

4/10/16

Licensing Solutions

32 Church Road, Locks Heath Southampton SO31 6LU
Tel 07831 169 450 Fax 01489 583932 chris@licensingolutions.org.uk

5th September 2016

ENVIRONMENTAL PROTECTION
TAMESIDE MBC

Dear Sir,

Re: Section 17 Premises Licence Applications – MFG Hyde Road FS398

Please find enclosed a copy of our application for a Premises Licence on behalf of our client in respect of the premises listed as above in Hyde Road with a submission date of Wednesday the 7th September as per the notice in the application documentation.

Please note that the DPS will be varied to the manager in day to day control of Licensable Activity before any sales commence.

We have also enclosed a copy of the master application, plan and DPS consent form together with a copy of the notice displayed on the premises and advertised in a local newspaper plus further information in support of the application.

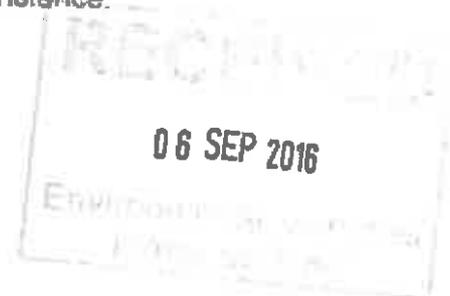
We can confirm that copies of the application bundle have been served on the Responsible Authorities as listed below, and that an advertisement has been placed in a newspaper circulating in the area.

We trust that you will find that the application is in order but should you have any queries please do not hesitate to contact us in the first instance.

Yours faithfully

Chris Mitchener FBllp

cc Applicant
Licensing – TMBC
GM Police AUL
GM Fire Service Hyde
TMBC Environmental Protection
TMBC Health & Safety
TMBC Planning
TMBC Trading Standards
TMBC Child Protection
Ashton Primary Care Centre Public Health



a division of the Retail Services & Design Group

Licensing Solutions

32 Church Road, Locks Heath Southampton SO31 6LU
Tel 07831 159 450 Fax 01489 583932 chris@licensingolutions.org.uk

5th September 2016

Licensing Manager
Licensing Section
Tameside Metropolitan Borough Council
Tame Street Depot
Tame Street
Stalybridge SK15 1ST

Dear Sir,

Re: Section 17 Premises Licence Applications – MFG Hyde Road FS398

Please find enclosed our application for a Premises Licence on behalf of our client in respect of the premises listed as above in Hyde Road with a submission date of Wednesday the 7th September as per the notice in the application documentation, together with our cheque in the sum of £190 being the fee due in this matter.

Please note that the DPS will be varied to the manager in day to day control of Licensable Activity before any sales commence.

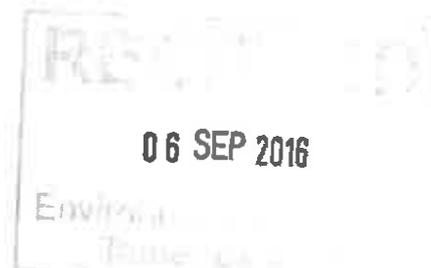
We have also enclosed a copy of the master application, plan and DPS consent form together with a copy of the notice displayed on the premises and advertised in a local newspaper plus further information in support of the application.

We can confirm that copies of the application bundle have been served on the Responsible Authorities as listed below, and that an advertisement has been placed in a newspaper circulating in the area.

We trust that you will find that the application is in order but should you have any queries please do not hesitate to contact us in the first instance,
Yours faithfully

Chris Mitchener FBII^{tz}

cc Applicant
Licensing – TMBC
GM Police AUL
GM Fire Service Hyde
TMBC Environmental Protection
TMBC Health & Safety
TMBC Planning
TMBC Trading Standards
TMBC Child Protection
Ashton Primary Care Centre Public Health



a division of the Retail Services & Design Group

Licensing Solutions

32 CHURCH ROAD, LOCKS HEATH, SOUTHAMPTON SO31 6LU

Tel 07831 159450

Fax 01489 583932

chris@licensingolutions.org.uk

Premises Licence Application

on behalf of the

Convenience Store

Motor Fuel Limited

Hyde Road Filling Station FS398

Hyde Road

Mottram

Hyde SK14 6NG



a division of the Retail Services & Design Group

Background History

This site is an existing forecourt and shop which has been acquired by our clients and is to be traded by the applicants much as the other sites that they operate. The shop is being re-ranged and re-merchandised to the **Convenience Store** format to fully realise its trading potential. This includes installing a Costa Coffee machine, a cash machine, Camelot and Paypoint where applicable, and enhancing the retail offer across the range adapting and replacing fittings as necessary.

