

Notice of Meeting

Licensing Sub-Committee

Wednesday 22nd January 2014 at 10.00 am
in Council Chamber, Council Offices,
Market Street, Newbury RG14 5LD

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, 14 January 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 Denise Anns - Tel: (01635) 519486 - Email: danns@westberks.gov.uk.

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

(Co-op 35 Pound Street Newbury RG14 6AE)

Agenda - Licensing Sub-Committee to be held on Wednesday, 22 January 2014
(continued)

To: Councillors Jeff Beck (Chairman), Billy Drummond and Mollie Lock
Substitute: Councillor Manohar Gopal

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. 13/01970/LQN - (Co-Op 35 Pound Street Newbury RG14 6AE)

Proposal: Application for a Premises Licence

Location: 35 Pound Street, Newbury RG14 6AE

Applicant: Southern Co-operative Ltd

(2) Application

1 - 14

3 Representation

15 - 18

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



SPECIAL DELIVERY

The Licensing Manager
West Berkshire District Council
Senior Licensing Officer
Council Offices
Market Street
Newbury
RG14 5LD

New Kings Court,
Tollgate,
Chandler's Ford
Eastleigh, Hampshire SO53 3LG

DX: 155850 Eastleigh 7

T: +44 (0) 2380 908090
F: +44 (0) 844 620 3401
E: jon.walls@billaw.co.uk
www.billaw.co.uk

For the attention of Liquor Licensing

Our Ref: 583403/000001/JOSW/LDRLIC/JW

25 November 2013

Your Ref:

Dear Sirs

The Southern Co-operative Ltd

Co-op, 35 Pound Street, Newbury, RG14 6AD *E?*

New Premises

We act for the Applicant named in the enclosed application.

We enclose the following:-

- Application
- Plan of the premises (drawing number 13-XXX-400)
- Consent of Designated Premises Supervisor (if applicable)
- Fee of £190.00

Please acknowledge safe receipt.

Yours faithfully

Blake Lapthorn

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R/N 22W500109927 26/11/2013
£190.00 26/11/2013
13/01/970/2QN

583403/000001/JOSW/LDRLIC

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

PLEASE READ THE FOLLOWING INSTRUCTIONS FIRST

Before completing this form please read the guidance notes at the end of the form. If you are completing this form by hand please write legibly in block capitals. In all cases ensure that your answers are inside the boxes and written in black ink. Use additional sheets if necessary.

You may wish to keep a copy of the completed form for your records.

We, The Southern Co-operative Ltd apply for a premises licence under section 17 of the Licensing Act 2003 for the premises described in Part 1 below (the premises) and we are making this application to you as the relevant licensing authority in accordance with section 12 of the Licensing Act 2003.

Part 1 – Premises Details

Co-op, 35 Pound Street, Newbury			
Post town	Newbury	Post code	RG14 6AD

Telephone number at premises (if any)	
Non-domestic rateable value of premises	£32750.00

Part 2 – Applicant Details

Please state whether you are applying for a premises licence as

	Please tick ✓ yes
a) An individual or individuals	<input type="checkbox"/>
b) A person other than an individual	<input type="checkbox"/>
i. as a limited company	<input checked="" type="checkbox"/>
ii. as a partnership	<input type="checkbox"/>
iii. as an unincorporated association or	<input type="checkbox"/>
iv. other (for example a statutory corporation)	<input type="checkbox"/>
c) a recognised club	<input type="checkbox"/>
d) a charity	<input type="checkbox"/>
e) the proprietor of an educational establishment	<input type="checkbox"/>
f) Health Service Body	<input type="checkbox"/>
g) a person who is registered under Part 2 of the Care Standards Act 2000 (c14) in respect of an independent hospital in Wales	<input type="checkbox"/>
ga) a person who is registered under Chapter 2 of Part 1 of the Health and Social Care Act 2008 in respect of the carrying on of a regulated activity (within the meaning of that Part) in an independent hospital in England	<input type="checkbox"/>
h) The Chief Officer of police of a police force in England & Wales	<input type="checkbox"/>

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

Please tick yes

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

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)**

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

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

Second applicants details ie Area manager, Manager, Assistant Manager, details in the box

SECOND INDIVIDUAL APPLICANT (if applicable)

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

(B) OTHER APPLICANTS

Please provide name and registered address of applicant in full. Where appropriate please give any registered number. In case of a partnership or other joint nature (other than a body corporate), please give the name and address of each party concerned.

