

Notice of Meeting

Licensing Sub-Committee

Monday, 16th March, 2015 at 2.00 pm

in Council Chamber 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: Wednesday, 4th March 2015

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 Rob Alexander Tel: (01635) 519449 e-mail: ralexander@westberks.gov.uk.

Further information and Minutes are also available on the Council's website at www.westberks.gov.uk

Moto Chieveley Service Area, Oxford Road, Hermitage, RG18 9XX



Agenda - Licensing Sub-Committee to be held on Monday, 16 March 2015 (continued)

To: Councillors Paul Bryant, Manohar Gopal and Andrew Rowles (Chairman)

Substitute: Councillor Peter Argyle

Agenda

Part I

Page No.

- 1 **Declarations of Interest**
To receive any declarations of interest from Members.
- 2 **Schedule of Licensing Applications**
- (1) **Application No. 1500099LQN - Moto Chieveley Service Area, Oxford Road, Hermitage, RG18 9XX** 3 - 22
 - Proposal:** Application for a Premises Licence
 - Location:** Moto Chieveley Service Area, Oxford Road, Hermitage, RG18 9XX
 - Applicant:** Moto Hospitality Limited

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.



West Berkshire
C O U N C I L

Agenda Item 2(1)

Licensing Act 2003

APPLICATION NUMBER: 15/00099/LQN

Application for a Premises Licence

**SITE: Moto Chieveley Service Area, Oxford Road, Hermitage,
RG18 9XX**

Application for a Premises Licence : No 15/00099/LQN

Representation from Chieveley Parish Council

Representation from Councillor Hilary Cole (Ward Member)

Plan

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151 00099 / KQN

RIN 22428 GG/16359

West Berkshire Council

EH & L

£635

20 JAN 2015

Application for a premises licence to be granted under the Licensing Act 2003

PLEASE READ THE FOLLOWING INSTRUCTIONS FIRST RECEIVED

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 Moto Hospitality 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 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			
Moto Chieveley Service Area Oxford Road			
Hermitage			
Post town	Newbury	Post code	RG18 9XX

Telephone number at premises (if any)	
Non-domestic rateable value of premises	£1,040,000

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)
- 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		
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 Moto Hospitality Ltd
Address Toddington Service Area Junction 11/12 M1 Southbound Toddington LU5 6HR
Registered number (where applicable) 5754538
Description of applicant (for example, partnership, company, unincorporated association etc.) Limited Company
Telephone number (if any)
E-mail address (optional) fiona.falle@moto-way.co.uk

Part 3 Operating Schedule

When do you want the premises licence to start? **AS SOON AS POSSIBLE**

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"/>

A

Please give a general description of the premises (please read guidance note1)

An amenity area adjacent to the M4 Motorway at Junction 13 situated off the complex M4/A34 interchange.

The Premises Licence currently permits the sale of alcohol for off sales for M&S and also a further licence provides late night refreshment throughout the premises. The new application seeks the provision of the sale of alcohol in a new style premier restaurant. Sale of alcohol will be for consumption on the premises only.

If 5,000 or more people are expected to attend the premises at any one time, please state the number expected to attend.

N/A

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 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 place indoors or outdoors or both – please tick (please read guidance note 2)	Indoors	<input checked="" type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 3)		
Mon					
Tue					
Wed			State any seasonal variations for performing plays (please read guidance note 4)		
Thur					
Fri					
Sat					
Sun					
			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 (please read guidance note 5)		

B

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

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	<u>State any seasonal variations for indoor sporting events</u> (please read guidance note 4)
Mon			
Tue			
Wed			
Thur			
Fri			
Sat			
Sun			
			<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)

D

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

E

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

F

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

G

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

H

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

I

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

J

Supply of alcohol Standard days and timings (please read guidance note 6)			Will the supply of alcohol be for consumption (Please tick box) (please read guidance note 7)	On the premises	<input checked="" type="checkbox"/>
				Off the premises	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	State any seasonal variations for the supply of alcohol (please read guidance note 4)		
Mon	11:00	23:00			
Tue	11:00	23:00			
Wed	11:00	23:00			
Thur	11:00	23:00			
Fri	11:00	23:00	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 (please read guidance note 5)		
Sat	11:00	23:00			
Sun	11:00	23:00			

