

# Notice of Meeting

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## Licensing Sub-Committee

**Wednesday 1st October, 2014 at 2.00 pm**

in Committee Room 2 Council Offices  
Market Street Newbury

### **Members Interests**

Note: If you consider you may have an interest in any Application included on this agenda then please seek early advice from the appropriate officers.

Date of despatch of Agenda: Tuesday 23 September 2014

### **FURTHER INFORMATION FOR MEMBERS OF THE PUBLIC**

If you require further information about this Agenda, or to inspect any background documents mentioned in the reports, please contact Jo Watt / Jude Thomas - Tel: (01635) 519242/519083 - Email: [jwatt@westberks.gov.uk](mailto:jwatt@westberks.gov.uk) / [jathomas@westberks.gov.uk](mailto:jathomas@westberks.gov.uk).

Further information and Minutes are also available on the Council's website at [www.westberks.gov.uk](http://www.westberks.gov.uk)



**Agenda - Licensing Sub-Committee to be held on Wednesday, 1 October 2014 *(continued)***

**61 Station Road, Thatcham, Berkshire, RG19 4PZ**

## Agenda - Licensing Sub-Committee to be held on Wednesday, 1 October 2014 (continued)

**To:** Councillors Adrian Edwards (Chairman), Geoff Mayes and Andrew Rowles  
**Substitute:** Councillor Manohar Gopal

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# Agenda

<b>Part I</b>	<b>Page No.</b>
1 <b>Declarations of Interest</b> To receive any declarations of interest from Members.	
2 <b>Schedule of Licensing Applications</b>	
(1) <b>Application No. 14/01298/LQN- 61 Station Road, Thatcham</b>	1 - 22
<b>Proposal:</b> Application for Premises Licence <b>Location:</b> 61 Station Road, Thatcham, RG19 4PZ <b>Applicant:</b> Mr Rajinder Singh Bhandal	

Andy Day  
Head of Strategic Support

If you require this information in a different format or translation, please contact  
Moira Fraser on telephone (01635) 519045.



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R IN 22WS0014

14/01298/LQN

£190.00  
12/8/14

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.

EH & L  
12 AUG 2014  
RECEIVED

I/we **MR RAJINDER SINGH BHANDAL**

*(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 <b>THATCHAM WINE STORE 61 STATION ROAD</b>			
Post town	<b>THATCHAM</b>	Postcode	<b>RG19 4PZ</b>

Telephone number at premises (if any)	<b>07951666499</b>
Non-domestic rateable value of premises	<b>£8300.00</b>

**Part 2 - Applicant Details**

Please state whether you are applying for a premises licence as

Please tick as appropriate

- 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 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 checked="" type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
Surname <b>BHANDAL</b>			First names <b>RAJINDER SINGH</b>		
I am 18 years old or over				<input checked="" type="checkbox"/>	Please tick yes
Current postal address if different from premises address		<b>125 ROCHFORD GARDENS</b>			
Post town	<b>SLOUGH</b>		Postcode	<b>SL2 5XB</b>	
Daytime contact telephone number			<b>07951666499</b>		
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
Address
Registered number (where applicable)
Description of applicant (for example, partnership, company, unincorporated association etc.)
Telephone number (if any)
E-mail address (optional)

**Part 3 Operating Schedule**

When do you want the premises licence to start?

