

Insert name and address
of relevant licensing
authority and its
reference number
(optional)

LICENSING UNIT
BUSINESS SUPORT UNIT
MEDWAY COUNCIL
GUN WHARF
DOCK ROAD
CHATHAM KENT ME4 4TR

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.

XWe WM MORRISON SUPERMARKETS PLC
(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 **Xwe** 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 MORRISONS M LOCAL (FORMERLY THE MEDWAY QUEEN) CHURCHILL AVENUE | |
| Post town CHATHAM | Post code ME5 0DE |
| Telephone number at premises (if any) | |
| Non-domestic rateable value of premises | £ |

Part 2 - Applicant Details

Please state whether you are applying for a premises licence as

Please tick as 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 (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) |
| 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 | | | Post code | |
| 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 | | | Post code | |
| 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 WM MORRISON SUPERMARKETS PLC |
| Address HILMORE HOUSE GAIN LANE BRADFORD BD3 7DL |
| Registered number (where applicable) 00358949 |
| Description of applicant (for example, partnership, company, unincorporated association etc.) COMPANY |
| Telephone number (if any) 0845 611 5000 |
| E-mail address (optional) |

Part 3 - Operating Schedule

When do you want the premises licence to start?

| | | | | | | | |
|----|--|----|--|------|---|--|--|
| DD | | MM | | YYYY | | | |
| A | | S | | A | P | | |

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

| | | | | | | | |
|----|--|----|--|------|--|--|--|
| DD | | MM | | YYYY | | | |
| | | | | | | | |

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

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

SUPERMARKET

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)

Please tick any that apply

Provision of regulated entertainment

- 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)

| |
|--------------------------|
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <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

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

B

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

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) | Indoors | <input 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 | | | | | |
| Thur | | | State any seasonal variations for boxing or wrestling entertainment (please read guidance note 4) | | |
| Fri | | | | | |
| Sat | | | | | |
| Sun | | | | | |
| | | | 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 type="checkbox"/> |
| | | | | | Outdoors | <input type="checkbox"/> |
| | | | | | Both | <input type="checkbox"/> |
| Day | Start | Finish | | | | |
| Mon | | | Please give further details here (please read guidance note 3) | | | |
| | | | | | | |
| Tue | | | | | | |
| | | | | | | |
| Wed | | | State any seasonal variations for the performance of live music (please read guidance note 4) | | | |
| | | | | | | |
| Thur | | | | | | |
| | | | | | | |
| Fri | | | 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) | | | |
| | | | | | | |
| Sat | | | | | | |
| | | | | | | |
| Sun | | | | | | |
| | | | | | | |

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 | | | | |
| Mon | | | Please give further details here (please read guidance note 3) | | | |
| | | | | | | |
| Tue | | | | | | |
| | | | | | | |
| Wed | | | State any seasonal variations for the playing of recorded music (please read guidance note 4) | | | |
| | | | | | | |
| Thur | | | | | | |
| | | | | | | |
| Fri | | | 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) | | | |
| | | | | | | |
| Sat | | | | | | |
| | | | | | | |
| Sun | | | | | | |
| | | | | | | |

G

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

H

| | | | | | | |
|---|-------|--------|---|--|----------|--------------------------|
| Anything of a similar description to that falling within (e), (f) or (g) Standard days and timings (please read guidance note 6) | | | <u>Please give a description of the type of entertainment you will be providing</u> | | | |
| Day | Start | Finish | <u>Will this entertainment take place indoors or outdoors or both - please tick</u> (please read guidance note 2) | | Indoors | <input type="checkbox"/> |
| Mon | | | | | Outdoors | <input type="checkbox"/> |
| Tue | | | | | Both | <input type="checkbox"/> |
| Wed | | | <u>Please give further details here</u> (please read guidance note 3) | | | |
| Thur | | | | | | |
| Fri | | | | | | |
| Sat | | | <u>State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g)</u> (please read guidance note 4) | | | |
| Sun | | | | | | |
| | | | | | | |
| | | | <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> (please read guidance note 5) | | | |
| | | | | | | |
| | | | | | | |