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

Name Richard Spraggs

b) The prevention of crime and disorder

1. A CCTV system will operate in accordance with Police guidelines with a storage capacity of a minimum of 31 days of capture. The equipment shall be maintained in good working order and recordings shall be date stamped.
2. A staff member shall be trained in the use of the system to ensure data retrieval and download when required by the Police or Local Authority Enforcement Officer subject to the requirements of the Data Protection Act.
3. CCTV shall be active on a 24 hour basis and at least one member of staff who is trained in the downloading from the system shall be on the premises during trading hours.
4. The premises shall maintain a refusals book and keep the log fully up to date with reference to recording those suspected of being under the age of 18 unable to produce adequate ID when asking for the purchase of alcohol.

c) Public safety

1. New staff shall receive induction training at the commencement of their employment at the premises including underage sales training and selling to people who are inebriated.
2. Existing staff shall also be subject to refresher training.
3. Staff training will be recorded and training records will be maintained and available upon reasonable request to Police and other Enforcement Officers.

d) The prevention of public nuisance

e) The protection of children from harm

A Challenge 25 scheme shall operate at the premises and only valid forms of ID will be acceptable to include photo driving licence, passport and an Armed Forces Warrant Card with photograph.

Please tick yes

- I have made or enclosed payment of the fee or
- I have not made or enclosed payment of the fee because the application has been made in relation to the introduction of the late night levy
- 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 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	<i>Poppleston Allen</i>
Date	<i>19/1/2015</i>
Capacity	Poppleston Allen – Solicitors for and on behalf of the applicant

For joint applications signature of 2nd applicant or 2nd 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)

Nick Walton
37 Stoney Street
The Lace Market

Post town	Nottingham	Post code	NG1 1LS
Telephone number (if any)	0115 9487410		

If you would prefer us to correspond with you by e-mail your e-mail address (optional)
n.walton@popall.co.uk

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.

From: Cheryl Lambert
Sent: 17 February 2015 14:38
To: Robert Alexander; Jude Thomas; Jo Watt (Democratic and Electoral Services)
Cc: Moira Fraser
Subject: FW: Fw: LA03 - MOTO Chieveley 15/00099/LQN

----- Forwarded Message -----

From: Tracy Snook
To: Cheryl Lambert <CLambert@westberks.gov.uk>
Sent: Friday, 13 February 2015, 8:34
Subject: Re: LA03 - MOTO Chieveley

Dear Sirs,

Chieveley Parish Council considered the licence application at the meeting held on 10 February 2015.

The Parish Council object to the application.

Consumption of alcohol at a services when the government is actively trying to prevent drinking and driving is not acceptable. The application is seen as encouraging drink driving and strongly resisted. The area marked on the plan is an open public area in the services which is accessible to young children.

Yours faithfully

Tracy Snook
Parish Clerk
01635 247507
Office Hours Tuesday & Wednesday 9.30am to 4pm
Please note that I work part time and messages may not be answered until I am next in the office

This email and any attachments to it may be confidential and are intended solely for the use of the individual to whom it is addressed. Any views or opinions expressed may not necessarily represent those of Chieveley Parish Council.

If you are not the intended recipient of this email, you must neither take any action based upon its contents, nor copy or show it to anyone. Please contact the sender if you believe you have received this e-mailing error.

All communication sent to or from Chieveley Parish Council may be subject to recording and or monitoring in accordance with UK legislation, are subject to the requirements of the Freedom of Information Act 2000 and may therefore be disclosed to a third party on request.

E-mail To: Brian Leahy

Dear Brian,

I am writing to express my concern regarding the application by Moto for on-premise sales of alcohol at Chieveley Services.

I don't think this sends out a very good message, motorway services, even those like Chieveley, which are not directly accessed from a motorway, should not, in my view, be selling alcohol for consumption by onward travelling motorists. This rather undermines the strong drink-drive policy we have as a country. I know the argument can be made that coaches stop at the services, and the passengers could drink alcohol, but the vast majority of motorway service users are motorists driving their own cars. I am also well aware that motorists could buy alcohol in M&S off-sales and then drink it as they travel along!

I know I am probably sounding very pious about this, but I genuinely think that some time ago, there was an agreement nationally that motorway services shouldn't sell alcohol for consumption on the premises. I think in the interests of road safety, this should be adhered to.

So I am asking you to carefully consider the implications of this application and accept my email as a formal representation from the local ward member, on the grounds of preventing crime and disorder.

