

**To:** Licensing & Gambling Acts Casework Sub-Committee

**Date:** 26 May 2015

**Item No:** 1

**Report of:** Head of Environmental Development

**Title of Report:** Co-operative Food Group Ltd – Application for a New Premises Licence: Co-operative Food, 25-27 Littlemore Road, Oxford, OX4 3SS

**Application Ref:** 15/01094/PREM

## Summary and Recommendations

**Purpose of report:** To inform the determination of Co-operative Food Group Ltd's application for a New Premises Licence for Co-operative Food, 25-27 Littlemore Road, Oxford, OX4 3SS.

**Report Approved by:**

**Legal:** Daniel Smith

**Policy Framework:** Statement of Licensing Policy

**Recommendation(s):**

Committee is requested to determine Co-operative Food Group Ltd's application taking into account the details in this report and any representations made at this Sub-Committee meeting.

**Additional Papers:**

**Appendix One:** Application for a New Premises Licence

**Appendix Two:** Representations from Interested Parties

**Appendix Three:** Location Map

## **Introduction**

1. This report is made to the Licensing & Gambling Acts Casework Sub-Committee so it may determine in accordance with its powers and the Licensing Act 2003 whether to grant a New Premises Licence to Co-operative Food Group Ltd.

## **Application Summary**

2. An application for a New Premises Licence has been submitted by Co-operative Food Group Ltd. A summary of the licensable activities applied for and the times proposed for these activities can be found detailed below.

**Supply of Alcohol (off sales only):**

Sunday – Saturday	07:00	Until	23:00
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3. Both the application and the steps that the applicant intends to take to promote the licensing objectives (as set out in the operating schedule) can be found at **Appendix One**.

**Relevant Representations**

4. No valid representations have been received from the Responsible Authorities as detailed in the table below.

<b>Responsible Authority</b>	<b>Response</b>	<b>Licensing Objective(s)</b>
Thames Valley Police:	No Representation	
Fire & Rescue Service:	No Representation	
Environmental Health:	No Representation	
Health and Safety:	No Representation	
Planning:	No Representation	
Trading Standards:	No Representation	
Child Safeguarding:	No Representation	
Licensing Authority:	No Representation	

5. One valid representation has been received from an Interested Party as detailed in the table below. Copies of these representations are attached at **Appendix Two**.

<b>Name</b>	<b>Address</b>	<b>Licensing Objective(s)</b>
Councillor John Tanner	Ward Member	Crime & Disorder, Protection of Children from Harm

**Location**

6. A map is attached at **Appendix Three** showing the general location of the applicant's premises, and the proximity to the premises of those who have raised objections to the application.

**Statement of Licensing Policy**

7. The Sub-Committee is referred to the Council's Statement of Licensing Policy\*. In particular, the following paragraphs have a bearing upon the application:

<b>Relevant Policy Matters</b>	<b>Sections</b>	<b>Policy</b>
<b>Crime and Disorder:</b>	7.5.20 to 7.5.21	PP12
	8.1.1 to 8.1.3	OS3
	8.3.1	OS7
<b>Protection of Children from Harm:</b>	6.2.1 to 6.2.2	CH5
<b>Licensing Hours:</b>	5.5.1 to 5.5.2	LH8

8. A number of changes have been made to the Licensing Act 2003 in recent times by the Police Reform and Social Responsibility Act 2011, the Live Music Act 2012 and the Deregulation of Schedule 1 of the 2003 Act.
9. The Authority's Statement of Licensing Policy has not yet been revised following the introduction of these changes, the above sections from the current Policy do not reflect these changes which include removing the "vicinity test" for interested parties and amending the wording of the 2003 Act so that conditions imposed on licences must now be "appropriate to the promotion of the Licensing Objectives" rather than "necessary".
10. A copy of the Statement of Licensing Policy may be obtained from the Council Offices or found online at: **[www.oxford.gov.uk/licensing](http://www.oxford.gov.uk/licensing)**

### **Home Office Statutory Guidance**

11. Members are also referred to the statutory guidance issued by the Home Office. Of particular relevance to this application are the following matters:

<b>Relevant Sections</b>	<b>Relevant Paragraphs</b>
<b>Crime and Disorder:</b>	2.1 to 2.5
<b>Protection of Children From Harm:</b>	2.21 to 2.31