The Shop

The new shop layout has been designed to serve both the local community and those from further afield. Trading as a convenience store under the Company's own tried and tested convenience format a good range of fresh foods, groceries and other products are to be offered and the off licence is an important part of the service that such a shop is now expected to provide.

The Operation

The shop is operated by the Manager assisted by a team of staff who live locally. The DPS trained and certified through the national APLH certificate scheme will be responsible for training all staff and keeping and maintaining ongoing training records utilising the **Off Licence Training System**. The refusals system will be used with records kept in the **Refusals Book** to tie in with the CCTV system. The **Challenge 25** trading initiative will also be embraced.

Security

The premises are secured by an alarm system and the CCTV system will benefit from cameras supported by a 24 hour recorder and library which can be made available to the Police if required.

Trading Hours

	Opening Hours	Alcohol supply	L N R
Mon – Sat	00.00 to 24.00	06.00 to 23.00	23.00 to 05.00
Sun	00.00 to 24.00	06.00 to 23.00	23.00 to 05.00

Summary

Enhanced Convenience trading format

Off-Licence Training System

Refusals Book

Alarm System

Challenge 25

CCTV

24 hour record with library

PUBLIC NOTICE OF AN APPLICATION FOR A PREMISES LICENCE UNDER SECTION 17 OF THE LICENSING ACT 2003

Notice is hereby given that an application was made to **TAMESIDE METROPOLITAN BOROUGH COUNCIL** for a premises licence under the above Act on the **7th SEPTEMBER 2016**

Applicant: **MOTOR FUEL LTD**
Address of premises: **CONVENIENCE STORE
HYDE ROAD FILLING STATION
HYDE ROAD, MOTTRAM
HYDE SK14 6NG**

Proposed licensable activities:

SALE OF ALCOHOL FOR CONSUMPTION OFF THE PREMISES AND THE PROVISION OF LATE NIGHT REFRESHMENT

Proposed days and hours of licensable activity:

	EVERY DAY
ALCOHOL SALES	06.00 TO 23.00
LATE NIGHT REFRESHMENT	23.00 TO 05.00

The postal address of the Licensing Authority where the register is kept and the application may be inspected is:

*** TAMESIDE METROPOLITAN BOROUGH COUNCIL,
LICENSING TEAM, TAME STREET DEPOT, TAME STREET,
STALYBRIDGE, SK15 1ST**

Any person wishing to make representations on this matter shall give notice, in writing, stating the nature and grounds for making such representations to The Licensing Officer at the above address within 28 days of the date of this notice – by the **5th OCTOBER 2016**.

Further information is available on the web site www.tameside.gov.uk following the links.

It is an offence, under section 158 of the Licensing Act 2003, to knowingly or recklessly make a false statement in or in connection with an application, and the maximum fine on summary conviction of such an offence is £5000.

Licensing Solutions – duly authorised agents

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 black capital. In all cases ensure that your answers fit inside the boxes and written in black ink. Use additional sheets if necessary.

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

1/19 MOTOR FUEL LTD
(insert name 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 in 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

CONVENIENCE STORE
HYDE ROAD FILLING STATION BR08
HYDE ROAD
MOUTRAK

Post town	HYDE	Postcode	SK16 6WG
-----------	------	----------	----------

Telephone number at premises (if any)	01457 767 591
Non-designable reliable value of premises	

Part 2 - Applicant Details

Please state whether you are applying for a premises licence as

Please tick an appropriate

- a) an individual or individuals please complete section (A)
- b) a person other than an individual *
 - i. as a limited company please complete section (B)
 - ii. as a partnership please complete section (B)
 - iii. as an unincorporated association or please complete section (B)
 - iv. other (for example a statutory corporation) please complete section (B)
- c) a recognised club please complete section (B)
- d) a charity please complete section (B)

- e) the proprietor of an educational establishment please complete section (B)
- f) a health service body please complete section (B)
- g) a person who is registered under Part 2 of the Care Standards Act 2000 (614) in respect of an independent hospital in Wales please complete section (B)
- gii) 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 (g) or (h) 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) <input type="checkbox"/>
Surname		First names		
I am 18 years old or over <input type="checkbox"/> Please tick yes				
Current postal address if different from premises address				
Post town	Postcode			
Private contact telephone number				
E-mail address (optional)				



Part 3 Operating Schedule

When do you want the premises license to start?