Regards, Hilary

Councillor Hilary Cole
Ward member, Chieveley
Executive Member: Planning, Transport Policy,
Countryside, Environmental Protection,
Cultural Services, Customer Service,
West Berkshire Council
Tel: 01635 248542
email: hcole@westberks.gov.uk
www.wbca.org.uk/news

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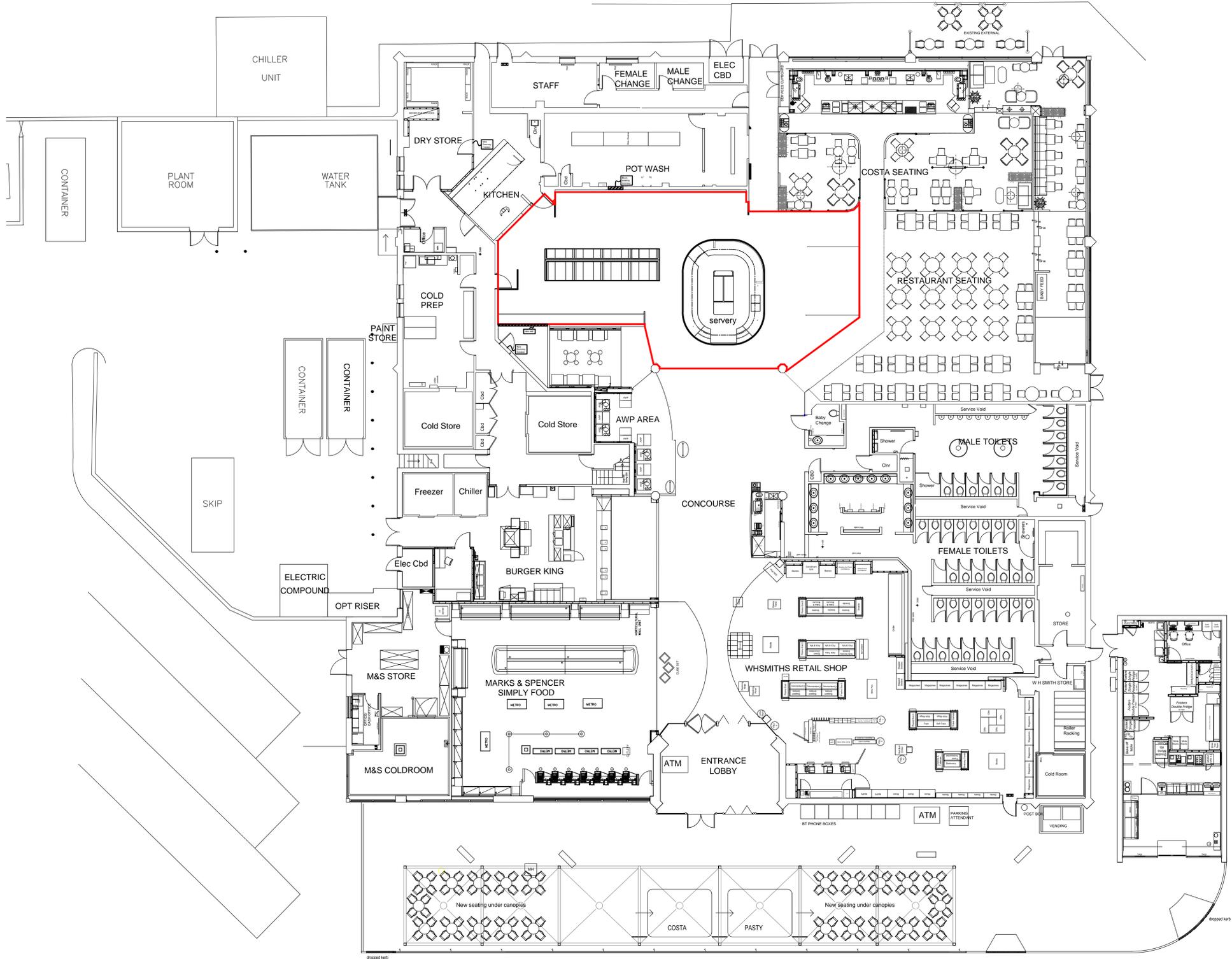
ITEM	COMMENTS	HEALTH AND SAFETY IMPLICATION	RISK
Cable Ties Used	Wherever possible electrical cables should not be allowed to trail over the floor. All cables and boxes should be left in a neat and tidy order.	Electrocution, tripping hazard, damage caused by other equipment running over cables.	High
Backflow Prevention Valves	Water Softeners should be fitted with bypass valves so as to allow full use of the equipment being supplied during breakdowns and maintenance work.	Dishwashing by hand: poor sterilisation could lead to food poisoning.	Low
Softener Overflows	All water connected water softeners, where an overflow exists, must be connected to a permanent waste outlet.	Flooding of overflow will cause damage to client property.	Medium