12. A copy of the Home Office Statutory Guidance may be found online at: **[www.gov.uk/government/publications/revised-guidance-issued-under-section-182-of-the-licensing-act-2003](http://www.gov.uk/government/publications/revised-guidance-issued-under-section-182-of-the-licensing-act-2003)**

### **Other Relevant Considerations**

13. The Sub-Committee is reminded of its responsibilities under the Crime and Disorder Act 1998 (to co-operate in the reduction of crime and disorder in Oxford) and the Human Rights Act (which guarantees the right to a fair hearing for all parties in the determination of their civil rights, and also provides for the protection of property, which may include licences in existence, and the protection of private and family life) when considering the fair balance between the interests of the applicant and the rights of local residents. Any decision taken by the Sub-Committee must be necessary and proportionate to the objectives being pursued.
14. Members are reminded that whenever they make a decision under the Licensing Act 2003, they have a duty to act with a view to promoting the licensing objectives.
15. When considering any representations, only those issues relating to the four licensing objectives should be considered and appropriate weight given to the importance and relevance of each representation.
16. In making its decision, Members must also have regard to the Home Office statutory guidance issued under section 182 of the Licensing Act 2003 and the Council's own Statement of Licensing Policy.
17. The Sub-Committee must take such of the following steps as it considers appropriate for the promotion of the licensing objectives:

- a) Grant the licence in accordance with the application.**
- b) Modify the conditions of the operating schedule by altering or omitting or adding to them.**
- c) Exclude or restrict from the scope of the licence any of the licensable activities to which the application relates.**
- d) Reject the whole of the application.**

The Sub-Committee may also grant the licence subject to different conditions for different parts of the premises or the different licensable activities.

- 18. Members are asked to note that they may not modify the conditions or reject whole or part of the application merely because they consider it desirable to do so. It must be appropriate to do so in order to promote the licensing objectives. Any such step must relate to a relevant representation made.
- 19. If Members grant the application, the details of the operating schedule will be incorporated into the licence as conditions. The licence will also be subject to certain mandatory conditions.
- 20. Members should note that the applicant or persons making representations have the right of appeal against the decision made by the Sub-Committee.

**Name and contact details of author:**     **Julian Alison**  
**Licensing Manager**  
**Environmental Development**  
**Tel: 01865 252381**  
**Email: [jalison@oxford.gov.uk](mailto:jalison@oxford.gov.uk)**

# APPENDIX ONE

## 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.

I/We Co-operative Group Food Ltd

(Insert name(s) of applicant)

apply for a premises licence under section 17 of the Licensing Act 2003 for the premises described in Part 1 below (the premises) and I/we are making this application to you as the relevant licensing authority in accordance with section 12 of the Licensing Act 2003

#### Part 1 – Premises Details

Postal address of premises or, if none, ordnance survey map reference or description Co-operative Food (Former Nuffield Arms Public House) 25-27 Littlemore Road, Cowley			
		Licensing Authority Oxford City Council 18 MAR 2015	
Post town	Oxford	Postcode	OX4 3SS
Telephone number at premises (if any)			
Non-domestic rateable value of premises		£20,750.00 (Band B)	

#### Part 2 - Applicant Details

Please state whether you are applying for a premises licence as

Please tick as appropriate

- |   |                                     |                             |
|---|-------------------------------------|-----------------------------|
| a) an individual or individuals *               | <input type="checkbox"/>            | please complete section (A) |
| b) a person other than an individual *          |                                     |                             |
| i. as a limited company                         | <input checked="" 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 ☐ please complete section (B)
- f) a health service body ☐ please complete section (B)
- g) a person who is registered under Part 2 of the Care Standards Act 2000 (c14) in respect of an independent hospital in Wales ☐ please complete section (B)
- ga) a person who is registered under Chapter 2 of Part 1 of the Health and Social Care Act 2008 (within the meaning of that Part) in an independent hospital in England ☐ please complete section (B)
- h) the chief officer of police of a police force in England and Wales ☐ please complete section (B)