DD MM YYYY
 b b b b b b

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

DD MM YYYY
 b b b b b b

Please give a general description of the premises (please read guidance note 1)
**GROUND FLOOR CONVENIENCE STORE SITED ON A FORECOURT TRADING AS A NEW
 FORMAT CONVENIENCE STORES WITH AN IMPROVED RANGE OF FRESH FOODS GROCERIES
 DAIRY PRODUCTS CONFECTIONARY SOFT DRINKS AND TOBACCO PRODUCTS ON OFFER
 WITH PARKING AVAILABLE FOR CUSTOMERS ON THE FORECOURT**

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)
 - 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 dances (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)

SECOND INDIVIDUAL APPLICANT (if applicable)

Mr Ms Miss Mx Other Title (for example, Rev)

Surname _____ First name _____

I am 18 years old or over Please tick you

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 **MOTOR FUEL LIMITED**

Address **BUILDING 2
 ABBEY VIEW
 EVERARD CLOSE
 ST ALBANS
 HERTS AL1 2QU**

Registered number (where applicable) **5205547**

Description of applicant (for example, partnership, company, incorporated association etc.) **COMPANY**

Telephone number (if any) **01727 898950**

E-mail address (optional)

Frequency of data submit refreshment (if ticking yes, fill in box 1)

X

Source of alcohol (if ticking yes, fill in box 2)

X

In all cases complete boxes X, Y, and M

A

Plays		With the permission of a play (to be signed by exhibitor or both - please tick (please read guidance note 2)		
Standard days and times (please read guidance note 6)	Day	Start	Finish	Indoor
	Mon			Indoor
	Tue			Outdoor
	Wed			Both
	Thu			
	Fri			
	Sat			
	Sun			
Please give further details here (please read guidance note 3)				
State any seasonal variations for performing plays (please read guidance note 4)				
Also standard times. Where you intend to use the premises for the performance of plays at different times in those listed in the columns on the left, please tick (please read guidance note 5)				

B

Films		With the exhibition of films (to be signed by exhibitor or both - please tick (please read guidance note 2)		
Standard days and times (please read guidance note 6)	Day	Start	Finish	Indoor
	Mon			Outdoor
	Tue			Both
	Wed			
	Thu			
	Fri			
	Sat			
	Sun			
Please give further details here (please read guidance note 3)				
State any seasonal variations for the exhibition of films (please read guidance note 4)				
Also standard times. Where you intend to use the premises for the exhibition of films at different times in those listed in the columns on the left, please tick (please read guidance note 5)				

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			
Wed			
Thur			
Fri			
Sat			
Sun			

D

Boating or wrestling entertainment Standard days and timings (please read guidance note 7)		Will the boating or wrestling entertainment take place indoors or outdoors or both... please tick (please read guidance note 2)	
Day	Start	Finish	Indoors Outdoors Both
Mon			<input type="checkbox"/>
Tue			<input type="checkbox"/>
Wed			<input type="checkbox"/>
Thur			<input type="checkbox"/>
Fri			<input type="checkbox"/>
Sat			<input type="checkbox"/>
Sun			<input type="checkbox"/>

Please give further details here (please read guidance note 3)

Please give further details here (please read guidance note 3)

Please give further details here (please read guidance note 3)

Please give further details here (please read guidance note 3)

Please give further details here (please read guidance note 3)

Please give further details here (please read guidance note 3)

R

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

F

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

G

Performance 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)		
Day	Start	Finish	Indoors	Outdoors
Mon			<input type="checkbox"/>	<input type="checkbox"/>
Tue			<input type="checkbox"/>	<input type="checkbox"/>
Wed			<input type="checkbox"/>	<input type="checkbox"/>
Thur			<input type="checkbox"/>	<input type="checkbox"/>
Fri			<input type="checkbox"/>	<input type="checkbox"/>
Sat			<input type="checkbox"/>	<input type="checkbox"/>
Sun			<input type="checkbox"/>	<input type="checkbox"/>

Please give further details here (please read guidance note 3)

State any seasonal variations for the performance of dance (please read guidance note 4)

Also attached details. Where you intend to use the experience for the performance of dance at different times to those listed in the column on the left, please tick (please read guidance note 5)

H

Anything of a similar description to that falling within (4), (5) or (6) 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	Indoors	Outdoors
Mon			<input type="checkbox"/>	<input type="checkbox"/>
Tue			<input type="checkbox"/>	<input type="checkbox"/>
Wed			<input type="checkbox"/>	<input type="checkbox"/>
Thur			<input type="checkbox"/>	<input type="checkbox"/>
Fri			<input type="checkbox"/>	<input type="checkbox"/>
Sat			<input type="checkbox"/>	<input type="checkbox"/>
Sun			<input type="checkbox"/>	<input type="checkbox"/>

