year			

If you have made representation before relating to these premises please state what they were and when you made them.

#### **How We Collect And Use Information**

By completing this document you give Middlesbrough Council the authority to collect and retain information about you for the purpose of the application. In order to process the application we may need to check this information with other enforcement agencies, local authorities or government departments.



We must protect the public funds we handle and so we may use the information you have provided on this form to prevent and detect fraud. We may also share this information with other enforcement agencies including those organisations which handle public funds. Middlesbrough Council will not disclose information about you unless the law permits.

Middlesbrough Council is the Data Controller for the purposes of the Data Protection Act. If you want to know more about the information the Authority holds about you or the way the Authority uses that information please contact the Information Security Officer, PO Box 17, Melrose House, 1 Melrose Street, Middlesbrough, TS1 2YW.

**Part 3 – Signatures** (Please read guidance note 3)

Signature of representative or representative's solicitor or other duly authorised agent. (See guidance note 4) If signing on behalf of the representative please state in what capacity.

Signature		Date	
Capacity			

Contact name (where not previously given) and address for correspondence associated with this representation. (Please read guidance note 5)	
Post Town	Post Code

Telephone Number (if any)	
E-mail Address (optional)	

**Notes for Guidance**

1. The ground(s) for representation must be based on one of the licensing objectives.
2. Please list any additional information or details for example dates of problems, which are included in the grounds for representation, if applicable.
3. The representation form must be signed.
4. A representative's agent (for example solicitor) may sign the form on their behalf provided that they have actual authority to do so.
5. This is the address, which we shall use to correspond with you about this representation.
6. Information on the Licensing Act 2003 is available at [www.middlesbrough.gov.uk](http://www.middlesbrough.gov.uk) and you are advised to read any relevant guidance leaflets before completing this form.





13<sup>th</sup> April 2012

Licensing Department  
Middlesbrough Council



Middlehaven Community Council with support from St Aidan's Residents Association strongly opposes the application for Savers Health & Beauty Ltd, 99-101 Linthorpe Road, Middlesbrough to sell alcohol to be consumed off the premises.

The residents have expressed their concerns and fear of anti-social behaviour and also the disruption to the lives of residents in the local area, which is a No Alcohol Zone.

This Community Council often objects to retailers applying for alcohol licences. Retailers see a niche in the market and have no regard for their 'resident' neighbours and the effect this has on decent, law abiding people, they only regard profit!

We witness, daily, irresponsible drinkers coming onto the estate, entering homes with the consent of participating irresponsible residents. They leave their litter and cans, cans which disturb your sleep when crashing around, caught by the wind in the early hours of the morning.

Savers, have previously applied for an alcohol licence. A plan was submitted showing the lay out of the shop and where the alcohol would be for sale. Our problems arise when it leaves the premises - mima square, alcohol free zone? In our dreams!

They have applied to sell alcohol 10 hours a day and upto 12 hours over the Christmas period. Will they then want to extend these hours as others have? As residents we feel there is already more than enough outlets to serve the local community's need for alcohol and that no more off licences are required or wanted in the vicinity. We understand the government has recognised the problems these hours cause and is looking into putting opening time restrictions back in place.

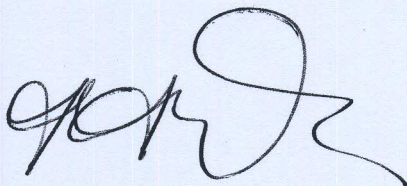


Residents clean bodily fluids from their doorways daily, the smell in summer is not pleasant. Why should we have to keep doing this?

Middlesbrough has a problem across the town, with alcohol fuelled anti-social behaviour and the town centre residents already bear the brunt of this activity three to four nights a week.

Yours faithfully

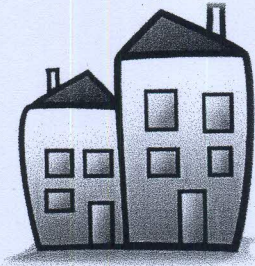
Linda Lewis  
Chair

A handwritten signature in black ink, appearing to be 'Linda Lewis', written in a cursive style.



APPENDIX 4

Central Mews Residents Association  
c/o 5 Phillips House, Central Mews  
Middlesbrough, Cleveland. TS1 1JY



23 April 2012

To: Middlesbrough Council  
Ref: Savers Health & Beauty Ltd, Grant application

Attn: Principal Licensing Officer

With reference to the above grant application, on behalf of the residents on the Central Mews Estate, we wish to object to the application being granted.

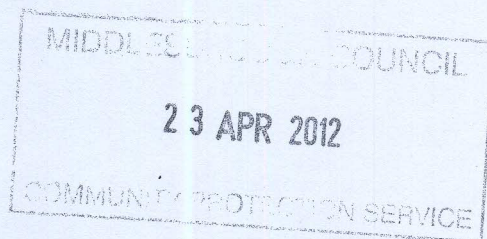
We feel that this retailer should not be granted the application for numerous reasons, including the retailer being a Health & Beauty shop, why would it need to sell alcohol? Also there are ample numbers of retailers / pubs in the same area that currently sell alcohol and we feel that allowing Savers to do the same will only increase anti social behaviour in the Middlehaven area, an area where there is already plenty of this. We as an estate already suffer with the sale of alcohol whereby people will sit on the estate, in the stairwells etc and consume alcohol and take drugs and litter the area and cause abuse to passing residents. The St Aidan's estate would be subject to similar action as they are right behind the Savers shop, this is something that the council can help prevent by rejecting the application.

We also feel that there could also be an increase in underage drinking, how would Savers overcome this issue and prevent this problem? Would they follow with the 'Challenge 21' scheme that is currently used by other retailers of alcohol in the area. This would also be a main concern to the application being granted.

I would be very grateful if you could advise of any other means that we may need to object to this application if this letter is not acceptable.

Kind regards

Brian Wilson  
Vice Chairman  
Central Mews Residents Association



Central Mews Residents Association Contacts

Tony McClurg - Chairman (Tel: 07527557201) Brian Wilson - Treasurer (Tel: 07889313956)  
Stephanie Collop - Secretary (Email: stephanie\_collop@hotmail.co.uk)