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

Please tick yes

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

I am making the application pursuant to a

statutory function or ☐

a function discharged by virtue of Her Majesty's prerogative ☐

**(A) INDIVIDUAL APPLICANTS** (fill in as applicable)

Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
<b>Surname</b>			<b>First names</b>		
I am 18 years old or over				<input type="checkbox"/>	Please tick yes
Current postal address if different from premises address					
Post town				Postcode	
<b>Daytime contact telephone number</b>					
<b>E-mail address (optional)</b>					

**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)	
<b>Surname</b>			<b>First names</b>		
I am 18 years old or over					<input type="checkbox"/> Please tick yes
Current postal address if different from premises address					
Post town				Postcode	
<b>Daytime contact telephone number</b>					
<b>E-mail address (optional)</b>					

**(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 Co-operative Group Food Ltd
Address Dept 10227 1 Angel Square Manchester M60 0AG
Registered number (where applicable) IP26715R
Description of applicant (for example, partnership, company, unincorporated association etc.) Company
Telephone number (if any)
E-mail address (optional)

### Part 3 Operating Schedule

When do you want the premises licence to start?

DD	MM	YYYY
<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?

DD	MM	YYYY
<input type="text"/>	<input type="text"/>	<input type="text"/>

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

Proposed convenience retail store, to trade 7 days a week, selling groceries, sundry items and alcohol for consumption off 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.

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

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

Provision of regulated entertainment

Please tick any that apply

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



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

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

**In all cases complete boxes K, L and M**

**A**

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

## B

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

C

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

# D

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

# E

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

# F

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

# G

<b>Performances of dance</b> Standard days and timings (please read guidance note 6)			<b><u>Will the performance of dance take place indoors or outdoors or both – please tick</u></b> (please read guidance note 2)		Indoors	<input type="checkbox"/>
					Outdoors	<input type="checkbox"/>
					Both	<input type="checkbox"/>
Day	Start	Finish	<b><u>Please give further details here</u></b> (please read guidance note 3)			
Mon						
Tue						
Wed			<b><u>State any seasonal variations for the performance of dance</u></b> (please read guidance note 4)			
Thur						
Fri						
Sat			<b><u>Non standard timings. Where you intend to use the premises for the performance of dance at different times to those listed in the column on the left, please list</u></b> (please read guidance note 5)			
Sun						

## H

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



# I

<b>Late night refreshment</b> Standard days and timings (please read guidance note 6)			<b>Will the provision of late night refreshment take place indoors or outdoors or both – please tick</b> (please read guidance note 2)		Indoors	<input type="checkbox"/>
					Outdoors	<input type="checkbox"/>
					Both	<input type="checkbox"/>
Day	Start	Finish	<b><u>Please give further details here</u></b> (please read guidance note 3)			
Mon						
Tue						
Wed			<b><u>State any seasonal variations for the provision of late night refreshment</u></b> (please read guidance note 4)			
Thur						
Fri						
Sat			<b><u>Non standard timings. Where you intend to use the premises for the provision of late night refreshment at different times, to those listed in the column on the left, please list</u></b> (please read guidance note 5)			
Sun						

# J

<b>Supply of alcohol</b> Standard days and timings (please read guidance note 6)			<b><u>Will the supply of alcohol be for consumption – please tick</u></b> (please read guidance note 7)	On the premises	<input type="checkbox"/>
				Off the premises	<input checked="" type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<b><u>State any seasonal variations for the supply of alcohol</u></b> (please read guidance note 4)  None		
Mon	07:00	23:00			
Tue	07:00	23:00			
Wed	07:00	23:00			
Thur	07:00	23:00			
Fri	07:00	23:00			
Sat	07:00	23:00			
Sun	07:00	23:00			
			<b><u>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</u></b> (please read guidance note 5)		

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

Name Simon Griffiths	
Postcode	
Personal licence number (if known) PL/891	
Issuing licensing authority (if known) West Oxfordshire 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).

None

L

<b>Hours premises are open to the public</b> Standard days and timings (please read guidance note 6)			<b><u>State any seasonal variations</u></b> (please read guidance note 4)
Day	Start	Finish	<b><u>Non standard timings. Where you intend the premises to be open to the public at different times from those listed in the column on the left, please list</u></b> (please read guidance note 5)  No opening hours prescribed.
Mon			
Tue			
Wed			
Thur			
Fri			
Sat			
Sun			

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

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

The applicant has given thought to the potential impact of the grant of this application on the four licensing objectives and, having regard to the locality, considers that the following conditions are appropriate.