Will this entertainment take place indoors or outdoors or both - please tick (please read guidance note 2)

Please give further details here (please read guidance note 3)

State any seasonal variations for entertainment of a similar description to that falling within (4), (5) or (6) (please read guidance note 4)

Also attached details. Where you intend to use the provision for the entertainment of a similar description to that falling within (4), (5) or (6) at times or in circumstances listed in the column on the left, please tick (please read guidance note 5)

I

Day	Start		Finish	Indoors	Outdoors	Both
	Start	Finish				
Mon	00.00	05.00				<input checked="" type="checkbox"/>
	23.00	24.00				<input type="checkbox"/>
Tue	00.00	05.00				<input type="checkbox"/>
	23.00	24.00				<input type="checkbox"/>
Wed	00.00	05.00				<input type="checkbox"/>
	23.00	24.00				<input type="checkbox"/>
Thur	00.00	05.00				<input type="checkbox"/>
	23.00	24.00				<input type="checkbox"/>
Fri	00.00	05.00				<input type="checkbox"/>
	23.00	24.00				<input type="checkbox"/>
Sat	00.00	05.00				<input type="checkbox"/>
	23.00	24.00				<input type="checkbox"/>
Sun	00.00	05.00				<input type="checkbox"/>
	23.00	24.00				<input type="checkbox"/>

Will the provision of late night refreshment take place indoors or outdoors or both - please tick (please read guidance note 2)

Please enter additional variations for the provision of late night refreshment (please read guidance note 4)

State standard business. Where you intend to use the premises for the provision of late night refreshment at different times to those listed in the columns on the left, please list (please read guidance note 5)

J

Day	Start		Finish	On the premises	Off the premises	Both
	Start	Finish				
Mon	06.00		23.00			<input type="checkbox"/>
						<input checked="" type="checkbox"/>
Tue	06.00		23.00			<input type="checkbox"/>
Wed	06.00		23.00			<input type="checkbox"/>
Thur	06.00		23.00			<input type="checkbox"/>
Fri	06.00		23.00			<input type="checkbox"/>
Sat	06.00		23.00			<input type="checkbox"/>
Sun	06.00		23.00			<input type="checkbox"/>

Will the supply of alcohol be for consumption on the premises (please read guidance note 7)

State any seasonal variations for the supply of alcohol (please read guidance note 4)

State standard business. Where you intend to use the premises for the supply of alcohol at different times to those listed in the columns on the left, please list (please read guidance note 5)

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

Name: CHRISTOPHER JOHN MITCHELL

Address: WALNUTS
32 CHURCH ROAD
LOCKES HEATH
SOUTHAMPTON

Postcode: SO31 6JJ

Personal license number (if known): 2005/00407/06828C

Issuing licensing authority (if known): EASTLEIGH BOROUGH COUNCIL

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

a. General - all four licensing objectives (please refer to notes)

ALARM SYSTEM WITH PANIC BUTTONS, CCTV SYSTEM WITH RECORDING FACILITIES AND 28 DAY LIBRARY, TRAINED STAFF WITH RECORDED ONGOING ALCOHOL TRAINING REGIME, CHALLENGE 25 AND PROOF OF AGE INITIATIVE EMBRACED, INSTORE CHALLENGE SIGNAGE, REFUSALS SYSTEM WITH REFUSALS BOOK AND INCIDENT BOOK

b. The prevention of crime and disorder

CCTV SYSTEM WITH RECORDING FACILITY, TRAINED STAFF, CHALLENGE 25, REFUSALS SYSTEM

c. Public safety

STAFF TRAINED IN FIRE SAFETY PROCEDURES AND THE USE OF FIRE SAFETY EQUIPMENT, FIRE FIGHTING EQUIPMENT

d. The prevention of public nuisance

STAFF TRAINED TO DEAL WITH SITUATIONS, USABLE WASTE BINS PROVIDED ON THE FORECOURT

e. The safety of children from harm

FULL ALCOHOL TRAINING REGIME IN USE, ONGOING RECORDED ALCOHOL TRAINING AND REFRESHING TRAINING, CHALLENGE 25 TRAINING INITIATIVE EMBRACED, CHALLENGE SIGNAGE, REFUSALS SYSTEM AND REFUSALS BOOK AND INCIDENT LOG IN USE

K

Please highlight any adult entertainment or services, activities, other entertainment or activities ancillary to the use of the premises that may give rise to concerns in respect of children (please read guidance note 4).
NONE

L

Hours premises are open to the public		
Day	Start	Finish
Mon	00.00	24.00
Tue	00.00	24.00
Wed	00.00	24.00
Thu	00.00	24.00
Fri	00.00	24.00
Sat	00.00	24.00
Sun	00.00	24.00

State any seasonal variations (please read guidance note 4)

Non standard times: (If there are any please refer to the notes to the table at different times from those listed in the column on the left please refer to guidance note 5)

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 refused.

