

[Insert name and address of relevant licensing authority and its reference number (optional)]

DUDLEY METROPOLITAN BOROUGH 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.

(1) Delete as applicable.
(2) Insert name(s) of applicant(s).

(1) ~~[I]~~ **[We]** (2) MIDLANDS CO-OPERATIVE SOCIETY LIMITED

apply for a premises licence under section 17 of the Licensing Act 2003 for the premises described in Part 1 below (the premises) and (1) ~~[I am]~~ **[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 MIDLANDS CO-OP 2 OVERFIELD ROAD RUSSELLS HALL ESTATE	
Post town DUDLEY	Post code DY1 2NY
Telephone number at premises (if any)	N/A
Non-domestic rateable value of premises	£ 22,400.00

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"/> please complete section (A) |
| (b) a person other than an individual* | <input checked="" type="checkbox"/> please complete section (B) |
| (i) as a limited company | <input 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 | <input type="checkbox"/> please complete section (B) |
| (d) a charity | <input type="checkbox"/> please complete section (B) |
| (e) the proprietor of an educational establishment | <input type="checkbox"/> please complete section (B) |
| (f) a health service body | <input type="checkbox"/> 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 | <input type="checkbox"/> please complete section (B) |
| (h) the chief officer of police of a police force in England and Wales | <input type="checkbox"/> 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 ☐ Mrs ☐ Miss ☐ Ms ☐ Other title ☐
(for example, Rev.)

Surname

First names

Please tick ☒

Yes

I am 18 years old or over ☐

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 ☐ Mrs ☐ Miss ☐ Ms ☐ Other title ☐
(for example, Rev.)

Surname

First names

Please tick ☒

Yes

I am 18 years old or over ☐

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	MIDLANDS CO-OPERATIVE SOCIETY LIMITED
Address	CENTRAL HOUSE HERMES ROAD LICHFIELD STAFFORDSHIRE WS13 6RH
Registered number (where applicable)	10143R
Description of applicant (for example partnership, company, unincorporated association etc.)	LIMITED COMPANY
Telephone number (if any)	01543 421 406
E-mail address (optional)	N/A

Part 3 - Operating Schedule

When do you want the premises licence to start?

Day Month Year

A	S	A	P				
---	---	---	---	--	--	--	--

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

Day Month Year

--	--	--	--	--	--	--	--

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

The premises have until recently been operated as an on-licence public house under the trading name "Plume of Feathers". The proposal is to convert the premises in accordance with the plan served with this application to a Midlands Co-op convenience store. Providing the application is granted for a Premises Licence restricted to off sales then the current Premises Licence will be surrendered. The proposed layout of the premises is as shown on the plan served with this application showing all modern facilities, appropriate service aisles and chilled product facilities. The premises will have appropriate security arrangements and the Premises Licence is requested to allow the sale of alcohol on an off-sales basis 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 entertainment facilities for:

(i) making music (if ticking yes, fill in box I)

☐

(j) dancing (if ticking yes, fill in box J)

☐

(k) entertainment of a similar description to that falling within (i) or (j)
(if ticking yes, fill in box K)

☐

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

☐

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

☒

In all cases complete boxes N, O and P

A

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

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

J

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

K

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

L

Late night refreshment Standard days and timings (please read guidance note 6)			Will the provision of late night refreshment take place indoors or outdoors or both - please tick <input checked="" type="checkbox"/> (please read guidance note 2)		
			Indoors		
			Outdoors		
			Both		
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					

M

Supply of alcohol Standard days and timings (please read guidance note 6)			Will the supply of alcohol be for consumption (Please tick box <input checked="" type="checkbox"/>) (please read guidance note 7)		On the premises	
					Off the premises	X
					Both	
Day	Start	Finish	State any seasonal variations for the supply of alcohol (please read guidance note 4)			
Mon	0600	0000				
Tue	0600	0000				
Wed	0600	0000				
Thur	0600	0000				
Fri	0600	0000				
			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	0600	0000				
Sun	0600	0000				

State the name and details of the individual whom you wish to specify on the licence as premises supervisor	
Name	DAVID ELLGOOD
Address	391 Barrow Lane Sheldon Birmingham
Postcode	B26 1QH
Personal Licence number (if known)	2382
Issuing licensing authority (if known)	Birmingham City Council

N

Please highlight any adult entertainment or services, activities, other entertainment or matters ancillary to the use of the premises that may give rise to concern in respect of children (please read guidance note 8)
NOT APPLICABLE

O

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	0600	0000	<p>Non standard timings. Where you intend the premises to be open to the public at different times to those listed in the column on the left, please list (please read guidance note 5)</p>
Tue	0600	0000	
Wed	0600	0000	
Thur	0600	0000	
Fri	0600	0000	
Sat	0600	0000	
Sun	0600	0000	

P

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

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

This Licence is a replacement Licence for what is currently a Premises Licence covering on-sales and various other licensible activities. If this Premises Licence is granted it is believed that the two mandatory conditions will be applicable other than any conditions in accordance with the licensing objectives as set out below it is not considered any further conditions are appropriate.