ITEM	COMMENTS	HEALTH AND SAFETY IMPLICATION	RISK
Commando Sockets	Where equipment is mobile electrical connections should be made via Commando sockets.	Best practice, assists with easy movement and cleaning of equipment.	Low
Safety Chain	Any flexible pipes fitted to gas appliances must be secured to a secure wall or floor mounting by suitably approved mobility restraints.	Non compliance with regulations, danger of gas leaks and explosion if gas hose or mountings are ruptured, death.	High
Fryers	Where fryers are located adjacent to ranges or at the end of a line of equipment, side screens will be fitted.	Injury to staff if water mixes with hot oil, this will result in splattering causing serious burns.	High

ITEM	COMMENTS	HEALTH AND SAFETY IMPLICATION	RISK
Grills	Do not locate grills over gas oven ranges, either solid top or open top.	Unit will overheat and deteriorate; operators can scald themselves on the handles, difficult for operator to reach rear hobs, could burn themselves.	Medium
Water Boilers	Boilers will be fitted with overflows or drained drip trays and taken to a drain.	Flooding causing damage to client's property.	Medium
Structure	Commercial equipment is heavy. Attention should be given to equipment loading if installing above ground level. Customer to ensure that floors are strong enough to support weight when fully loaded.	Collapses of floor causing costly damage and possible loss of life. Also rupturing of services which could lead to fire and explosions.	High

SPECIFIC RISK ASSESSMENTS AND REGISTER
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ITEM	COMMENTS	HEALTH AND SAFETY IMPLICATION	RISK
Bench Mounted Grills	Where these units are mounted on benches, the following must be considered: 1. The bench to which it is to be mounted must have a suitable structure to support the grill. 2. The bench must be high enough to support the grill. 3. If bench is mobile then safety chain should be installed to assist services and review items.	The unit is top heavy and moving of item for cleaning could result in unit tipping over. Table should always be larger than the grills footprint by 50%. Castors must always be braked.	Medium
Structure	Commercial equipment is heavy. Attention should be given to equipment loading if installing above ground level. Customer to ensure that floors are strong enough to support weight when fully loaded.	Collapses of floor causing costly damage and possible loss of life. Also rupturing of services which could lead to fire and explosions.	High



Licensing Key

— The extent of the licensed area for sale and consumption of alcohol "on" the premises

Caveat: This drawing and any subsequent related drawings constitute an outline conceptual scheme only and may be subject to revision after completion of a full measured and structural survey and appraisal. No Local Authorities have yet been consulted regarding town planning, building control, emergency services, licensing and other relevant approvals, this scheme must be considered as possibly subject to consequent revision after this consultation process has been completed. Your attention is drawn to the risk assessment and individual design notes for the project identified at this stage to comply with current legislation.

© This drawing is the property of Lockhart Catering Equipment which is a trading division of Bunzl UK Limited and must not be copied or reproduced in full or in part without express written permission.

Do Not Scale From This Drawing. All Dimensions To Be Confirmed On Site.

Revision:	Description:	Date:	Rev By:	Revision:	Description:	Date:	Rev By:
M	Revised as discussed	20.01.15	AJW				

LOCKHART
CATERING DESIGN SERVICES

Tally Close, Agecroft Commerce Park, Swinton, Manchester. M27 8WJ.
☎ :0161 925 1620. 📠 :1621.

CLIENT: **Moto Services - Chieveley**

Drawing Title: **Proposed Licensing Drawing**

Scale @ ISO A0 : 1:100 Drawn By : LAD lauren.dean@bunzl.co.uk
Drawing Number : MCR 01/6239-1.2 Revision : M Date : 20/01/15

Drawing Status : Preliminary Information Approvals As Filled / Built