IT IS AN OFFENCE, LIABLE ON SUMMARY CONVICTION TO A FINE NOT EXCEEDING LEVEL 5 ON THE STANDARD SCALE, UNDER SECTION 156 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 collector or other duly authorised agent (please read guidance note 11).
If signing on behalf of the applicant, please state

Signature	
Date	5 th September 2016
Capacity	LICENSING SOLUTIONS - DULY AUTHORISED AGENT

For joint applications, signature of 1st applicant or 2nd applicant's collector 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 15)
LICENSING SOLUTIONS
32 CHURCH ROAD
LOCKES HEATH

Post town	SOUTHAMPTON	Postcode	SO81 6JU
Telephone number (if any)	07831 159 450		
If you would prefer us to correspond with you by e-mail, your e-mail address (optional) (please email: licensing@business.org.uk)			

Notes for Guidance

1. Describe the premises, for example the type of premises, its general situation and layout and any other information which could be relevant to the licensing objectives. Where your application includes off-supplies of alcohol and you intend to provide a place for consumption of those 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 on appropriate (boxes may include a tent).
3. For example the type of activity to be undertaken, 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) nearby or nearby, 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.

M

Consent of individual to being specified as premises supervisor

ICHRISTOPHER JOHN MITCHENER.....
[full name of prospective premises supervisor]

of.....
.....

.....
[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 forA NEW PREMISES LICENCE.....[type of application]

by.....MOTOR FUEL LIMITED[name of applicant]

relating to a premises licenceNEW APPLICATION.....
[number of existing licence, if any]

for.....HYDE ROAD FILLING STATION, HYDE ROAD, MOTTRAM, HYDE, SK14 6NG.....
[name and address of premises to which the application relates]

and any premises licence to be granted or varied in respect of this application made byMOTOR FUEL LIMITED[name of applicant]

concerning the supply of alcohol at HYDE ROAD FILLING STATION, HYDE ROAD, MOTTRAM, HYDE, SK14 6NG

[name and address of premises to which application relates].

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.

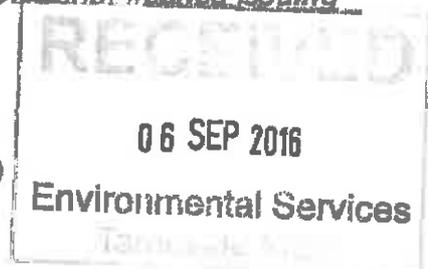
Personal licence number.....2005/00407/06EPEC.....
[insert personal licence number, if any]

Personal licence Issuing authorityEASTLEIGH BOROUGH COUNCIL
[insert name and address and telephone number of personal licence issuing authority, if any]

..... ..signed

.....CHRIS MITCHENER.....name (please print)

.....2ND SEPTEMBER 2016.....dated



Analysis of Projected Customer Flow
Client Name: Motor Fuel Ltd - Convenience Store
Hyde Road

	Shop Sales - £	Average Shop Purchase - £	Number of Shop Customers	Number of Fuel Litres	Average Fuel Purchase - Litres	Fuel Sales - Litres
Month 1	52144	3.14	16606	13954	18.76	261784
Month 2	53239	3.17	16771	14003	18.75	262517
Month 3	54357	3.21	16939	14053	18.73	263252
Month 4	55499	3.24	17111	14102	18.72	263989
Month 5	56664	3.28	17287	14152	18.71	264728
Month 6	57854	3.31	17467	14202	18.69	265470
Month 7	59069	3.35	17650	14252	18.68	266213
Month 8	60309	3.38	17837	14302	18.67	266958
Month 9	61576	3.42	18028	14352	18.65	267706
Month 10	62869	3.45	18223	14403	18.64	268455
Month 11	64189	3.48	18421	14454	18.63	269207
Month 12	65537	3.52	18624	14505	18.61	269961
Totals	703306	3.33	210965	170734	18.69	3190240

Analysis of Projected Customer Flow
Shop v Forecourt
Motor Fuel Ltd - Convenience Store
Hyde Road



**Number of Fuel
Customers,
170734, 45%**