

APPENDIX 5

Date and Time of Inspection:	DPS: <i>MR P [redacted]</i>
Premises Details: <i>Sale of Motor Drugs</i>	Person spoken to: [redacted]
Premise Licence No. <i>210038</i>	Contact Number: [redacted]
Premise Licence Holder: [redacted]	Email: [redacted]
	Designation:
	Personal Lic. No:

Food Premises: Yes <input type="checkbox"/> No <input type="checkbox"/>	Gaming Machines	Cat C Cat D.....
Late Night Ref. Yes <input type="checkbox"/> No <input type="checkbox"/>	Number of Gaming Machines in Premises	Gamcare Yes No
Lic. Required	Gaming Machine: Yes/ No Lic No.....Issued.....	Labelled Yes No
Late Night Ref. Yes <input type="checkbox"/> No <input type="checkbox"/>	Club Gaming Machine Yes/No Lic No.....Issued.....	Under 18 Yes No
Lic. in Place		Labelled Yes No

Comments / Observations / Actions

Summary Displayed Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	DPS Alcohol Authorisation Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Smoking Signage Yes <input type="checkbox"/> No <input type="checkbox"/>
Protection of Children from Harm	Prevention of Public Nuisance	
Underage/I.D Policy <input checked="" type="checkbox"/>	Noise Limiter Control <input type="checkbox"/>	Self Closing Doors <input type="checkbox"/>
Signage <input checked="" type="checkbox"/>	Signage <input type="checkbox"/>	Litter <input type="checkbox"/>
Public Safety	Prevention of Crime & Disorder	
Emergency Lights <input checked="" type="checkbox"/>	CCTV <input checked="" type="checkbox"/>	Glassware <input type="checkbox"/>
Fire Risk Assessment <input checked="" type="checkbox"/>	Drug Awareness Policy/Signage <input type="checkbox"/>	
Fire Log Book <input checked="" type="checkbox"/>		
Fire Safety Equipment <input checked="" type="checkbox"/>		
Emergency Exits <input checked="" type="checkbox"/>		
Door Person (s) on Duty: Yes <input type="checkbox"/> No <input type="checkbox"/> How Many <input type="checkbox"/>	SIA Registered: Yes <input type="checkbox"/> No <input type="checkbox"/>	Door Persons Log Book <input type="checkbox"/>
Waste Transfer contract in place Yes <input type="checkbox"/> No <input type="checkbox"/> Information:		
Trade Waste contract in place Yes <input type="checkbox"/> No <input type="checkbox"/> Information:		

Additional Comments:

NO Summary
NO OPS Aut form
NO personal licence holder on site
NO self training fire
cant work CCTV & NO waste contract in place

Signature of Person interviewed: [redacted] Date: *18.4.23*

IF YOU NEED TO CONTACT US TO DISCUSS THIS PLEASE CONTACT:
Licensing, Tame Street, Stalybridge, SK15 1ST or email: licensing@tameside.gov.uk

Officer Name: *Jenna Cole* Signed: *[Signature]*
Telephone: *0161 342 4262*