

15 November 2012  
By guaranteed next day delivery

**Bond Pearce LLP**  
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Licensing Department  
Worcestershire Regulatory Services  
Bromsgrove District Council  
The Council House  
Burcot Lane  
Bromsgrove, Worcs  
B60 1AA

Our ref:  
JMM1/JMM1/300042.293  
Your ref:

Dear Sir or Madam

**Licensing Act 2003**  
**Moto Frankley Service Area (South), M5 Motorway, Illey Lane, Birmingham, B32 4AR**  
**New Premises Licence**

We are instructed by Moto Hospitality Limited to make application for a new Premises Licence for the above premises.

We hope it is helpful to give a little background to this application. Earlier this year our clients were granted alcohol Premises Licences under Licensing Act 2003 without hearings at all 24 service area sites in respect of which they made applications. Applications had not previously been made for these sites as arrangements with the Highways Agency precluded it. However, late in 2011 the Highways Agency changed its stance and as a result of this there was no objection by the Highways Agency to any of the above applications or granted.

Moto is the freehold owner of this application site.

The above site is not excluded premises as it was not acquired by a special road authority. Our clients wish to license it as the initial round of sites has operated well and without issues

Accordingly, we now enclose the following:-

1. Completed form of application;
2. Cheque made payable to your Council in the sum of £635.00;
3. Copy of drawings numbered:
  - a) 3539\_(00)\_36 Site Plan
  - b) 3539\_(00)\_04 layout plan
4. Consent form signed by the nominated Premises Supervisor.

Please note that a DPS variation application will be made in due course in the name of a member of the store management team.

We confirm that a copy of this letter and all documents (save for the cheque) are being sent to all responsible authorities today by guaranteed post.

The appropriate notice will be displayed on the premises for 28 days starting on 17 November 2012.

A notice will appear in the Bromsgrove Advertiser on the 21 November 2012.

We should be most grateful if you will kindly acknowledge safe receipt of this application.

Bond Pearce LLP, a Limited Liability Partnership. Registered in England and Wales number OC311430. Registered office: 3 Temple Quay Temple Back East Bristol BS1 6DZ. VAT number GB143 0282 07. A list of members (all of whom are solicitors of England and Wales or registered foreign lawyers) of Bond Pearce is open for inspection at the registered office. We use the word "partner" to refer to a member of the LLP, or an employee or consultant who is a lawyer with equivalent standing and qualifications. Authorised and Regulated by the Solicitors Regulation Authority.

www.bondpearce.com

Yours faithfully



Bond Pearce LLP

- CC: Licensing Unit, West Mercia Constabulary, Police Station, Castle Street, Worcester, WR1 3QX
- Hereford and Worcester Fire and Rescue Service, North District HQ., Castle Road, Kidderminster, Worcs, DY12 6TH
- Trading Standards, (Weights and Measures), Worcestershire Regulatory Services, PO Box 866, Worcester, WR1 9DP
- Planning Department, Bromsgrove District Council, The Town Hall, Burcot Lane, Bromsgrove, Worcs, B60 1AA
- Environmental Health, Worcestershire Regulatory Services, PO Box 866, Worcester, WR1 9DP
- Health and Safety, Environmental Services, Bromsgrove District Council, The Council House, Burcot Lane, Bromsgrove, Worcs, B60 1AA
- Service Manager, Safeguarding & Quality Assurance, County Hall, Wildwood Way, Worcester, WR5 2NP
- Bromsgrove District Council as Licensing Authority, The Council House, Burcot Lane, Bromsgrove, Worcs, B60 1AA
- Public Health Department, NHS Worcester, Assistance Director of Public Health, Pavilion B Zero, County Hall, Spetchely Road, Worcester, WR5 2NP

**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** Moto Hospitality Limited  
(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**

<b>Postal address of premises or, if none, ordnance survey map reference or description</b>			
Moto Frankley Service Area (South) M5 Motorway Illey Lane			
<b>Post town</b>	Birmingham	<b>Post code</b>	B32 4AR
Telephone number at premises (if any)		0121 550 3131	
Non-domestic rateable value of premises		£575,000.00	

**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 *                 |                                     |                             |
| 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      | <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 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
<b>Current postal address if different from premises address</b>					
<b>Post Town</b>				<b>Postcode</b>	
<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>		
<b>I am 18 years old or over</b>					<input type="checkbox"/> Please tick yes
<b>Current postal address if different from premises address</b>					
<b>Post Town</b>				<b>Postcode</b>	
<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.**

<b>Name</b> Moto Hospitality Limited
<b>Address</b> Toddington Service Area Junction 11-12 M1 Southbound Toddington Bedfordshire LU5 6HR
<b>Registered number (where applicable)</b> 00734299
<b>Description of applicant (for example, partnership, company, unincorporated association etc.)</b> Company
<b>Telephone number (if any)</b>
<b>E-mail address (optional)</b>

**Part 3 Operating Schedule**

When do you want the premises licence to start?

Day		Month		Year	
1	5	1	2	2	0
				1	2

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 note1)

Service Area amenity building shops.