| | | | | | |
|---|-------|--------|--|----------|--------------------------|
| 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 type="checkbox"/> |
| Day | Start | Finish | Please give further details here (please read guidance note 3) | | |
| Mon | | | | | |
| Tue | | | State any seasonal variations for the provision of late night refreshment (please read guidance note 4) | | |
| Wed | | | | | |
| Thur | | | 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) | | |
| Fri | | | | | |
| Sat | | | | | |
| Sun | | | | | |

| | | | | | |
|--|-------|--------|---|------------------|-------------------------------------|
| Supply of alcohol Standard days and timings (please read guidance note 6) | | | Will the supply of alcohol be for consumption – please tick (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 | 0600 | 2400 | | | |
| Tue | 0600 | 2400 | 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) | | |
| Wed | 0600 | 2400 | | | |
| Thur | 0600 | 2400 | | | |
| Fri | 0600 | 2400 | | | |
| Sat | 0600 | 2400 | | | |
| Sun | 0600 | 2400 | | | |

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

| | |
|--|--|
| Name NICOLA WOOD | |
| Address | |
| Post code | |
| Personal licence number (if known) Leeds/PERL/05817/11 | |
| Issuing licensing authority (if known) LEEDS CITY 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 | 0600 | 2400 | |
| | | | |
| Tue | 0600 | 2400 | |
| | | | |
| Wed | 0600 | 2400 | |
| | | | |
| Thur | 0600 | 2400 | |
| | | | |
| Fri | 0600 | 2400 | Non standard timings. Where you intend the premises to be open to the public at different times to those listed in the column on the left, please list (please read guidance note 5) |
| | | | |
| Sat | 0600 | 2400 | |
| | | | |
| Sun | 0600 | 2400 | |
| | | | |

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 PREMISES WILL BE CONSTRUCTED IN ACCORDANCE WITH DRAWING NO. CHA/SK3/BWSL/001 AS SERVED WITH THE APPLICATION OR IN THE CASE OF ALTERATION TO THOSE PLANS ANY FURTHER PLANS SERVED ON THE RESPONSIBLE AUTHORITIES AND LICENSING AUTHORITY PRIOR TO COMPLETION OF THE PREMISES.

ALL STAFF ENGAGED IN THE SALE OF ALCOHOL WILL BE TRAINED IN ACCORDANCE WITH THE PREMISES LICENCE HOLDER'S TRAINING PROCEDURES.

b) The prevention of crime and disorder

PLEASE SEE SCHEDULE ATTACHED.

c) Public safety

THE PREMISES LICENCE HOLDER UNDERTAKES ONGOING RISK ASSESSMENTS IN ORDER TO COMPLY WITH HEALTH & SAFETY LEGISLATION.

d) The prevention of public nuisance

THE PREMISES ARE RESPONSIBLY MANAGED AND SUPERVISED. NO ADDITIONAL MEASURES ARE BELIEVED NECESSARY.

e) The protection of children from harm

ALL STAFF WILL RECEIVE SUITABLE TRAINING (INCLUDING REFRESHER TRAINING) IN RELATION TO THE PROOF OF AGE "CHALLENGE 25" SCHEME TO BE APPLIED ON THE PREMISES. THE FOLLOWING FORMS OF IDENTIFICATION ARE ACCEPTABLE; PHOTO DRIVING LICENCE, PASSPORT, PROOF OF AGE STANDARDS SCHEME (PASS) CARD AND ANY OTHER LOCALLY OR NATIONALLY APPROVED FORM OF IDENTIFICATION.

TILL PROMPTS ARE IN USE AT THE STORE.

