

# APPENDIX 1

Middlesbrough Council

## 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 Heron Foods 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			
Heron Foods Unit 3 9 High Street			
Post town	Ormesby	Postcode	TS7 9PD

Telephone number at premises (if any)	
Non-domestic rateable value of premises	£31,500

#### Part 2 - Applicant Details

Please state whether you are applying for a premises licence as

Please tick as appropriate

- |   |                                     |                             |
|---|-------------------------------------|-----------------------------|
| a) an individual or individuals *               | <input type="checkbox"/>            | please complete section (A) |
| b) a person other than an individual *          |                                     |                             |
| i. as a limited company                         | <input checked="" type="checkbox"/> | please complete section (B) |
| ii. as a partnership                            | <input type="checkbox"/>            | please complete section (B) |
| iii. as an unincorporated association or        | <input type="checkbox"/>            | please complete section (B) |
| iv. other (for example a statutory corporation) | <input type="checkbox"/>            | please complete section (B) |

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

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

Please tick yes

I am carrying on or proposing to carry on a business which involves the use of the premises for licensable activities; or ☒

I am making the application pursuant to a  
 statutory function or ☐  
 a function discharged by virtue of Her Majesty's prerogative ☐

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

Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
Surname			First names		
Date of birth					
Nationality					
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)					
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)**

Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
Surname			First names		
Date of birth					
Nationality					
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)					
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)					

**(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 Heron Foods Limited
Address The Vault Dakota Drive Estuary Commerce Park Speke Liverpool L24 8RJ
Registered number (where applicable) 01392197

Description of applicant (for example, partnership, company, unincorporated association etc.) Private Limited Company
Telephone number (if any)
E-mail address (optional)

### Part 3 Operating Schedule

When do you want the premises licence to start?

DD	MM	YYYY
A	S	A P

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)

Heron Foods is a convenience store selling frozen and convenience store goods.

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 any 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) ☐
- 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**

<b>Plays</b> Standard days and timings (please read guidance note 6)			<b><u>Will the performance of a play 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"/>
Day	Start	Finish	<b><u>Please give further details here</u></b> (please read guidance note 3)			
Mon						
Tue						
Wed			<b><u>State any seasonal variations for performing plays</u></b> (please read guidance note 4)			
Thur						
Fri						
Sat			<b><u>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</u></b> (please read guidance note 5)			
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"/>
					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 the exhibition of films</b> (please read guidance note 4)		
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 5)		
Fri					
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)	
Day	Start	Finish		
Mon				
Tue			<b>State any seasonal variations for indoor sporting events</b> (please read guidance note 4)	
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	<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			<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)		
Thur					
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				
Mon			<b>Please give further details here</b> (please read guidance note 3)			
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)			<b>Will the playing of recorded 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				
Mon			<b>Please give further details here</b> (please read guidance note 3)			
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 (please read guidance note 5)</b>
Sat			

**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 (please read guidance note 2)</b>	Indoors <input type="checkbox"/>
Day	Start	Finish		Outdoors <input type="checkbox"/>
Mon			<b>Please give further details here (please read guidance note 3)</b>	Both <input type="checkbox"/>
Tue				
Wed			<b>State any seasonal variations for the performance of dance (please read guidance note 4)</b>	
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 (please read guidance note 5)</b>	
Sat				
Sun				

# H

<b>Anything of a similar description to that falling within (e), (f) or (g)</b> <b>Standard days and timings</b> <b>(please read guidance note 6)</b>			<b>Please give a description of the type of entertainment you will be providing</b>		
<b>Day</b>	<b>Start</b>	<b>Finish</b>	<b>Will this entertainment take place indoors or outdoors or both – please tick</b> (please read guidance note 2)	<b>Indoors</b>	<input type="checkbox"/>
<b>Mon</b>				<b>Outdoors</b>	<input type="checkbox"/>
				<b>Both</b>	<input type="checkbox"/>
<b>Tue</b>			<b>Please give further details here</b> (please read guidance note 3)		
<b>Wed</b>					
<b>Thur</b>			<b>State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g)</b> (please read guidance note 4)		
<b>Fri</b>					
<b>Sat</b>			<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 5)		
<b>Sun</b>					

# I

<b>Late night refreshment</b> <b>Standard days and timings</b> <b>(please read guidance note 6)</b>			<b>Will the provision of late night refreshment take place indoors or outdoors or both – please tick</b> (please read guidance note 2)	<b>Indoors</b>	<input type="checkbox"/>
<b>Day</b>	<b>Start</b>	<b>Finish</b>		<b>Outdoors</b>	<input type="checkbox"/>
<b>Mon</b>				<b>Both</b>	<input type="checkbox"/>
			<b>Please give further details here</b> (please read guidance note 3)		
<b>Tue</b>					



Wed			<b>State any seasonal variations for the provision of late night refreshment</b> (please read guidance note 4)
Thur			
Fri			<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 5)
Sat			
Sun			

