



* required information

Section 1 of 19

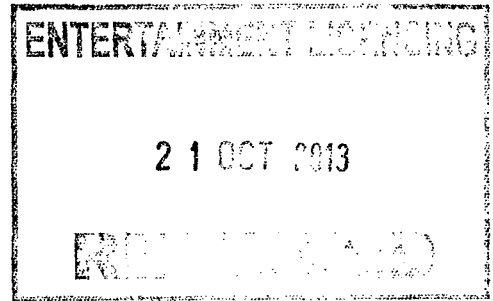
You can save the form at any time and resume it later. You do not need to be logged in when you resume.

System reference: Not Currently In Use. Your reference: SHELL HORSFORTH. This is the unique reference for this application generated by the system. You can put what you want here to help you track applications if you make lots of them. It is passed to the authority.

Are you an agent acting on behalf of the applicant? Yes No. Put "no" if you are applying on your own behalf or on behalf of a business you own or work for.

Applicant Details

* First name: SHELL UK OIL PRODUCTS LIMITED. * Family name: N/A. * E-mail: sara@lockett.uk.com. Main telephone number. Other telephone number.



Indicate here if the applicant would prefer not to be contacted by telephone

Is the applicant:

Applying as a business or organisation, including as a sole trader. Applying as an individual

A sole trader is a business owned by one person without any special legal structure. Applying as an individual means the applicant is applying so the applicant can be employed, or for some other personal reason, such as following a hobby.

Applicant Business

* Is the applicant's business registered in the UK with Companies House? Yes No

* Registration number: 3625633. * Business name: SHELL UK OIL PRODUCTS LIMITED. * VAT number: GB 235763255. * Legal status: Private Limited Company

If the applicant's business is registered, use its registered name.

Put "none" if the applicant is not registered for VAT.

Continued from previous page...

* Applicant's position in the business

Home country

The country where the applicant's headquarters are.

Registered Address

Address registered with Companies House.

* Building number or name

* Street

District

* City or town

County or administrative area

* Postcode

* Country

Agent Details

* First name

* Family name

* E-mail

Main telephone number

Include country code.

Other telephone number

Indicate here if you would prefer not to be contacted by telephone

Are you:

An agent that is a business or organisation, including a sole trader

A sole trader is a business owned by one person without any special legal structure.

A private individual acting as an agent

Agent Business

* Is your business registered in the UK with Companies House? Yes No

* Registration number

* Business name

If your business is registered, use its registered name.

* VAT number

Put "none" if you are not registered for VAT.

* Legal status

Continued from previous page...

* Your position in the business LICENSING MANAGER

Home country United Kingdom

The country where the headquarters of your business is located.

Agent Registered Address

Address registered with Companies House.

* Building number or name LOCKETT HOUSE

* Street 13 CHURCH STREET

District

* City or town KIDDERMINSTER

County or administrative area WORCS

* Postcode DY10 2AH

* Country United Kingdom

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PREMISES DETAILS

I/we, as named in section 1, apply for a premises licence under section 17 of the Licensing Act 2003 for the premises described in section 2 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.

Premises Address

Are you able to provide a postal address, OS map reference or description of the premises?

Address OS map reference Description

Postal Address Of Premises

Building number or name SHELL HORSFORTH

Street BROADWAY RING ROAD

District

City or town LEEDS

County or administrative area

Postcode LS18 4DF

Country United Kingdom

Further Details

Telephone number 0113 239 0155

Non-domestic rateable value of premises (£) 69,500

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APPLICATION DETAILS

In what capacity are you applying for the premises licence?

- An individual or individuals
- A limited company
- A partnership
- An unincorporated association
- A recognised club
- A charity
- The proprietor of an educational establishment
- A health service body
- A person who is registered under part 2 of the Care Standards Act 2000 (c14) in respect of an independent hospital in Wales
- 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
- The chief officer of police of a police force in England and Wales
- Other (for example a statutory corporation)

Confirm The Following

- I am carrying on or proposing to carry on a business which involves the use of the premises for licensable activities
- I am making the application pursuant to a statutory function
- I am making the application pursuant to a function discharged by virtue of Her Majesty's prerogative

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NON INDIVIDUAL APPLICANTS

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

Non Individual Applicant's Name

Name

Details

Registered number (where applicable)

Description of applicant (for example partnership, company, unincorporated association etc)

Continued from previous page...

