

## GUIDELINES FOR LICENSING HEARING PANELS

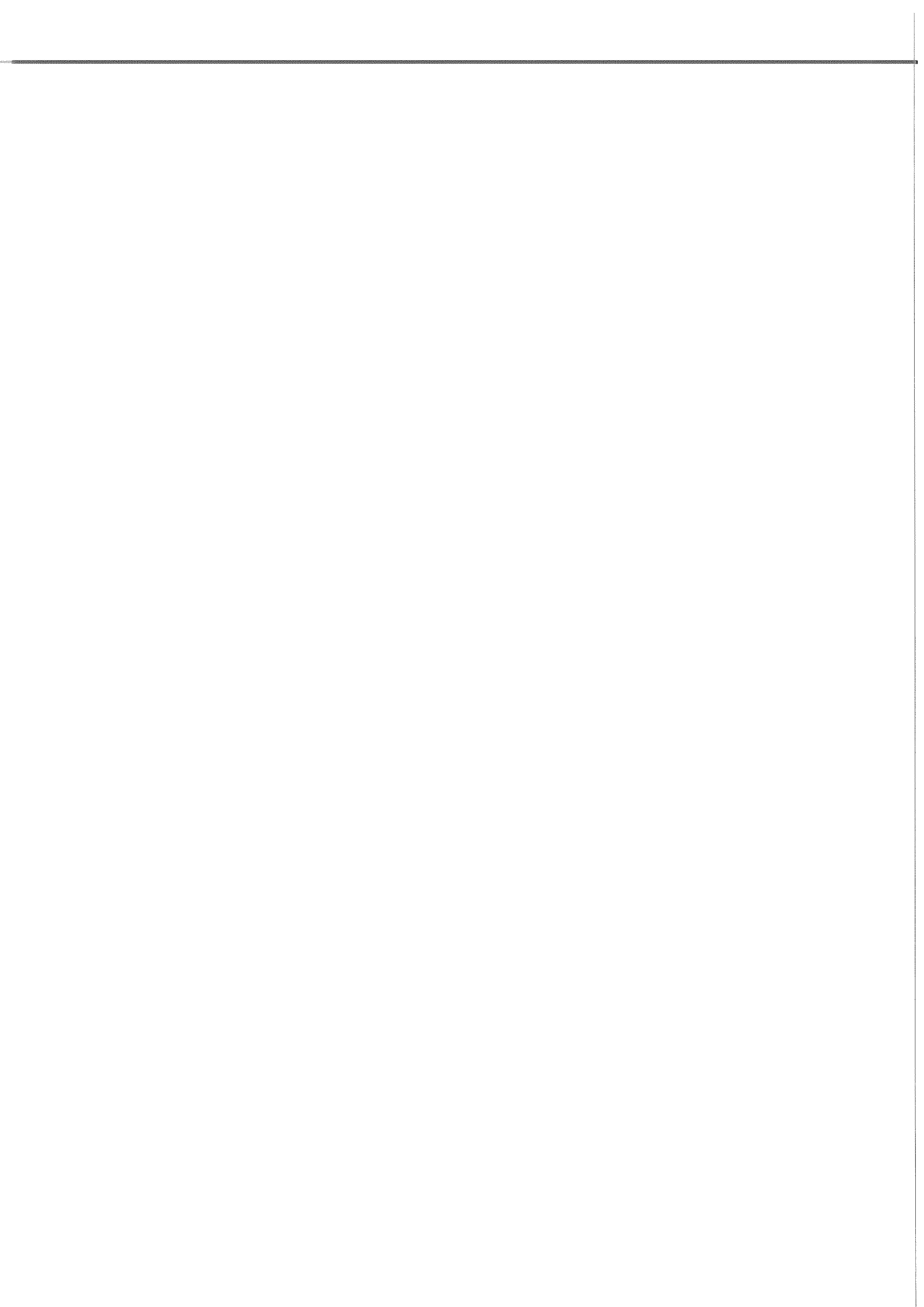
The chairman will control the proceedings and the following is a guideline for each hearing but may be adjusted if appropriate.

1. The chairman explains the proposed format for the meeting and asks everyone to introduce themselves.
2. The Licensing Officer briefly outlines the application.
3. The applicant (or their representative) speaks in support of their application and call any witnesses.
4. Objectors\* ask the applicant (or their representative) and witnesses questions.
5. The panel asks the applicant (or their representative) and witnesses questions.
6. Objectors\* speak about their representation and call any witnesses.
7. The applicant (or their representative) asks the objectors questions.
8. The panel asks questions.
9. All parties are asked if they wish to add anything further.
10. The chairman requests everyone to leave the room in order that the panel may reach a decision. The Legal Officer and Committee Co-ordinator to the panel will remain.