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

1. The premises shall maintain a CCTV system which gives coverage of all entry and exit points. The system shall continually record whilst the premises are open and conducting licensable activities. All recordings shall be stored for a minimum period of 28 days and shall be capable of being easily downloaded. Recordings shall be made available upon the receipt of a request by an authorised Officer of the Police or the Local Authority.

2. There shall be "CCTV in Operation" signs prominently displayed at the premises.

3. An incident log (whether kept in a written or electronic form) shall be retained at the premises and made available to an authorised Officer of the Police or the Local Authority.

4. The premises shall operate a proof of age scheme, such as a Challenge 25, whereby the only forms of acceptable identification shall be either a photographic driving licence, a valid passport or any other recognised form of photographic identification incorporating the PASS logo, or any other form of identification from time to time approved by the secretary of the state.

5. The premises will be fitted with a burglar alarm system

6. The premises will be fitted with a panic button system for staff to utilise in the case of an emergency.

**c) Public safety**

The premises licence holder shall ensure that the appropriate fire safety, and health and safety regulations are applied at the premises.

d) The prevention of public nuisance

A complaints procedure will be maintained, details of which will be made available in store and upon request.

e) The protection of children from harm

1. All staff will receive comprehensive training in relation to age restricted products and in particular the sale of alcohol. No member of staff will be permitted to sell age restricted products until such time as they have successfully completed the aforementioned training.
2. An age till prompt system will be utilised at the premises in respect of age restricted products.
3. A refusals register (whether kept and written or electronic form) will be maintained at the premises and will be made available for inspection upon request by an authorised Officer of the Police or the Local Authority

**Checklist:**

**Please tick to indicate agreement**

- I have made or enclosed payment of the fee. ☒
- I have enclosed the plan of the premises. ☒
- I have sent copies of this application and the plan to responsible authorities and others where applicable. ☒
- I have enclosed the consent form completed by the individual I wish to be designated premises supervisor, if applicable. ☒
- I understand that I must now advertise my application. ☒
- I understand that if I do not comply with the above requirements my application will be rejected. ☒

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

**Part 4 – Signatures** (please read guidance note 10)

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

Signature	<i>Ward Hadaway</i>
Date	17 March 2015
Capacity	Solicitor acting on behalf of the applicant

**For joint applications, signature of 2<sup>nd</sup> applicant or 2<sup>nd</sup> applicant's solicitor or other authorised agent (please read guidance note 12). If signing on behalf of the applicant, please state in what capacity.**

Signature	
Date	
Capacity	

Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 13)

Miss Suzanne Blewitt  
Ward Hadaway  
Sandgate House  
102 Quayside

Post town	Newcastle	Postcode	NE1 3DX
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Telephone number (if any)	0191 204 4491
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If you would prefer us to correspond with you by e-mail, your e-mail address (optional)  
suzanne.blewitt@wardhadaway.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 the premises'. If you wish people to be able to purchase alcohol to consume away from the premises, please tick 'off the premises'. 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 or 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, each of the applicant or their respective agent must sign the application form.
13. This is the address which we shall use to correspond with you about this application.





## **APPENDIX TWO**

**From: Councillor John Tanner**  
**Sent: 02 April 2015 06:03**  
**To: ALISON Julian**  
**Cc: Councillor SANDERS Gill**  
**Subject: 15/01094PREM, Co-op Food, 25-27 Littlemore Road OX4 3SS**

Hi Julian

I wish to object strongly to the application 15/01094PREM, Co-op Food, 25-27 Littlemore Road OX4 3SS for a license to sell alcohol from 6 am to 11 pm.

I am concerned that the availability of alcohol for off-sales between the hours of 6am and 11pm is somewhat excessive in a residential area, close to a local school, and as such may lead to anti-social behaviour by persons obtaining alcohol and remaining in the immediate vicinity to drink openly, and the possibility of underage persons attempting to purchase alcohol.

Whilst the Co-operative will have its own policies in place to deal with these issues, I would recommend that a later start time and an earlier finish time for the sale of alcohol be prudent to alleviate some of the concerns felt.