PRIVATE LIMITED COMPANY

Address

Building number or name
Street
District
City or town
County or administrative area
Postcode
Country

Contact Details

E-mail
Telephone number
Other telephone number

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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

Provide a general description of 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.

PLEASE SEE ATTACHED OVERVIEW.

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

Continued from previous page...

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PROVISION OF PLAYS

Will you be providing plays?

Yes No

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PROVISION OF FILMS

Will you be providing films?

Yes No

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PROVISION OF INDOOR SPORTING EVENTS

Will you be providing indoor sporting events?

Yes No

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PROVISION OF BOXING OR WRESTLING ENTERTAINMENTS

Will you be providing boxing or wrestling entertainments?

Yes No

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PROVISION OF LIVE MUSIC

Will you be providing live music?

Yes No

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PROVISION OF RECORDED MUSIC

Will you be providing recorded music?

Yes No

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PROVISION OF PERFORMANCES OF DANCE

Will you be providing performances of dance?

Yes No

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PROVISION OF ANYTHING OF A SIMILAR DESCRIPTION TO LIVE MUSIC, RECORDED MUSIC OR PERFORMANCES OF DANCE

Will you be providing anything similar to live music, recorded music or performances of dance?

Yes No

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LATE NIGHT REFRESHMENT

Will you be providing late night refreshment?

Continued from previous page...

Yes

No

Standard Days And Timings

MONDAY

Start

End

Start

End

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.

TUESDAY

Start

End

Start

End

WEDNESDAY

Start

End

Start

End

THURSDAY

Start

End

Start

End

FRIDAY

Start

End

Start

End

SATURDAY

Start

End

Start

End

SUNDAY

Start

End

Start

End

Will the provision of late night refreshment take place indoors or outdoors or both?

Indoors

Outdoors

Both

Where taking place in a building or other structure tick as appropriate. Indoors may include a tent.

State 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.

THE PROVISION OF HOT DRINKS.

State any seasonal variations

Continued from previous page...

For example (but not exclusively) where the activity will occur on additional days during the summer months.

Non-standard timings. Where the premises will be used for the supply of late night refreshments at different times from those listed in the column on the left, list below

For example (but not exclusively), where you wish the activity to go on longer on a particular day e.g. Christmas Eve.

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SUPPLY OF ALCOHOL

Will you be selling or supplying alcohol?

Yes No

Standard Days And Timings

MONDAY

Start

End

Start

End

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.

TUESDAY

Start

End

Start

End

WEDNESDAY

Start

End

Start

End

THURSDAY

Start

End

Start

End

FRIDAY

Start

End

Start

End

SATURDAY

Start

End

Start

End

Continued from previous page...

SUNDAY

Start

End

Start

End

Will the sale of alcohol be for consumption:

- On the premises Off the premises Both

If the sale of alcohol is for consumption on the premises select on, if the sale of alcohol is for consumption away from the premises select off. If the sale of alcohol is for consumption on the premises and away from the premises select both.

State any seasonal variations

For example (but not exclusively) where the activity will occur on additional days during the summer months.

)

Non-standard timings. Where the premises will be used for the supply of alcohol at different times from those listed in the column on the left, list below

For example (but not exclusively), where you wish the activity to go on longer on a particular day e.g. Christmas Eve.

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

Name

First name

Family name

Enter the contact's address

Building number or name

Street

District

City or town

County or administrative area

Postcode

Country

Continued from previous page...

Personal Licence number
(if known)

WBCPA1182

Issuing licensing authority
(if known)

WYRE BOROUGH COUNCIL

PROPOSED DESIGNATED PREMISES SUPERVISOR CONSENT

How will the consent form of the proposed designated premises supervisor be supplied to the authority?

- Electronically, by the proposed designated premises supervisor
- As an attachment to this application

Reference number for consent form (if known)

If the consent form is already submitted, ask the proposed designated premises supervisor for its 'system reference' or 'your reference'.

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ADULT ENTERTAINMENT

Highlight any adult entertainment or services, activities, or other entertainment or matters ancillary to the use of the premises that may give rise to concern in respect of children

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 etc gambling machines etc.

NONE.