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 | |
| Date | 17 JULY 2014 |
| Capacity | SOLICITORS 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) Gosschalks Solicitors Queens Gardens Hull East Yorkshire | | | |
| Post town | | Post code HU1 3DZ | |
| Telephone number (if any) | 01482 324252 | | |
| If you would prefer us to correspond with you by e-mail, your e-mail address (optional) mcj@gosschalks.co.uk | | | |

Notes for Guidance

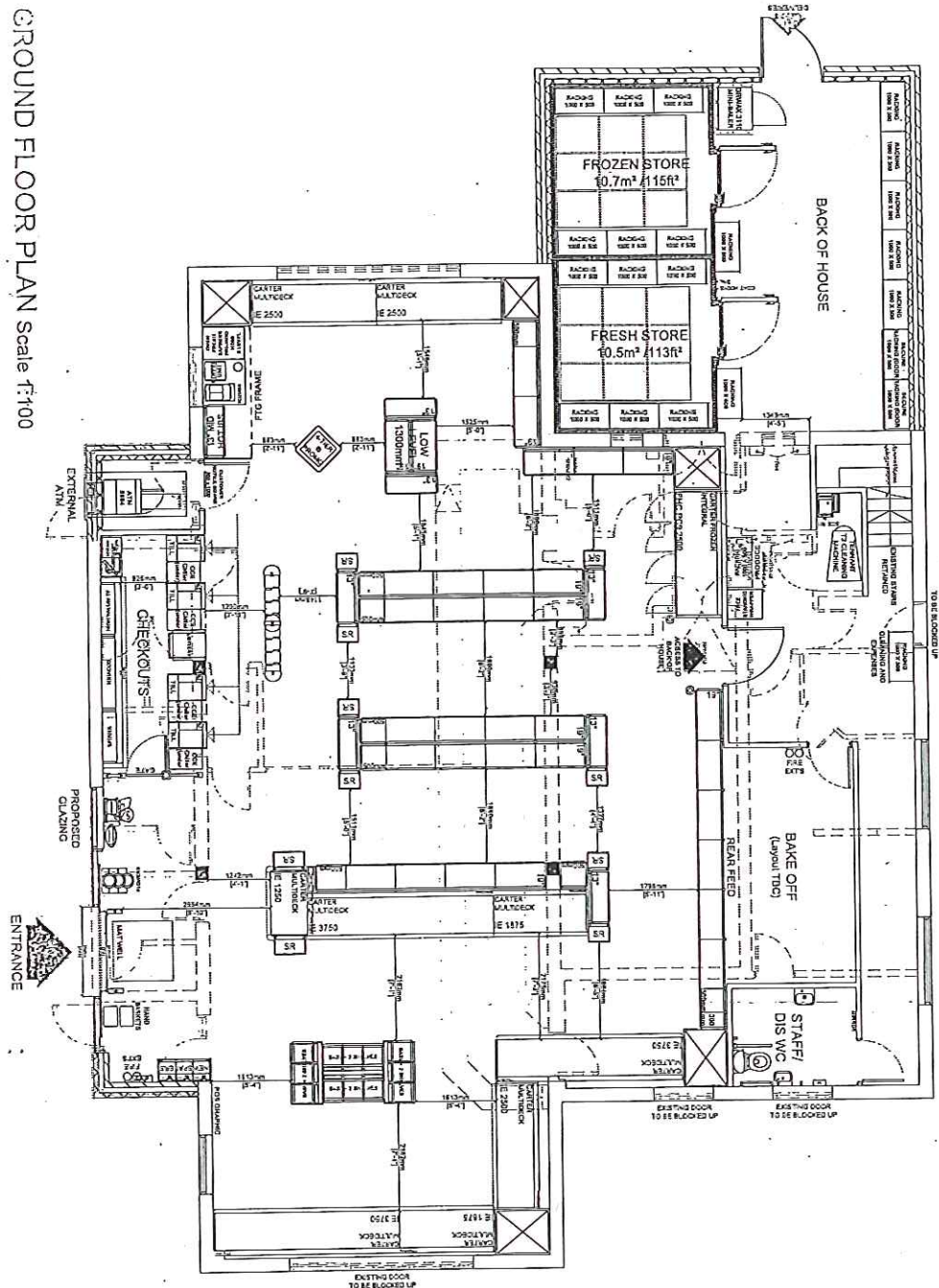
1. Describe the premises, for example the type of premises, its general situation and layout and any other information which could be relevant to the licensing objectives. Where your application includes off-supplies of alcohol and you intend to provide a place for consumption of these off-supplies, 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.

