

Bromsgrove District Council

**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.

We Moto Hospitality Ltd

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			
Moto Frankley Service Area Northbound M5 Motorway Illey Lane			
Post town	Birmingham	Post code	B32 4AR
Telephone number at premises (if any)	0121 550 3131		
Non-domestic rateable value of premises	£390,000		

Part 2 - Applicant Details

Please state whether you are applying for a premises licence as
Please tick yes

- a) an individual or individuals * please complete section (A)
- b) a person other than an individual * please complete section (A)
 - 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 (c14) in respect of an independent hospital 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)	
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			
Daytime contact telephone number					
E-mail address (optional)					

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

Part 3 Operating Schedule

When do you want the premises licence to start?

Day	Month	Year
A	S	A
P		

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

Day	Month	Year

A

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

A Motorway Service Area adjacent to the M5 Motorway providing a rest area with the provision of hot food. The amenity area is open on a 24 hour basis and includes franchise operations for popular and household named operators.

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

N/A

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

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

B

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

State any seasonal variations for indoor sporting events (please read guidance note 4)		
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)		

D

Boxing or wrestling entertainments Standard days and timings (please read guidance note 6)			Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick (please read guidance note 2)	
Day	Start	Finish	Indoors	Outdoors
Mon			<input checked="" 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 boxing or wrestling entertainment (please read guidance note 4)		
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 (please read guidance note 5)		

E

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

F

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

G

Performances 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)	Indoors	<input checked="" type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon			Please give further details here (please read guidance note 3)	Both	<input type="checkbox"/>
Tue					
Wed			State any seasonal variations for the performance of dance (please read guidance note 4)		
Thur					
Fri			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 (please read guidance note 5)		
Sat					
Sun					

H

Anything of a similar description to that falling within (e), (f) or (g) Standard days and timings (please read guidance note 6)			Please give a description of the type of entertainment you will be providing	Indoors	<input type="checkbox"/>
Day	Start	Finish			
Mon			Please give further details here (please read guidance note 3)	Both	<input type="checkbox"/>
Tue					
Wed			State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g) (please read guidance note 4)		
Thur					
Fri			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 (please read guidance note 5)		
Sat					
Sun					

Late night refreshment Standard days and timings (please read guidance note 6)			Will the provision of late night refreshment take place indoors or outdoors or both – please tick (please read guidance note 2)	Indoors	<input type="checkbox"/>			
				Outdoors	<input type="checkbox"/>			
				Both	<input checked="" type="checkbox"/>			
Day	Start	Finish	Please give further details here (please read guidance note 3)					
Mon	23:00	05:00						
Tue	23:00	05:00						
Wed	23:00	05:00				State any seasonal variations for the provision of late night refreshment (please read guidance note 4)		
Thur	23:00	05:00						
Fri	23:00	05:00				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 (please read guidance note 5)		
Sat	23:00	05:00						
Sun	23:00	05:00						

Supply of alcohol Standard days and timings (please read guidance note 6)			Will the supply of alcohol be for consumption (Please tick box) (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	State any seasonal variations for the supply of alcohol (please read guidance note 4)					
Mon	07:00	23:00						
Tue	07:00	23:00						
Wed	07:00	23:00				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 (please read guidance note 5)		
Thur	07:00	23:00						
Fri	07:00	23:00						
Sat	07:00	23:00						
Sun	07:00	23:00						

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

Name Linda Mary Parslow

Address
 [Redacted]

Postcode [Redacted]

Personal Licence number (if known)
 18050780

Issuing licensing authority (if known)
 Bromsgrove 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

Hours premises are open to the public Standard days and timings (please read guidance note 6)			State any seasonal variations (please read guidance note 4)
Day	Start	Finish	
Mon	00:00	24:00	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 (please read guidance note 5)
Tue	00:00	24:00	
Wed	00:00	24:00	
Thur	00:00	24:00	
Fri	00:00	24:00	
Sat	00:00	24:00	
Sun	00:00	24:00	

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)

Moto Hospitality operate amenity areas through the country to include the provision of the sale of alcohol. Moto Hospitality have a significant amount of data to support the provision of such amenities and the positive impact upon their customers.