DD	MM	YYYY

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

DD	MM	YYYY

Please give a general description of the premises (please read guidance note 1)  
**A MODERN LOCAL COMMUNITY CONVENIENCE STORE**

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)
- 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**

<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"/>
<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			<b><u>State any seasonal variations for performing plays</u></b> (please read guidance note 4)		
Wed					
Thur			<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)		
Fri					
Sat					
Sun					

**B**

<b>Films</b> Standard days and timings (please read guidance note 6)			<b><u>Will the exhibition of films 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			<b><u>State any seasonal variations for the exhibition of films</u></b> (please read guidance note 4)		
Wed					
Thur			<b><u>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</u></b> (please read guidance note 5)		
Fri					
Sat					
Sun					

C

Indoor sporting events Standard days and timings (please read guidance note 6)			<u>Please give further details</u> (please read guidance note 3)
Day	Start	Finish	
Mon			
Tue			<u>State any seasonal variations for indoor sporting events</u> (please read guidance note 4)
Wed			
Thur			<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> (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			
Mon			<u>Please give further details here</u> (please read guidance note 3)		
Tue					
Wed			<u>State any seasonal variations for boxing or wrestling entertainment</u> (please read guidance note 4)		
Thur					
Fri			<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> (please read guidance note 5)		
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"/>
<b>Day</b>	<b>Start</b>	<b>Finish</b>	<b>Please give further details here</b> (please read guidance note 3)	
Mon				
Tue				
Wed				
Thur				
Fri				
Sat				
Sun				
			<b>State any seasonal variations for the performance of live music</b> (please read guidance note 4)	
			<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)	

**F**

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

**G**

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



1

<b>Late night refreshment Standard days and timings (please read guidance note 6)</b>			<b>Will the provision of late night refreshment take place indoors or outdoors or both – please tick (please read guidance note 2)</b>	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
<b>Day</b>	<b>Start</b>	<b>Finish</b>	<u>Please give further details here (please read guidance note 3)</u>		
Mon					
Tue			<u>State any seasonal variations for the provision of late night refreshment (please read guidance note 4)</u>		
Wed					
Thur			<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 (please read guidance note 5)</u>		
Fri					
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> <u>please tick</u> (please read guidance note 7)	On the premises	<input type="checkbox"/>
				Off the premises	<input checked="" type="checkbox"/>
				Both	<input type="checkbox"/>
<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)  NONE  <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)		
Mon	08:00	23:00			
	HRS	HRS			
Tue	08:00	23:00			
	HRS	HRS			
Wed	08:00	23:00			
	HRS	HRS			
Thur	08:00	23:00			
	HRS	HRS			
Fri	08:00	23:00			
	HRS	HRS			
Sat	08:00	23:00			
	HRS	HRS			
Sun	08:00	23:00			
	HRS	HRS			

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

<b>Name</b> MR RAJINDER SINGH BHANDAL (D.O.B: 19-01-53)	
<b>Address</b> 125 ROCHFORD GARDENS SLOUGH	
<b>Postcode</b>	SL2 SXB
<b>Personal licence number (if known)</b> PA 8076	
<b>Issuing licensing authority (if known)</b> SLOUGH BOROUGH 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).

NONE

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)  NONE
Day	Start	Finish	<u>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</u> (please read guidance note 5)  NONE
Mon	08:00	23:00	
	HRS	HRS	
Tue	08:00	23:00	
	HRS	HRS	
Wed	08:00	23:00	
	HRS	HRS	
Thur	08:00	23:00	
	HRS	HRS	
Fri	08:00	23:00	
	HRS	HRS	
Sat	08:00	23:00	
	HRS	HRS	
Sun	08:00	23:00	
	HRS	HRS	

**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)**

**STRICT IMPLEMENTATION OF CHALLENGE 25 POLICY  
ALL STAFF TO BE TRAINED IN RESPONSIBLE ALCOHOL RETAILING  
CCTV TO RECORD FOR 24HRS.  
JOINING RETAILWATCH SCHEMES & KEEPING IN TOUCH WITH THE POLICE  
REFUSAL AND INCIDENT BOOKS KEPT AT PREMISES  
TRAINING MANUAL WILL BE KEPT AT PREMISES**

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

**CCTV INSTALLED INSIDE AND OUTSIDE THE PREMISES  
CCTV TO RECORD FOR 24HRS  
ALL PURCHASES MADE FROM REPUTABLE WHOLESALERS/CASH AND CARRY'S  
JOIN RETAIL WATCH SCHEMES  
INCIDENT BOOK AVAILABLE ON PREMISES AT ALL TIMES**