11. Everyone will be invited to return to receive the decision. In the event of complex or lengthy applications, the panel may decide to give its decision at a later date.

\* Objectors may include responsible authorities such as the Police, the Fire Brigade, Environmental Health Officers, Development and Building Control Officers, Highway Officers, Trading Standards Officers and local residents. The responsible authorities will be asked to speak first.



# LICENSING HEARING PANEL

10 DECEMBER 2010

## LICENSING ACT 2003 APPLICATION FOR A PREMISES LICENCE

### ONE STOP 1, 3 & 5 WATLING STREET CHATHAM

Report from: Deborah Upton, Assistant Director, (Housing and Corporate Services)

Author: Alison Poulson, Licensing Manager

#### 1. The application

- 1.1 In accordance with the Licensing Act 2003, the council has received an application for a new premises licence for the sale of alcohol in respect of One Stop Stores, 1-5 Watling Street Chatham

The application details are as follows:

Hours the premises are open to the public

Monday to Sunday 0600 to 2300

Hours for the supply of alcohol

Monday to Sunday 0600 to 2300

A copy of the application as submitted is at [Appendix A](#).

The application has been correctly advertised in the local press and notices displayed on the premises for the required period.

A copy of the floor plan is attached at [Appendix B](#).

A copy of a plan showing the location of the premises is at [Appendix C](#).

#### 2. Background

- 2.1 As stated at 1.1 this is an application for a new premises licence for the sale of alcohol at One Stop Stores, 1-5 Watling Street Chatham.

### **3. Promotion of Licensing Objectives**

3.1 The applicant is expected to demonstrate that they have dealt with the promotion of the four licensing objectives, where appropriate. Members are referred to Paragraph P of the application at Appendix A where the applicant has referred to this issue.

3.2 The four licensing objectives are:

- the prevention of crime and disorder
- public safety
- the prevention of public nuisance
- the protection of children from harm

### **4. Relevant Representations**

4.1 This matter has been put to the Licensing Hearing Panel because the council has received relevant representations from a member of the public. Copy attached at Appendix D.

4.2 Appendix E shows the location of member of the public representations in relation to the immediate vicinity of the premises, the subject of this application.

### **5. Policy Considerations**

5.1 Medway Council has published its Statement of Licensing Policy, which it will consider in all applications. Paragraphs 3, 4, 5 and 6 specifically deal with the question of crime and disorder, public safety, public nuisance and the protection of children from harm, which are the objectives raised in the relevant representations.

### **6. Background papers**

6.1 Medway Council's Licensing Policy.

Copies are obtainable by telephoning Alison Poulson on 01634 332774 can be viewed on the council's website under Licensed Premises at <http://www.medway.gov.uk./business/licencesandstreettrading.aspx>

**Lead officer contact:** Mrs Alison Poulson, Business Development and Licensing Manager  
Telephone: 01634 332774  
Email: [alison.poulson@medway.gov.uk](mailto:alison.poulson@medway.gov.uk)

**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 **ONE STOP STORES LTD**

*(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> One Stop 1,3 & 5 Watling Street			
<b>Post town</b>	Chatham	<b>Post code</b>	ME 7EP

<b>Telephone number at premises (if any)</b>	TBC
<b>Non-domestic rateable value of premises</b>	£22,200

**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  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)
- 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>		
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>			

**(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> ONE STOP STORES LIMITED
<b>Address</b> Apex Road Brownhills Walsall West Midlands WS8 7TS
<b>Registered number (where applicable)</b> 02462858
<b>Description of applicant (for example, partnership, company, unincorporated association etc.)</b> Limited Company
<b>Telephone number (if any)</b> 01543 363195
<b>E-mail address (optional)</b> licensing@onestop.co.uk

**Part 3 Operating Schedule**

When do you want the premises licence to start?

Day		Month		Year	
1	5	1	0	2	0
1	0				

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)

A convenience store with off licence, selling groceries, confectionary, news papers and magazines, beers, wines, spirits and non food goods.

One Stop Stores Ltd has become an established convenience store operator, with approximately 515 stores trading throughout England and Wales.