Name The Southern Co-operative Ltd	
Address 1000 Lakeside, Western Road, Portsmouth, Hampshire, PO6 3FE	
Company registered number 1591R	
Description of applicant (for example partnership, company, unincorporated association etc.) Limited Company	
Telephone number (if any) 02392 222500	
Email address (optional)	

PART A3 - Operating Schedule

When do you want the premises licence to start?

Day Month Year

as soon as possible

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

Day Month Year

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

Please give a general description of the premises (please read guidance note 1)

Convenience store with licensed facilities

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

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

Provision of regulated entertainment – please tick Yes

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

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

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

In all cases complete boxes K, L and M.

A

Plays Standard days and timings (please read guidance note 6)			Will the performance of a play take place indoors or outdoors or both – please tick (please read guidance note 2)	Indoors
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			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)	
Sat				
Sun				

B

Films Standard days and timings (please read guidance note 6)			Will the performance of films take place indoors or outdoors or both – please tick (please read guidance note 2)	Indoors	
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			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)		
Sat					
Sun					

C

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

D

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

E

Live music Standard days and timings (please read guidance note 6)			Will the performance of live music take place indoors or outdoors or both – please tick (please read guidance note 2)	Indoors	
Day	Start	Finish	Please give further details (please read guidance note 3)		
Mon					
Tue					
Wed			State any seasonal variations for the performance of live music (please read guidance note 4)		
Thur					
Fri			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 (please read guidance note 5)		
Sat					
Sun					

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	
Day	Start	Finish	Please give further details (please read guidance note 3)		
Mon					
Tue					
Wed			State any seasonal variations for the playing of recorded music (please read guidance note 4)		
Thur					
Fri			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)		
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	
Day	Start	Finish	Please give further details (please read guidance note 3)		
Mon					
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 the performance of dance take place indoors or outdoors or both – please tick (please read guidance note 2)	Indoors	
Mon				Outdoors	
Tue			Please give further details (please read guidance note 3)		
Wed					
Thur			State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g) (please read guidance note 4)		
Fri					
Sat			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)		
Sun					

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

J

Supply of alcohol Standard days and timings (please read guidance note 6)			Will the supply of alcohol be for consumption (please read guidance note 7)	On the premises	
Day	Start	Finish		Off the premises	<input checked="" type="checkbox"/>
Mon	08.00	23.00		Both	
Tue	08.00	23.00	State any seasonal variations for the supply of alcohol (please read guidance note 4)		
Wed	08.00	23.00			
Thur	08.00	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)		
Fri	08.00	23.00			

Sat	08.00	23.00	
Sun	08.00	23.00	

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

Address The DPS will be nominated if the premises licence is granted and just prior to the store opening

Postcode

Personal Licence Number (if known)

Issuing licensing authority (if known) West Berkshire District 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)

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	06.00	23.00	
Tue	06.00	23.00	
Wed	06.00	23.00	Non standard timings. Where you intend the premises to be open at different times to those listed in the column on the left, please list (please read guidance note 5)
Thur	06.00	23.00	
Fri	06.00	23.00	
Sat	06.00	23.00	
Sun	06.00	23.00	

M

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

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

1. All staff will be trained in the law and their responsibility in selling and written records shall be kept of all training and refresher training.
2. CCTV will be provided within the store.
3. A refusal log will be maintained.
4. A Challenge 25 policy will be adopted.

If this application is successful, a DPS will be nominated prior to the premises trading.

The prevention of crime and disorder

As above – no additional steps identified

Public safety

As above – no additional steps identified

The prevention of public nuisance

As above – no additional steps identified

The protection of children from harm

As above – no additional steps identified

Please tick yes

I have made or enclosed payment of the fee

I have enclosed the plan of the premises

I have sent copies of this application and the plan to responsible authorities and others where applicable

I have enclosed the consent form completed by the individual I wish to be premises supervisor, if applicable

I understand that I must now advertise my application

I understand that if I do not comply with the above requirements my application will be rejected.

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

Part 4 – Signatures (please read guidance note 10)

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

Signature	
Date	25/11/2013
Capacity	Solicitors and agents for the applicant

For joint applicants 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 address for correspondence associated with this application (please read guidance note 13)

Blake Lapthorn New Kings Court, Tollgate, Chandler's Ford
583403/000001/JOSW/LDRLIC