MORRISONS M LOCAL (FORMERLEY THE MEDWAY QUEEN),
CHURCHILL AVENUE, CHATHAM, ME5 0DE

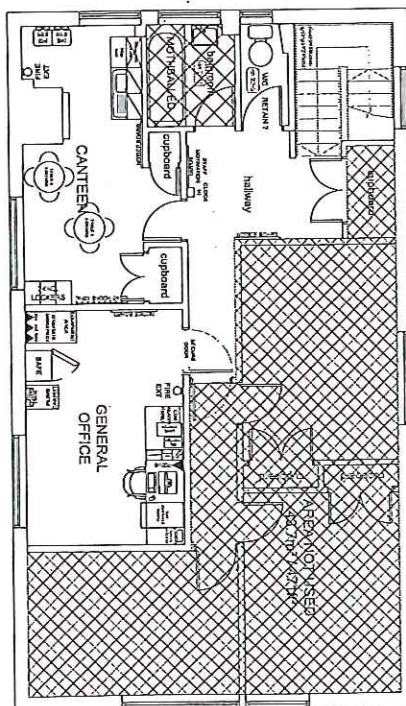
SCHEDULE OF CONDITIONS

1. The CCTV system within the building will incorporate cameras covering all points of public access and egress, the primary area's within the store where alcohol is displayed and the primary area's where the sale of alcohol takes place. The system will be capable of providing an image that is regarded by Kent Police as identification standard.
2. A person who is trained to retrieve data from the CCTV system shall be available on the premises whilst it is open to the public. Data will be provided to a police officer or a police licensing officer upon demand giving due regard for the provisions of any Data Protection legislation. The data shall be provided in a format that is capable of being viewed on domestic audio visual or computer equipment.
3. All persons who work at the premises in a paid or unpaid capacity and undertake Licensable Activity as detailed within this authorisation shall receive training in relation to that Licensable activity.
4. Individual Training records must be maintained that detail the nature of the training, the date of the training and the date of any refresher training.
5. All checkout operators will operate a refusal log.

GROUND FLOOR PLAN Scale 1:100



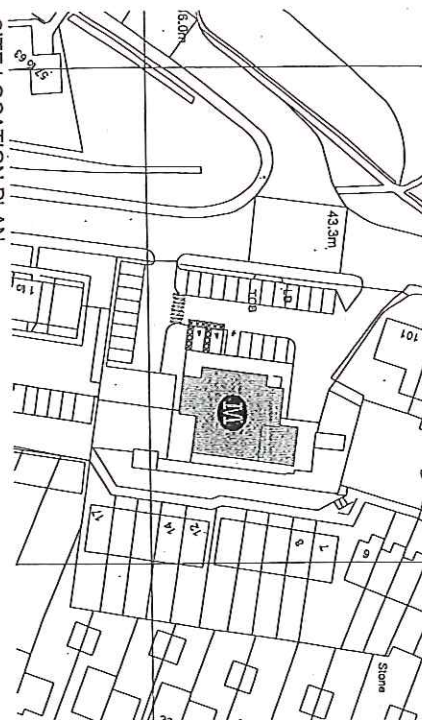
FIRST FLOOR PLAN Scale 1:100



APPENDIX B

Scale NTS

SITE LOCATION PLAN



NOTICE

All work to be carried out in accordance with the requirements of the latest Building Regulations and the Local Water Board's Regulations.
Contractor must verify all dimensions at the job before commencing any work or making shop drawings. Do not scale from drawings - if in doubt please check with Drawing Office.
Please to advise that once this drawing has been issued, no proposed layout or further changes are subject to Change Request Form Approval by the Morrison Supermarkets PLC.