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

<5000

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)  | <input type="checkbox"/> |
| b) films (if ticking yes, fill in box B)  | <input type="checkbox"/> |
| c) indoor sporting events (if ticking yes, fill in box C)   | <input type="checkbox"/> |
| d) boxing or wrestling entertainment (if ticking yes, fill in box D)  | <input type="checkbox"/> |
| e) live music (if ticking yes, fill in box E)   | <input type="checkbox"/> |
| f) recorded music (if ticking yes, fill in box F)   | <input type="checkbox"/> |
| g) performances of dance (if ticking yes, fill in box G)  | <input type="checkbox"/> |
| h) anything of a similar description to that falling within (e), (f) or (g) (if ticking yes, fill in box H) | <input type="checkbox"/> |

**Provision of entertainment facilities:**

- |   |                          |
|---|--------------------------|
| i) making music (if ticking yes, fill in box I)   | <input type="checkbox"/> |
| j) dancing (if ticking yes, fill in box J)  | <input type="checkbox"/> |
| k) entertainment of a similar description to that falling within (i) or (j) (if ticking yes, fill in box K) | <input type="checkbox"/> |

**Provision of late night refreshment** (if ticking yes, fill in box L)

**Supply of alcohol** (if ticking yes, fill in box M)

**In all cases complete boxes N, O and P**

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

**C**

Indoor sporting events Standard days and timings (please read guidance note 6)			<u>Please give further details</u> (please read guidance note 3)
Day	Start	Finish	
Mon			
Tue			<u>State any seasonal variations for indoor sporting events</u> (please read guidance note 4)
Wed			
Thur			<u>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</u> (please read guidance note 5)
Fri			
Sat			
Sun			

**D**

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

**F**

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

**G**

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

# H

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

<b>Provision of facilities for making music</b> Standard days and timings (please read guidance note 6)			<b><u>Please give a description of the facilities for making music you will be providing</u></b>	
			<b><u>Will the facilities for making music be indoors or outdoors or both – please tick</u></b> (please read guidance note 2)	
Day	Start	Finish		
Mon			<b><u>Please give further details here</u></b> (please read guidance note 3)	
Tue				
Wed			<b><u>State any seasonal variations for the provision of facilities for making music</u></b> (please read guidance note 4)	
Thur				
Fri			<b><u>Non standard timings. Where you intend to use the premises for provision of facilities for making music at different times to those listed in the column on the left, please list</u></b> (please read guidance note 5)	
Sat				
Sun				

**J**

<b>Provision of facilities for dancing</b> Standard days and timings (please read guidance note 6)			<b>Will the facilities for dancing be indoors or outdoors or both – please tick</b> (see guidance note 2)	Indoors <input type="checkbox"/>	
				Outdoors <input type="checkbox"/>	
				Both <input type="checkbox"/>	
Day	Start	Finish	<b>Please give a description of the facilities for dancing you will be providing</b>		
Mon			<b>Please give further details here</b> (please read guidance note 3)		
Tue					
Wed					
Thur			<b>State any seasonal variations for providing dancing facilities</b> (please read guidance note 4)		
Fri			<b>Non standard timings. Where you intend to use the premises for the provision of facilities for dancing entertainment at different times to those listed in the column on the left, please list</b> (please read guidance note 5)		
Sat					
Sun					

**K**

<b>Provision of facilities for entertainment of a similar description to that falling within i or j</b> Standard days and timings (please read guidance note 6)			<u>Please give a description of the type of entertainment facility you will be providing</u>		
Day	Start	Finish	<u>Will the entertainment facility be indoors or outdoors or both – please tick</u> (please read guidance note 2)	Indoors	<input type="checkbox"/>
Mon				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Tue			<u>Please give further details here</u> (please read guidance note 3)		
Wed					
Thur			<u>State any seasonal variations for the provision of facilities for entertainment of a similar description to that falling within i or j</u> (please read guidance note 4)		
Fri					
Sat			<u>Non standard timings. Where you intend to use the premises for the provision of facilities for entertainment of a similar description to that falling within i or j at different times to those listed in the column on the left, please list</u> (please read guidance note 5)		
Sun					

L

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			
Mon			<b><u>Please give further details here</u></b> (please read guidance note 3)		
Tue					
Wed			<b><u>State any seasonal variations for the provision of late night refreshment</u></b> (please read guidance note 4)		
Thur					
Fri			<b><u>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</u></b> (please read guidance note 5)		
Sat					
Sun					