**c) Public safety**

**INSTALLATION OF APPROPRIATE SAFETY EQUIPMENT.  
INSTALLATION OF EMERGENCY LIGHTING  
TO COMPLY WITH ALL CURRENT, FIRE AND HEALTH AND SAFETY LEGISLATION  
STAFF TO BE TRAINED ON FIRE SAFETY AND EMERGENCY EVACUATIONS**

**d) The prevention of public nuisance**

**A MANAGEMENT POLICY IN PLACE TO TAKE INTO ACCOUNT THE EXTERNAL AREAS  
OF THE PREMISES AND THE CONDUCT OF THE CUSTOMERS.  
NOTICE TO CUSTOMERS REGARDING CONSIDERATION FOR NEIGHBOURS.  
TO MONITOR ANTI SOCIAL BEHAVIOUR BY USE OF CCTV  
ASKING CUSTOMERS TO LEAVE PREMISES IN A QUIET AND ORDERLY MANNER**

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

**STRICT IMPLEMENTATION OF CHALLENGE 25 POLICY  
ALCOHOL TO BE KEPT AWAY FROM CHILDRENS CONFECTIONERY SHELVES  
CHALLENGE 25 POSTERS DISPLAYED ACROSS THE PREMISES  
SPIRITS & CIGARETTES TO BE KEPT BEHIND THE COUNTER  
REFUSAL BOOK IN PLACE**

**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.

**IT IS AN OFFENCE, LIABLE ON SUMMARY CONVICTION TO A FINE NOT EXCEEDING LEVEL 5 ON THE STANDARD SCALE, UNDER SECTION 158 OF THE LICENSING ACT 2003, TO MAKE A FALSE STATEMENT IN OR IN CONNECTION WITH THIS APPLICATION.**