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HOURS PREMISES ARE OPEN TO THE PUBLIC

Standard Days And Timings

MONDAY

Start 00:00

End 24:00

Start

End

TUESDAY

Start 00:00

End 24:00

Start

End

WEDNESDAY

Start 00:00

End 24:00

Start

End

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.

Continued from previous page...

THURSDAY

Start 00:00

End 24:00

Start

End

FRIDAY

Start 00:00

End 24:00

Start

End

SATURDAY

Start 00:00

End 24:00

Start

End

SUNDAY

Start 00:00

End 24:00

Start

End

State any seasonal variations

For example (but not exclusively) where the activity will occur on additional days during the summer months.

Non standard timings. Where you intend to use the premises to be open to the members and guests at different times from those listed in the column on the left, list below

For example (but not exclusively), where you wish the activity to go on longer on a particular day e.g. Christmas Eve.

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LICENSING OBJECTIVES

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

a) General – all four licensing objectives (b,c,d,e)

List here steps you will take to promote all four licensing objectives together.

PLEASE SEE ATTACHED SHEET.

b) The prevention of crime and disorder

PLEASE SEE ATTACHED SHEET

Continued from previous page...

c) Public safety

PLEASE SEE ATTACHED SHEET.

d) The prevention of public nuisance

PLEASE SEE ATTACHED SHEET.

e) The protection of children from harm

PLEASE SEE ATTACHED SHEET.

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PAYMENT DETAILS

This fee must be paid to the authority. If you complete the application online, you must pay it by debit or credit card.

The premises licence fee is based on the non domestic rateable value of the premises these fees are:

Non domestic rateable value £4,300 or less - £100

Non domestic rateable value between £4,301 and £33,000 - £190

Non domestic rateable value between £33,001 and £87,000 - £315

Non domestic rateable value between £87,001 and £125,000 - £450

Non domestic rateable value £125,001 or more - £635

If the premise▲ non domestic rateable value is £87,001 or more and the premises is used exclusively or primarily for the supply of alcohol for consumption on the premises the fee for this application is:

Non domestic rateable value between £87,001 and £125,000 - £900

Non domestic rateable value £125,001 or more - £1905

If this application is for a community premises e.g. a village hall or community centre and the application does■ t include the sale of alcohol as an activity there is no fee payable.

If the premises will have 5,000 people or more in attendance at any one time there is an additional fee payable which we will contact you to pay when you submit your application. Details of these fees are available at http://www.leeds.gov.uk/Business/Licences_and_street_trading/Licence__alcohol_and_entertainment.

* Fee amount (£)

315.00

ATTACHMENTS

AUTHORITY POSTAL ADDRESS

Continued from previous page...

Address

Building number or name	<input type="text"/>
Street	<input type="text"/>
District	<input type="text"/>
City or town	<input type="text"/>
County or administrative area	<input type="text"/>
Postcode	<input type="text"/>
Country	<input type="text" value="United Kingdom"/>

DECLARATION

- * I will make payment of the fee on submission of this application.
 - * I have attached, or will post to Leeds City Council, the plans of the premises.
 - * I have attached, or will post to Leeds City Council, the consent form completed by the individual I wish to be premises supervisor, or I will ensure the individual I wish to be premises supervisor submits the consent form electronically.
 - * 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.
- I understand that Leeds City Council is under a duty to protect the public funds it administers, and to this end may use the
- * information I have provided on my application for the prevention and detection of fraud. It may also share this information with other bodies responsible for auditing or administering public funds for these purposes.
- Ticking this box indicates you have read and understood the above declaration

This section should be completed by the applicant, unless you answered "Yes" to the question "Are you an agent acting on half of the applicant?"

* Full name	<input type="text"/>
* Capacity	<input type="text"/>
Date (dd/mm/yyyy)	<input type="text"/>

One you're finished you need to do the following:
1. Save this form to your computer by clicking to file/save as...
2. Go back to <https://www.gov.uk/apply-for-a-licence/premises-licence/leeds/apply-1> to upload this file and continue with your application
Don't forget to make sure you have all your supporting documentation to hand.