**J**

<b>Supply of alcohol</b> Standard days and timings (please read guidance note 6)			<b>Will the supply of alcohol be for consumption –</b> <b>please tick</b> (please read guidance note 7)	On the premises	<input type="checkbox"/>
				Off the premises	<input checked="" type="checkbox"/>
Day	Start	Finish	Both	<input type="checkbox"/>	
Mon	07:00	21:00	<b>State any seasonal variations for the supply of alcohol</b> (please read guidance note 4)		
Tue	07:00	21:00			
Wed	07:00	21:00			
Thur	07:00	21:00	<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)		
Fri	07:00	21:00			
Sat	07:00	21:00			
Sun	08:00	20:00			



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

Name: Shaun Chadwick	
Date of Birth: <del>01/01/1980</del>	
Address: <del>01/01/1980</del> <del>01/01/1980</del> <del>01/01/1980</del>	
Postcode	<del>01/01/1980</del>
Personal licence number (if known): NPL/4305	
Issuing licensing authority (if known): Northumberland County Council	

K

Please highlight any adult entertainment or services, activities, other entertainment or matters ancillary to the use of the premises that may give rise to concern in respect of children (please read guidance note 8).

N/A



L

Hours premises are open to the public Standard days and timings (please read guidance note 6)			State any seasonal variations (please read guidance note 4)
Day	Start	Finish	
Mon	07:00	21:00	<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 (please read guidance note 5)</b>
Tue	07:00	21:00	
Wed	07:00	21:00	
Thur	07:00	21:00	
Fri	07:00	21:00	
Sat	07:00	21:00	
Sun	08:00	20:00	

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

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

Please see b), d) and e) below.

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

1. Suitable close circuit television system will be operational at the premises at all times when licensable activities are being carried out and at any other times where members of the public are present on the premises.
2. The CCTV system will be of satisfactory resolution quality which will enable the identification of persons and activities.
3. The CCTV system will have sufficient storage, retention and capacity for a minimum of 28 days continuous footage which will be of good quality.
4. A designated member of staff will be authorised to access the CCTV footage and be conversant with operating the CCTV system. At the request of an authorised officer of the licensing authority or a responsible authority, any CCTV footage as requested will be downloaded immediately or secured to prevent any overwriting. The CCTV footage material will be supplied on request to an authorised officer of the licensing authority or a responsible authority.
5. An incident report register will be maintained on the premises to record incidents such as antisocial behaviour admissions, refusal and ejections from the premises.
6. The incident report register will be produced for inspection immediately on the request of an authorised officer.
7. All staff will receive training on the Licensing Act 2003 and training will be refreshed at regular intervals.

**c) Public safety**

Please see b), d) and e) above and below.



**d) The prevention of public nuisance**

8. Notices shall be displayed at the exit requesting the public to respect the needs of local residents and to leave the premises and the area quietly.

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

9. Challenge 25 will be in operation at the premises.

10. Signage will be displayed in the premises informing both staff and customers of the Challenge 25 policy.

**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 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.**

<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>	Woods Whur
<b>Date</b>	28/01/2025
<b>Capacity</b>	Woods Whur - Solicitors for the Applicant

**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.**

<b>Signature</b>	
<b>Date</b>	
<b>Capacity</b>	

<b>Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 13)</b> Amy Hayward Woods Whur St James House 28 Park Place			
<b>Post town</b>	Leeds	<b>Postcode</b>	LS1 2SP
<b>Telephone number (if any)</b>	0113 234 3055		
<b>If you would prefer us to correspond with you by e-mail, your e-mail address (optional)</b> Amy@woodswhur.co.uk			



Consent of individual to being specified as premises supervisor

I Shawn Chadwick

DOB: [REDACTED]

Nationality: British

Place of Birth: [REDACTED]

Of [REDACTED]

hereby confirm that I give my consent to be specified as the designated premises supervisor  
in relation to the application for

Grant of Premises Licence

by Heron Foods Limited

relating to premises licence

for Heron Foods, Ormesby Unit 3, 9 High Street Ormesby  
Middlesbrough TS20 9PD  
and any premises licence to be granted or varied in respect of this application made by

Heron Foods Limited

concerning the supply of alcohol at

Heron Foods, Ormesby Unit 3, 9 High Street, Ormesby  
Middlesbrough TS20 9PD

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

NPL/4305

Personal licence issuing authority

Northumberland County Council

Signed [REDACTED]

Name (please print)

S Chadwick

Dated

18/12/24

DO NOT SCALE OFF THIS DRAWING

NOTES

- ☐ Total Nett Sales Area = 2454sq²  
☐ Licensed Area

**Heron Foods**

Project  
 ORMESBY STORE  
 Unit 3, 9 High Street,  
 Ormesby,  
 Middlesbrough, TS7 9PD

Title  
 GENERAL ARRANGEMENT

Scale 1:100  
 Date 11.11.10  
 Drawn PS  
 Checked

Drawing Number  
 7485-A-2001 I

Heron Foods Limited  
 Jackson Way  
 Melton  
 East Yorkshire  
 HU14 3HJ  
 t. 0845 603 7300  
 f. 01482 632520

This drawing is the copyright of Heron Foods Limited.  
 It cannot be reproduced without permission.