KEY FIGURES

| GENERAL AREAS | |
|---------------------------|--------------|
| INTERNAL GROSS AREA | 3,658 SQ.FT. |
| NET SALES AREA | 2,201 SQ.FT. |
| NET SALES % OF GROSS AREA | 58.93 % |
| WAREHOUSE GROSS AREA | 837 SQ.FT. |
| STAFF FACILITIES AREA | 378 SQ.FT. |

SALES FLOOR

| | |
|-------------------------------------|----------|
| AMBIENT (1000mm BAYS) | 41 No. |
| BEERS, WINES & SPIRITS INC. CHILLED | 6.5 No. |
| AMBIENT PRODUCE BAYS | 4 No. |
| TOTAL AMBIENT BAYS | 51.5 No. |
| FRESH FOODS INC. CHILLED DRINKS | 15 No. |
| FROZEN FOODS (DOORS) | 4 No. |
| EXPRESS CHECKOUTS | 4 No. |
| SELF SERVICE CHECKOUTS | 0 No. |
| TOTAL CHECKOUTS | 4 No. |

WAREHOUSE

| | |
|----------------------------------|---------------|
| WAREHOUSE RACKING (1000mm RACKS) | 11 No. |
| FRESH FOOD STORAGE | 113 SQ.FT. |
| FROZEN FOOD STORAGE | 115 SQ.FT. |
| DELIVERY ENTRANCE | BACK OF HOUSE |
| HUB STORE / CDC | CDC |

EXTERNAL

| | |
|--------------------------|----|
| TOTAL CAR PARKING SPACES | 27 |
| DISABLED SPACES INCLUDED | 2 |

DEMOGRAPHICS

| | |
|----------|---------------|
| FORMAT | NEIGHBOURHOOD |
| SECURITY | B |



Wm MORRISON SUPERMARKETS PLC
Property & Development Division
Hilmore House, Gaim Lane,
Bridford, BDD 7DL
Tel: 0845 611 6000