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 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 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			
Mon			<b>Please give further details here</b> (please read guidance note 3)		
Tue					
Wed			<b>State any seasonal variations for performing plays</b> (please read guidance note 4)		
Thur					
Fri			<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)		
Sat					
Sun					

**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	<b>Please give further details here</b> (please read guidance note 3)		
Mon					
Tue			<b>State any seasonal variations for the exhibition of films</b> (please read guidance note 4)		
Wed					
Thur			<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)		
Fri					
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			State any seasonal variations for indoor sporting events (please read guidance note 4)
Tue			
Wed			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)
Thur			
Fri			
Sat			
Sun			

D

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

H



<p><b>Anything of a similar description to that falling within (e), (f) or (g)</b> Standard days and timings (please read guidance note 6)</p>			<p><b><u>Please give a description of the type of entertainment you will be providing</u></b></p>		
Day	Start	Finish	<p><b><u>Will this entertainment take place indoors or outdoors or both – please tick</u></b> (please read guidance note 2)</p>	Indoors	<input type="checkbox"/>
Mon				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Tue			<p><b><u>Please give further details here</u></b> (please read guidance note 3)</p>		
Wed					
Thur			<p><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)</p>		
Fri					
Sat			<p><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)</p>		
Sun					



J

<b>Supply of alcohol</b> Standard days and timings (please read guidance note 6)			<b>Will the supply of alcohol be for consumption</b> <b>(Please tick box)</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>State any seasonal variations for the supply of alcohol</b> (please read guidance note 4)					
Mon	0700	2300						
Tue	0700	2300						
Wed	0700	2300						
Thur	0700	2300						
Fri	0700	2300						
Sat	0700	2300						
Sun	0700	2300						
						<b>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</b> (please read guidance note 5)		

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

<b>Name</b> Craig Alexander Martin	
<b>Address</b> 	
<b>Postcode</b>	
<b>Personal Licence number (if known)</b> PA2029	
<b>Issuing licensing authority (if known)</b> Northampton Borough 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)

There will be no activities at the premises which expose children to harm.

**L**

<b>Hours premises are open to the public</b> Standard days and timings (please read guidance note 6)			<b>State any seasonal variations</b> (please read guidance note 4)
Day	Start	Finish	
Mon			<p><b>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</b> (please read guidance note 5)</p> <p>The premises are entitled to open 24 hours on each day and from time to time may do so.</p>
	0700	2300	
Tue			
	0700	2300	
Wed			
	0700	2300	
Thur			
	0700	2300	
Fri			
	0700	2300	
Sat			
	0700	2300	
Sun			
	0700	2300	

**M** 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)

The company maintains comprehensive regulatory compliance procedures and all aspects of the four licensing objectives are covered by these procedures.

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

Digital CCTV will be installed and will be maintained on a 24 hour basis. Data will be retained for a period of 31 days and will be made available to the Police for evidential purposes.

**c) Public safety**

Fire safety measures and procedures are in operation in accordance with Fire Safety Regulations.

Provision will be made for the disabled to ensure safe evacuation in the event of fire or other emergency and general access.

**d) The prevention of public nuisance**

All planning requirements will be met and procedures established to prevent noise nuisance from deliveries and all plant and machinery.

Measures will be in place to ensure the proper disposal of all waste

**e) The protection of children from harm**

Staff training to ensure that in case of any doubt whether a purchaser is over the age of 18 to refuse sale of alcohol unless valid identification is produced.

Till prompts remind staff at point of sale of alcohol to ensure the purchaser is over 18.

All displays of alcohol will be appropriately ticketed to advise purchasers that it is an offence for those under 18 to purchase alcohol.

Till points will be monitored by the digital CCTV system.

An Age Challenge Scheme with an Age Challenge of not less than 25 years is in force for persons who appear to be less than 25.

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

Signature	[REDACTED]
Date	15 November 2012
Capacity	Solicitors for and on behalf of 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)

Our ref:  
Bond Pearce LLP  
3 Temple Quay  
Temple Back East

<b>Post town</b>	Bristol	<b>Post code</b>	BS1 6DZ
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<b>Telephone number (if any)</b>	0845 415 6775
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**If you would prefer us to correspond with you by e-mail your e-mail address (optional)**  
joanne.morgan@bondpearce.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.

**Consent of individual to being specified as premises supervisor**

I, Craig Alexander Martin  
*[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

THE GRANT OF A PREMISES LICENCE  
*[type of application]*

By Moto Hospitality Ltd  
*[name of applicant]*

relating to a premises licence application for  
*[number of existing licence, if any]*

Moto Frankley Service Area (South), M5 Motorway, Illey Lane, Birmingham, B32 4AR  
*[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 by  
Moto Hospitality Ltd  
*[name of applicant]*

concerning the supply of alcohol at:  
Moto Frankley Service Area (South), M5 Motorway, Illey Lane, Birmingham, B32 4AR  
*[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:  
PA2029  
*[insert personal licence number, if any]*

Personal licence issuing authority:  
Northampton Borough Council  
*[insert name and address and telephone number of personal licence issuing authority, if any]*

Signed: ..... [redacted] .....

Name (please print): CRAIG MARTIN..... CRAIG MARTIN .....

Date: 26/10/12