**M**

<b>Supply of alcohol</b> Standard days and timings (please read guidance note 6)			<b>Will the supply of alcohol be for consumption (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"/>
<b>Day</b>	<b>Start</b>	<b>Finish</b>	<b>State any seasonal variations for the supply of alcohol</b> (please read guidance note 4)		
Mon	0600	2300			
Tue	0600	2300			
Wed	0600	2300			
Thur	0600	2300			
Fri	0600	2300			
Sat	0600	2300			
Sun	0600	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> Clare Flynn	
<b>Address</b> 46 Lonsdale Drive Rainham Kent	
<b>Postcode</b>	ME8 9HZ
<b>Personal Licence number (if known)</b> MEDWAY-06-PL-1363	
<b>Issuing licensing authority (if known)</b> Medway Council	

**N**

**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

**O**

<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	0600	2300	
Tue	0600	2300	
Wed	0600	2300	
Thur	0600	2300	
Fri	0600	2300	
Sat	0600	2300	
Sun	0600	2300	

**P** 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)**

All staff will be trained in relation to the sale of age restricted goods.

CCTV will be in operation during trading hours. The system will be maintained, record and retain images for a maximum of 28 days and access to these recordings made available to Police and Local Authority officers upon reasonable request.

An age recognition scheme such as Challenge 25 will be in place. The only acceptable proof of age will be Passport, Photo Driving Licence and Pass approved ID Cards.

A register of all challenged and refused sales will be maintained.

A register of all major incidents of crime and disorder will be maintained.

A system of prompts will be in place to ensure staff undertake age checks on age restricted products.

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

CCTV will be in operation during trading hours. The system will be maintained, record and retain images for a maximum of 28 days and access to these recordings made available to Police and Local Authority officers upon reasonable request.

A Register of all major incidents of crime and disorder will be kept.

The Premises will be fitted with an industry standard approved Intruder Alarm System.

**c) Public safety**

The requirements of the Fire Officer will be complied with.

A Fire Risk Assessments will be undertaken prior to the premises trading

**d) The prevention of public nuisance**

A regular litter pick of the stores external areas will be carried out.

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

All staff will be trained in relation to the sale of age restricted goods.

An age recognition scheme such as Challenge 25 will be in place. The only acceptable proof of age will be Passport, Photo Driving Licence and Pass approved ID Cards.

A system of prompts will be in place to ensure staff undertake age checks on age restricted products.

A register of all challenged and refused sales will be maintained.

**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	<i>SJ Madlew</i>
Date	13/10/10
Capacity	Trading Law Manager (Licensing)

**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	

<b>Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 13)</b>			
Sarah Marklew One Stop Stores Limited Apex Road Brownhills			
<b>Post town</b>	Walsall	<b>Post code</b>	WS8 7TS
<b>Telephone number (if any)</b>	01543 363195		
<b>If you would prefer us to correspond with you by e-mail your e-mail address (optional)</b>			
licensing@onestop.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, 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.



# NORTHGATE SE GIS Print Template



This material has been reproduced from Ordnance Survey digital map data with the permission of the controller of Her Majesty's Stationery Office, © Crown Copyright.

---

**From:**  
**Sent:** 05 November 2010 16:42  
**To:** licensing  
**Subject:** licensing application objection  
**Follow Up Flag:** Follow up  
**Flag Status:** Red

Dear Sir/Madam,

Re Licensing Application for 1/3/5 Watling Street, Chatham, Kent ME5 7ES

I reside in a maisonnete above no 3 Watling Street and have owned the property since 1999. I have only just become aware of the notifications posted on the windows of the above premises stating that a license has been applied for the sale of alcohol. The notice states that the hours applied for are from 6am to 11pm, 7 days a week.

I would like to object on the following basis:

1. I believe that a noise nuisance would be caused to the residents of Palace Court by the supply of alcohol starting at 6am and continuing till 11pm on an every day basis.
2. There is no parking allowed on the street (double yellow lines) and the car park to the rear of the premises currently is unable to cope with the amount of cars wishing to park there. I believe that a percentage of customers and staff of the business would wish to travel there by car and require parking.

I hope that this email can be taken as my written objection to the application.

Yours Sincerely

Caroline Falconer  
2 Palace Court  
Watling Street  
Chatham. Kent ME5 7ES

# NORTHGATE SE GIS Print Template



This material has been reproduced from Ordnance Survey digital map data with the permission of the controller of Her Majesty's Stationery Office, © Crown Copyright.

**ONE STOP – 1-5 WATLING STREET CHATHAM  
1-14 PALACE COURT SITUATED ABOVE 1-21 WATLING STREET CHATHAM**