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

Consent of individual to being specified as premises supervisor

I, ROBERT GWYN GRIFFITH
[full name of prospective premises supervisor]

of [REDACTED]
[home address of prospective premises supervisor]

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

PREMISES LICENCE APPLICATION - SALE OF ALCOHOL FOR
[type of application] CONSUMPTION OFF THE PREMISE & NNR

by SHELL UK OIL PRODUCTS LIMITED
[name of applicant]

relating to a premises licence: [number of existing licence, if any]

or SHELL HORSFORTH, BROADWAY RING ROAD, HORSFORTH,
[name and address of premises to which the application relates] LEEDS, LS18 4DF

and any premises licence to be granted or varied in respect of this application made by SHELL UK OIL PRODUCTS LIMITED
[name of applicant]

concerning the supply of alcohol at:

SHELL HORSFORTH, BROADWAY RING ROAD, HORSFORTH,
[name and address of premises to which application relates] LEEDS, LS18 4DF.

I also confirm that I am applying for, intend to apply for or currently hold a personal licence, details of which I set out below.

WBCPA11P2

WBCPA1182 exp

Personal licence number: [insert personal licence number, if any]

Personal licence issuing authority: WYKE ROAD COUNCIL
LICENSING SECTION, CIVIL CENTRE, BAECK RD,
POULTON - CE - FYLDE 01253 891000

[Insert name and address and telephone number of personal licence issuing authority, if any]

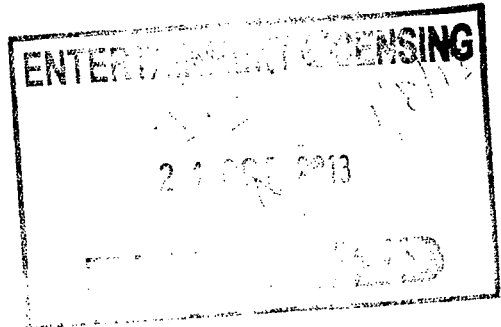
Signed [Signature]

Name (please print) ROBERT GWYN GRIFFITH

Dated 27/7/13
02/07/50

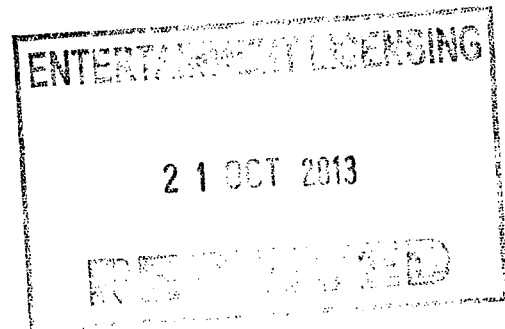
Date of Birth 6/000

Place of Birth [REDACTED]



**General description and photographs supplementary to the
premises licence application for:**

**SHELL UK OIL PRODUCTS LIMITED
SHELL HORSFORTH
BROADWAY RING ROAD
HORSFORTH
LEEDS
LS18 4DF**



Contents:

- Convenience Store overview.
- External and internal photographs.

Convenience Store Overview.

This is a well-established convenience store site traded by Shell UK Oil Products Limited with ancillary fuel sales. There are 9 pumps located on the forecourt and an ATM and carwash are also located on site. There are no facilities on site for the maintenance and/or sale of motor vehicles.

The Convenience Store.

The convenience store has a retail area of approximately 740 sq ft. The purpose built store has been designed to serve both the local community along with passing trade. The convenience store operates 24 hours per day, seven days per week under the company's own format. The store stocks a range of fresh foods and dairy produce, groceries and other domestic products and also offers 'express' lunch facilities. In addition dry fuel products such as BBQ charcoal/kindling/logs are available. Off sales are a standard and expected feature of the convenience store service.

The Operation.

The convenience store is operated by the Manager assisted by a team of full and part time staff. The Designated Premises Supervisor, is trained and certified through an accredited scheme and is responsible for training all staff-utilising the Lockett & Co Due Diligence pack-and keeping complete training records. The Challenge 25 trading initiative is used supported by the refusals system with records kept in the Refusals Log.

Security.

The digital CCTV system benefits from a recorder with 40 day image retention. Recordings can be made available to Police and other enforcement agencies as needed.

Horsforth convenience store and forecourt.

A.



B.



Range of goods.

A.



B.



C.



D.