**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	11-08-2014
Capacity	AGENT

**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)**

**PERSONAL LICENCE COURSES LTD  
STUDIO 8  
HAYES BUSINESS STUDIO  
HAYES CAMPUS  
COLLEGE WAY**

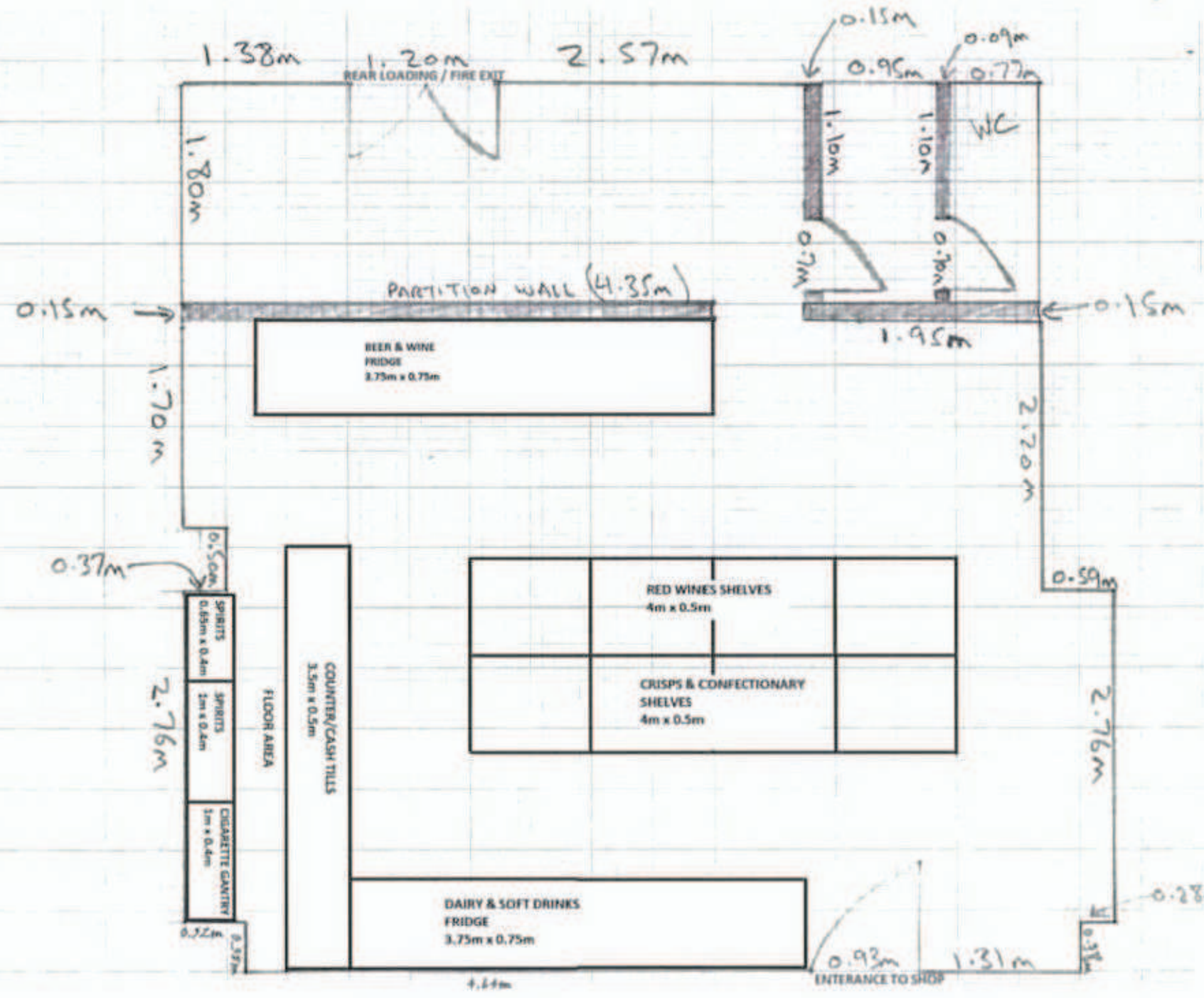
Post town	HAYES	Postcode	UB3 3BB
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Telephone number (if any)	020 8606 0558
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If you would prefer us to correspond with you by e-mail, your e-mail address (optional)  
[info@personallicensecourses.co.uk](mailto:info@personallicensecourses.co.uk)



61 STATION ROAD,  
THATCHAM,  
BERKSHIRE



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**Subject:** OBJECTION TO LICENCING APPLICATION

West Berkshire Council,  
Council Offices,  
Market Street,

**Ref Premises at 61 Station Road , Thatcham**

I wish to lodge an objection in the strongest possible terms against an alcohol selling licence application for the above property.

I understand the 4 ( four) separate representations and can possibly give reasons for object on all four.

I am objecting on the grounds of “The protection of children from harm.”

These premises are in a direct route that hundreds of schoolchildren use on a daily basis , travelling to and from the Kennet School , lunchtimes and also during breaks.

I have witnessed children from the school congregating , again on a daily basis , in the vicinity of the proposed premises.

As a country we are being advised on a daily basis by the government on the dangers of alcohol.

I will not at this juncture bore you with statistics to alcohol related violence , health and social problems – can we expose a younger generation to the evils ??

The application copy states that the premises will open from 08:00 to 23:00 seven days a week – can we ethically expose children to the sale of alcohol from the time they are travelling to school to the time they go home and beyond , many children use the Kennet in the evenings as it is a dual use sports centre.

I have also written in the strongest possible terms to the local parish council.

Sorry I have had to email from my works address.

On behalf of Mr and Mrs J Thompson

63 Station Road  
Thatcham  
RG19 4PZ  
Email [c4ajt@btinternet.com](mailto:c4ajt@btinternet.com)

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