(b) The prevention of crime and disorder

The Midlands Co-operative Society Limited operated over stores with licensed facilities and they have a good record in relation to their association with law enforcement officers. The premises will have CCTV.

(c) Public safety

All appropriate steps are taken to ensure public safety and risk assessments are carried out to approved statutory authorities standards.

(d) The prevention of public nuisance

The premises are to change from a public house with on-sales and all forms of entertainment to a convenience store. It is not therefore envisaged that any form of public nuisance will be caused by the operation of the premises under the premises licence that is now applied for. If any issues are raised during the operation of the premises under the licence then Midlands Co-operative Society Ltd would work with all appropriate authorities to resolve any such issues.

(e) The protection of children from harm

Midlands Co-operative Society Ltd incorporates in all its stores the Challenge 25 procedure. All staff are fully trained in all aspects of safety and with particular reference to avoiding any form of underage sale.

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 (please read guidance note 11).
If signing on behalf of the applicant please state in what capacity.

Signature

Date

Capacity SOLICITORS ACTING 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) Harvey Ingram LLP 20 New Walk Leicester United Kingdom DX 141223 Leicester 19	
Post town United Kingdom	Post code LE1 6TX
Telephone number (if any) +44 (0)116 2545454	
If you would prefer us to correspond with you by e-mail your e-mail address (optional) frank.whale@Harveyingram.com	

Notes for Guidance

1. Describe the premises. For example the type of premises, its general situation and layout and any other information which could be relevant to the licensing objectives. Where your application includes off-supplies of alcohol and you intend to provide a place for consumption of these off-supplies you must include a description of where the place will be and its proximity to the premises.
2. Where taking place in a building or other structure please tick as appropriate. Indoors may include a tent.
3. For example the type of activity to be authorised, if not already stated, and give relevant further details, for example (but not exclusively) whether or not music will be amplified or unamplified.
4. For example (but not exclusively), where the activity will occur on additional days during the summer months.
5. For example (but not exclusively), where you wish the activity to go on longer on a particular day e.g. Christmas Eve.
6. Please give timings in 24 hour clock (e.g. 16:00) and only give details for the days of the week when you intend the premises to be used for the activity.
7. If you wish people to be able to consume alcohol on the premises please tick on. If you wish people to be able to purchase alcohol to consume away from the premises please tick off. If you wish people to be able to do both please tick both.
8. Please give information about anything intended to occur at the premises or ancillary to the use of the premises which may give rise to concern in respect of children, regardless of whether you intend children to have access to the premises for example (but not exclusively) nudity or semi-nudity, films for restricted age groups, the presence of gaming machines.
9. Please list here steps you will take to promote all four licensing objectives together.
10. The application form must be signed.
11. An applicant's agent (for example solicitor) may sign the form on their behalf provided that they have actual authority to do so.
12. Where there is more than one applicant, both applicants or their respective agents must sign the application form.
13. This is the address which we shall use to correspond with you about this application.

Part A

Consent of Individual to Being Specified as Premises Supervisor

(1) Insert full
name of
prospective
premises
supervisor.

X I (1) **DAVID CHARLES ELLWOOD**

(2) Insert home
address of
prospective
premises
supervisor.

X of (2) **391 BARROWS LANE
SHELDON
B114AM
B26 1QH.**

(3) Insert type
application.

hereby confirm that I give my consent to be specified as the designated premises
supervisor in relation to the application for (3) **New Grant**

(4) Insert name
of applicant.

by (4) **MIDLANDS CO-OP SOCIETY LTD**

(5) Insert number
of existing licence,
if any.

relating to a premises licence (5)

(6) Insert name
and address of
premises to which
the application
relates.

for (6) **MIDLANDS CO-OP SOCIETY LTD
2 OVERFIELD ROAD
RUSSELLS HALL ESTATE
DUDLEY**

and any premises licence to be granted or varied in respect of this application
made by (4) **MIDLANDS CO-OP SOCIETY LTD**

concerning the supply of alcohol at (6)

**MIDLANDS CO-OP SOCIETY LTD
2 OVERFIELD ROAD
RUSSELLS HALL ESTATE
DUDLEY**

(7) Delete as
applicable.

I also confirm that I ~~(7)[am applying for]~~ ~~(7)[intend to apply for]~~ (7)[currently hold]
a personal licence, details of which I set out below.

(8) Insert personal
licence number, if
any.

Personal licence number (8) **2383**

(9) Insert name
and address and
telephone number
of personal licence
issuing authority, if
any.

Personal licence issuing authority (9) **BIRMINGHAM CITY COUNCIL**

(10) Please print.

X Signed **D Charles Ellwood**
X Name (10) **DAVID CHARLES ELLWOOD**
X Dated **17th NOVEMBER 2009**

Date of birth

Place of birth