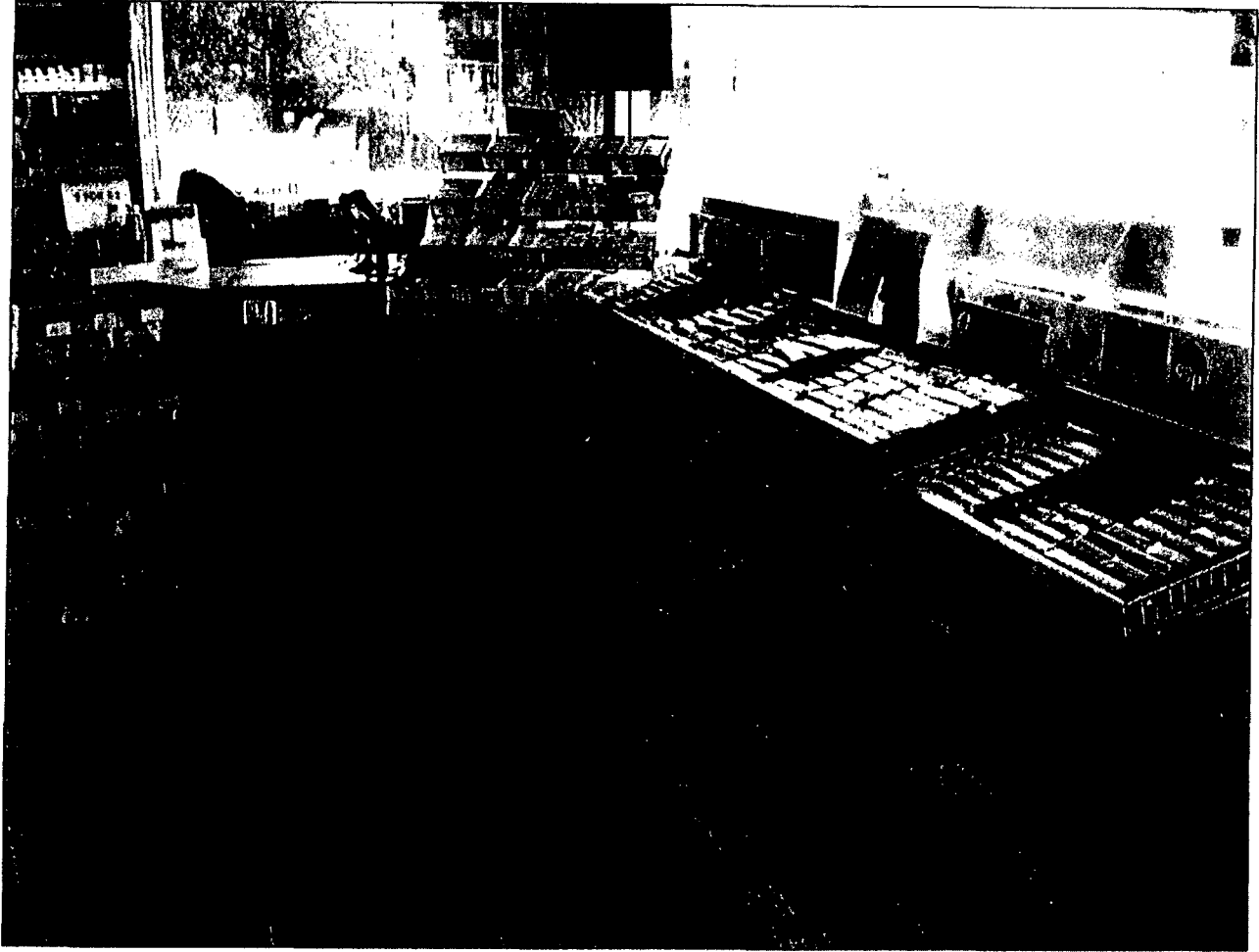
E.



F.



G.



Analysis of Intensity of Use.
Shell Horsforth, Broadway Ring Road, Horsforth, Leeds, LS18 4DF.

1st March 2013 to 31st May 2013 incl.

<u>Date</u>	<u>Convenience Store</u>	<u>Fuel</u>	<u>TOTAL</u>
Feb-13	33,310	27,528	60,838
Mar-13	32,318	21,741	54,059
Apr-13	34,303	27,445	61,748
TOTAL	99,931	76,714	176,645

ENTRANCE TO STATION
21 OCT 2013
P. J. H. & S. J. H.

Analysis of Intensity of Use.

Shell Horsforth, Broadway Ring Road, Horsforth, Leeds, LE18 4DF.
1st March 2013 to 31st May 2013 incl.