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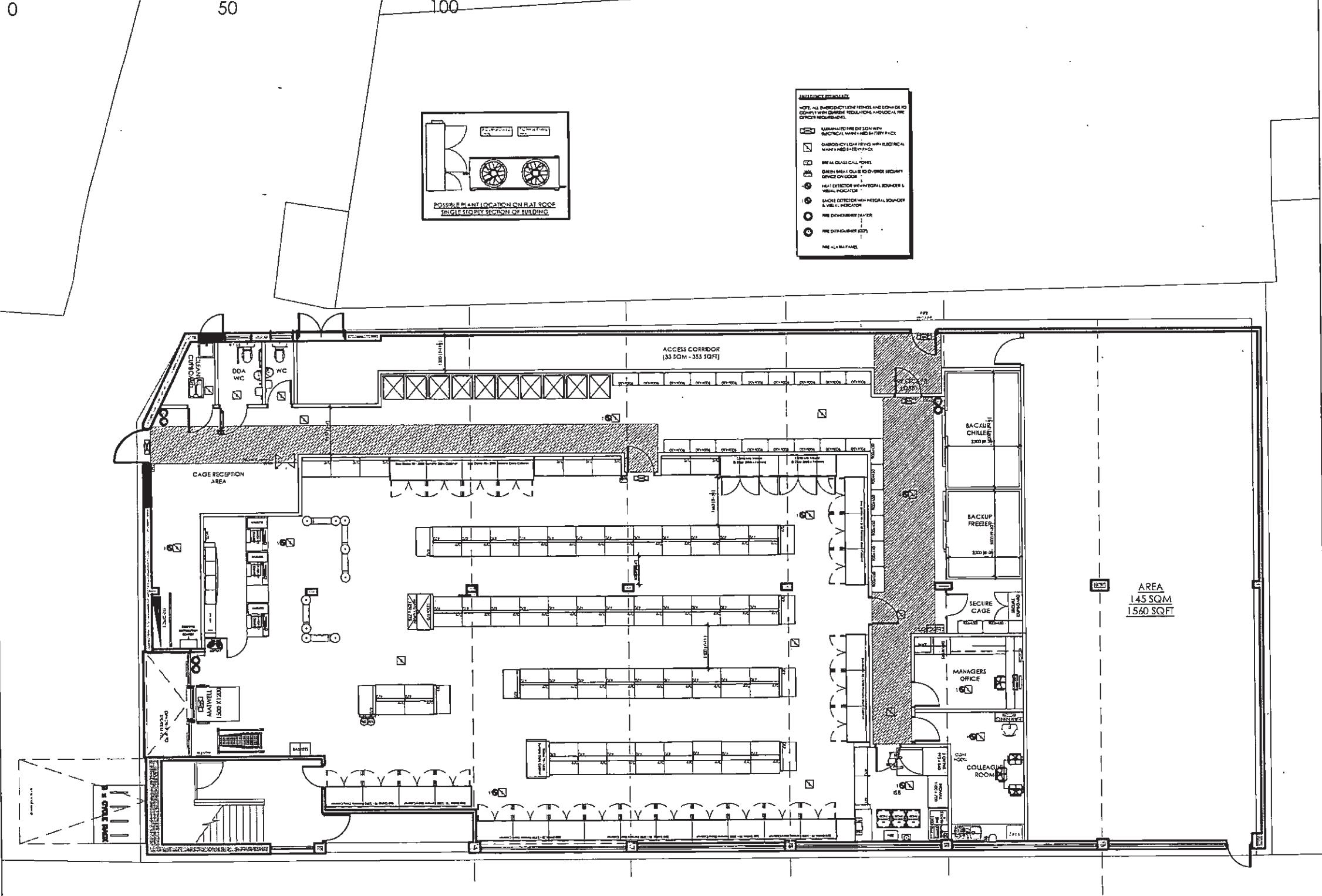
Telephone number (if any)	Tel: 02380 908090
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If you would prefer us to correspond with you by e-mail, your e-mail address (optional)

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 be in 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 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 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.



ALL AREAS TO BE LICENSED FOR THE SALE OF ALCOHOL FOR CONSUMPTION OF THE PREMISES

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IF IN DOUBT ASK FOR CONFIRMATION.

AREAS	M ²	FT ²
SALES	280	3014
BOH	170	1830
GROSS	420	4519
FIRST	348	3744
SUB-LET	-	-
MOTHBALLED	-	-

REVISIONS

REV.	DESCRIPTION	DRAWN	CHKD.	DI

ISSUED FOR

LICENSING

The Southern Co-operative

Retail and Business Development
1000 Lakeside, Western Road, Portsmouth. PO6 3F
T: 023 9222 2500 | F: 023 9222 2650
E: garykentell@southerncoops.co.uk

DRAWING APPROVAL	SIGNATURE	DATE
DRAWING APPROVAL	SIGNATURE	DATE
DRAWING APPROVAL	SIGNATURE	DATE

PROJECT

NEWBURY - POUND STREET
POUND STREET
NEWBURY
RG14 AD

DRAWING TITLE
LICENSING PLAN

DRAWING SCALE 1:150 SHEET SIZE A3 SHEET No. 1 of 1 DRAWN GPK CHKD D 21-1

DRAWING NUMBER 13-XXX-400 REV.