The promotion of the four licensing objectives at their other units confirms not only to robust and an informed approach to the retail of alcohol but also demonstrates a unique knowledge of the operation of Service Areas and the requirements of customers who frequent them.

Issues identified in previous applications relating to the provision of alcohol under the Sporting Events (Control of Alcohol) Act 1985 have been considered at all of the areas currently supplying alcohol through Marks & Spencer PLC. There has never been an issue in respect of consumption of alcohol in motor vehicles travelling to football matches from customers who have visited Moto Service Areas as advised by any Police Force. Whilst the operators are aware of their responsibilities in respect of the Act, there is currently no evidence that would suggest that those wishing to attend football matches and using motor vehicles also use Moto Service Areas to obtain alcohol.

b) The prevention of crime and disorder

1. The siting of the CCTV system will be agreed with Bedfordshire Police prior to installation and will comply with that agreement at all times.
2. The system is to be operational at all times when licensed activities are being carried out. The system is to be adequately maintained and be capable of downloading recorded material onto removable media.
3. CCTV footage will be made secure and retained for a minimum of 28 days. CCTV footage to be supplied to the Police and authorities officers of Central Bedfordshire Council upon request.
4. At all times when the premises are open to the public there will be a member of staff on duty who is conversant with the operation of the CCTV system and who is able to download immediately any footage as requested by the Police or an officer from Bromsgrove District Council.

c) Public safety

1. Fire safety measures and procedures are in operation in accordance with Fire Safety Regulations.
2. 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

1. Procedures will be established to prevent noise disturbance from deliveries and all plant and machinery.
2. Measures will be in place to ensure the proper disposal of all waste.

e) The protection of children from harm

1. Staff will be trained to ensure that in case of any doubt whether a purchaser is over the age of 18, sale will be refused unless valid identification is produced.
2. Till prompts will remind staff at point of sale of alcohol to ensure the purchaser is over 18.
3. All displays of alcohol will be appropriately ticketed to advise purchasers that it is an offence for those under 18 to purchase alcohol.
4. Till points will be monitored by the digital CCTV system.
5. An Age Challenge Scheme with an Age Challenge of not less than 25 years is in force for persons who appear less than 25.

- Please tick yes
- I have made or enclosed payment of the fee or
 - I have not made or enclosed payment of the fee because the application has been made in relation to the introduction of the late night levy
 - 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 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	17 September 2014
Capacity	Poppleston Allen – Solicitors for and on behalf of the applicant

For joint applications signature of 2nd applicant or 2nd 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)

[Redacted]
37 Stoney Street
The Lace Market

Post town	Nottingham	Post code	NG1 1LS
Telephone number (if any)	0115 9487410		
If you would prefer us to correspond with you by e-mail your e-mail address (optional)			
[Redacted]			

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.

NW

**CONSENT OF INDIVIDUAL TO BEING SPECIFIED AS
PREMISES SUPERVISOR**

To be completed in block capitals

I, Linda Mary Parslow of [REDACTED] hereby confirm that I give my consent to be specified as the Designated Premises Supervisor in relation to the application for a New Premises Licence by Moto Hospitality Ltd relating to a Premises Licence for Moto Frankley Service Area Northbound, M5 Motorway, Illey Lane, Birmingham, B32 4AR and any premises licence to be granted or varied in respect of this application made by Moto Hospitality Ltd concerning the supply of alcohol at Moto Frankley Service Area Northbound, M5 Motorway, Illey Lane, Birmingham, B32 4AR.

I also confirm that I hold a personal licence, details of which I set out below:

Personal Licence Number:- 18050780
Personal Licence Issuing Authority:- Bromsgrove District Council

Signed

[REDACTED]

Name Printed

LINDA MARY PARSLOW

Dated

5/9/14