**Chatham
Medway Queen**

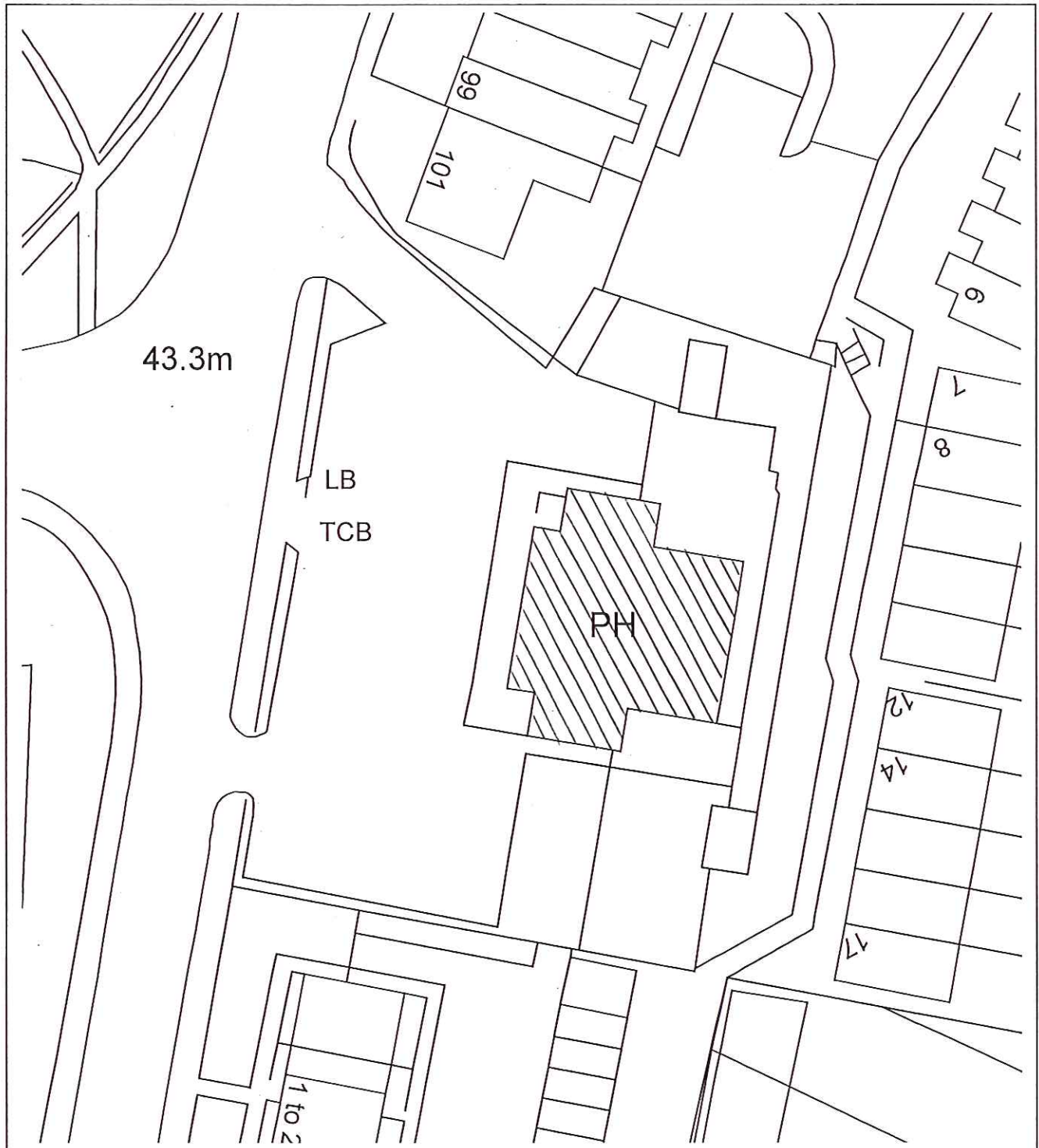
PROJECT C-Store

DRAWING Ground Floor Details

| | | |
|----------------------------|---------------|----------------|
| BY JC | DATE 08.05.14 | SCALE 1:100@A3 |
| DRAWING No. CHA/ref/05/SK3 | REV | BY |
| STATUS | APPROVED DATE | |
| ISSUED TO | DATE | |

TEAM COMMENT

NORTHGATE SE GIS Print Template



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Councillors' Craven, Godwin & Osborne
Labour Group Office
Medway Council
Gun Wharf
Chatham
Kent
ME4 4TR

Saturday 30th August 2014

Dear Sir / Madam

Re: Objection to Licence by Morrisons Ltd – Application 1035 – Churchill Avenue, Chatham

We are writing collectively as the three members for the Luton and Wayfield ward that this licence application would cover.

We wish to register strong opposition to the application for Alcohol sales from 0600-2400 and its impact as a potential site of nuisance given its location surrounded on its North, East and Southern borders with residential properties. Given the high level of anti-social behaviour in the ward as statistically supported by the Medway Safety Partnership and Kent Police we believe the store will act as a magnet for alcohol sales and lead to increased anti-social behaviour on the adjacent residential streets and also the nearby situated Barnfield / Coney Banks area. This area is widely used by children of all ages and their parents. Allowing the sale of alcohol at these times could lead to children and families witnessing very unpleasant sights as seen in the Luton Arches/Magpie Hall Rd and Newnham Street area of the ward. Unlike a public house there is no control over whom or where any alcohol brought will be consumed but with such a large open residential space it does leave our residents vulnerable.

We believe the licensee could not guarantee those surrounding the property quality of life given the potential light, noise, litter and other issues which will arise in what is currently a residential area. We wish to object to any licence that confer significant and marked disturbance to local residents and we believe the lighting, the venue and the cumulative customer volume will lead to a significantly increased risk of litter, noise and other forms of harm to surrounding residential areas including parking on residential streets including Churchill Avenue.

We believe it would be more appropriate for the licensee to consult with the community (which they have failed to do so far at any stage) and meanwhile withdraw the alcohol application to ensure that noted issues around anti-social behaviour do not arise due to alcohol purchased at this store. Given the age demographic for anti-social behaviour is not solely related to those under 18 or 25 we do not believe Morrisons could guarantee that alcohol from premises will not be consumed in nearby parks and residential areas. We strongly believe Kent Police will note a significant increase in anti-social behaviour due to alcoholism if Morrisons is given the licence.

We do not believe that Morrisons has acted in good faith in conversations with the local community surrounding this site given it is a designated Community Asset – the only one in Medway. We believe that the applicant needs to be sensitive to the needs of the community and given the site location respectful of the residential premises surrounding the store.

We will be releasing this objection to the press given the significant public opposition to the application in the community.

Regards

Cllr Craven, Godwin and Osborne