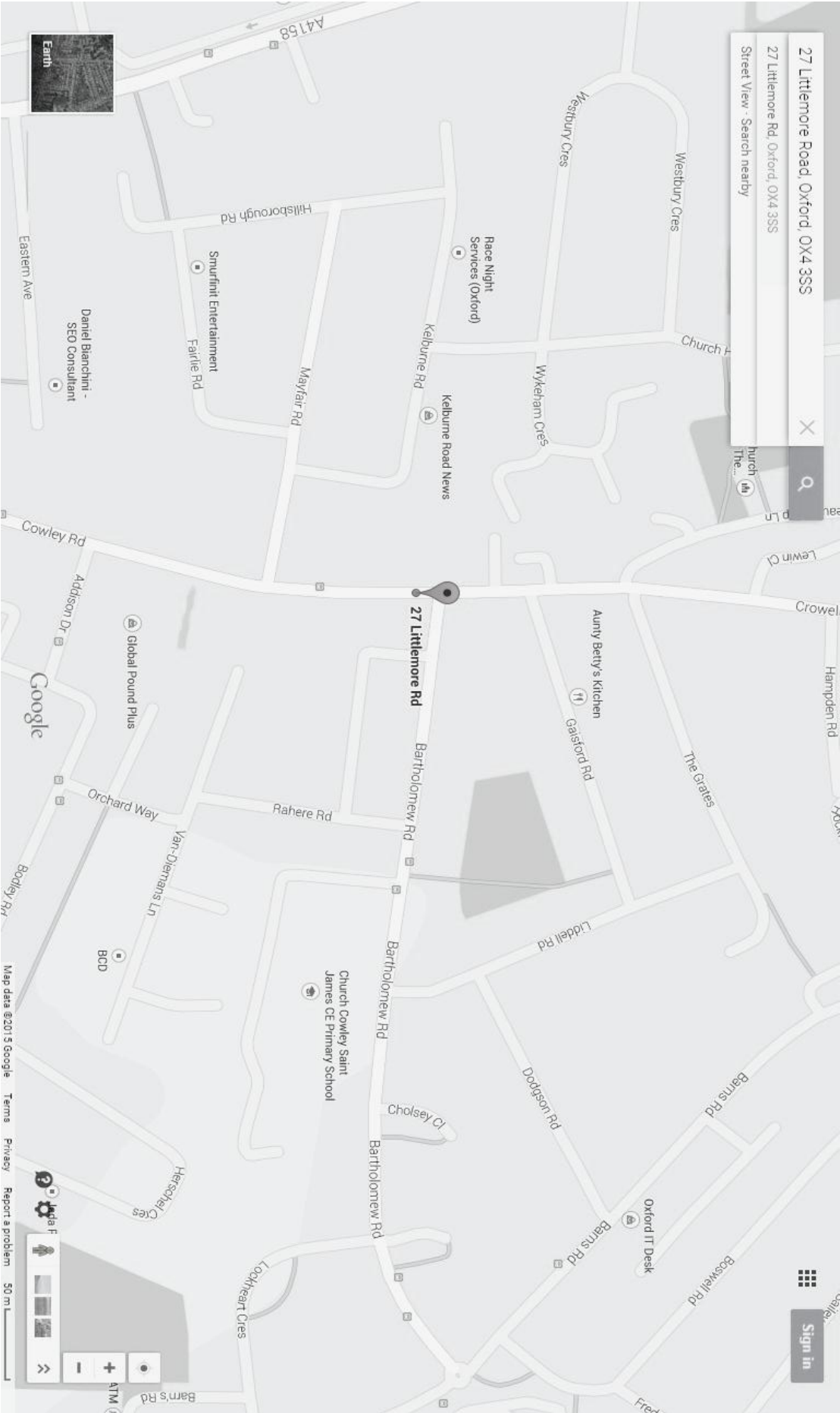
I believe that 8am to 10pm daily is far more appropriate for the hours off sales of alcohol occur in such a suburban area, and if the applicant is agreeable to this, such an amendment to the application would remove my concerns

**Best wishes**

**John**

**Cllr John Tanner (Labour)**  
**Board Member for a Cleaner, Greener Oxford (inc. Transport)**  
**City Councillor for Littlemore & County Councillor for Isis**





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