LICENSING

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Agenda Item 3

To
Senior Licensing Officer
Council Office
West Berkshire Council
Market Street
Newbury, RG14 5LD



Ref: Applicant Name, Southern Co-operative Ltd,
35 Pound Street, Newbury, Berkshire, RG14 6AE

THE APPLICATION IS TO SELL ALCOHOL FROM 8AM UNTILL 11PM ?

On behalf of the Bangladesh Welfare Centre and Muslim Community.
We regret that we Object an application for permission issue of Alcohol licensing
next to the Bangladesh Welfare Centre at 33 pound Street, as its a Religious place(Mosque)
and children Centre where local Muslim Community (including children and Women visit
regularly)

Many people within the Muslim Community have Objected and feel strongly against this Alcohol
licensing. We feel that if this goes ahead it will increase crime, anti social behaviour and racial
hatred towards the local community.

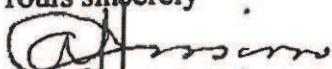
Just only recently a burglary Occured in pound Street and other Alcohol, drug related crimes.

There are NO CCTV cameras in Pound Street.

We submited a petition against this Alcohol Licensing for your attention.

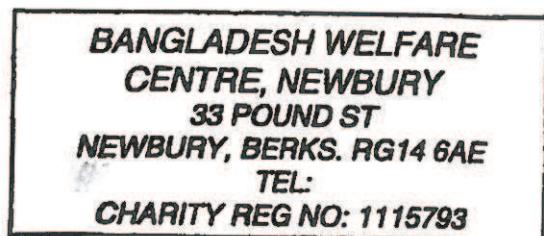
We would like to request you to consider this application carefully.

Yours sincerely



Mr Ahbab Hussain (Chairman)

(behalf of Bangladesh Welfare Centre, Newbury)
33 Pound Street, Newbury, Berkshire, RG14 6AE
DATE: 16th December 2013



**PETITION AGAINST ALCOHOL LICENSING
35 POUND STREET, NEWBURY, RG14 6AE**

NAME	ADDRESS / TELEPHONE	SIGNATURE
MOHAMMED HUSSAIN		
SHIBBIR AHMED		
FIRUZ HUSSAIN		
Mohammed S Ahmed		
HASSAIN		
ABU ABUTAHER		
Amadadur Rehman		
LUTPUR RATHMAN		
Mahbub Rana OP		
Balal Holden		
AODUL		
TANWER AHMED		
M.R.R.AZIZ		
Mamadou		
AZMAL SHAH		
Shahzad Nadeem		
ICHAHNUS (AMM) LADESH WEL		
35 POUND ST NEWBURY, BERKS, RG14 6AE		
TEL:		
CHARITY REG NO: 1115703		

**PETITION AGAINST ALCOHOL LICENSING
35 POUND STREET, NEWBURY, RG14 6AE**

NAME	ADDRESS /TELEPHONE	SIGNATURE
MR. OLJD Ahmed		
ABJIBACAR		
MR SHAMIM AHMED		
Shaher alshonna		
ADNAN KHAN		
MOBASSHIR MUSHTAQ		
ALADUR RAHMAN		
MUHAMMED VIKHAR UDDIN		
SHAFIUDDIN SYED		
FAHEEM		
RASHID MEHMI		
A. ABOU TAJ		
A SHAFI		
Boubacar Diallo		
Muhammed Chowdhury		
MD. SAIFUL		
YUSU		
AZIZUR RAHMAN		
MR MD Abdul Mannan		

**PETITION AGAINST ALCOHOL LICENSING
35 POUND STREET, NEWBURY, RG14 6AE**

NAME	ADDRESS / SIGN	SIGNATURE / tel
NAEEM Shahzad		
ABUBAKER		
Frank Khan		
Sikandar Ali		
Laila		
Qaiser		
MUAZZAM Hussain		
USMAN NAZIR		
Shaeekh		
ASAD		
S. Ali		
Wahid ul haq		
MD. S. Mah		
M. Farid		
ABDUL MOHAMMED		
Noorul Islam		
M. Farooq		
Mohammed		
MUHAMMED SHAHID- -UZZAMAN		