

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 CHARWORTH 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 1 Block C Pioneer Wharf Chatham Waterfront			
Post town	Chatham	Postcode	ME4 4HA
Telephone number at premises (if any)			
Non-domestic rateable value of premises		Â£ 15075	

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/limited liability partnership | please complete section (B) X |
| ii as a partnership (other than limited liability) | 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)
 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
- 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 (by ticking yes to one box below):

I am carrying on or proposing to carry on a business which involves the use of the premises for licensable activities; **X** 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)

		Other Title (for example, Rev)	
Surname		First names	
Date of birth		I am 18 years old or over	
Nationality			
Current residential address if different from premises address			
Post town		Postcode	
Daytime contact telephone number			
E-mail address (optional)			
Where applicable (if demonstrating a right to work via the Home Office online right to work checking service), the 9-digit share code provided to the applicant by that service (please see note 15 for information)			

SECOND INDIVIDUAL APPLICANT (if applicable)

		Other Title (for example, Rev)		
Surname		First names		
Date of birth		I am 18 years old or over		
Nationality				
Where applicable (if demonstrating a right to work via the Home Office online right to work checking service), the 9-digit share code provided to the applicant by that service: (please see note 15 for information)				
Current residential 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 CHARWORTH LTD
Address 160-168 Romford Road Aveley Essex RM15 4PJ
Registered number (where applicable) 06530052

Description of applicant (for example, partnership, company, unincorporated association etc.) Limited company
Telephone number (if any)
E-mail address (optional) CONTACT@ARKALICENSING.CO.UK

Part 3 Operating Schedule

When do you want the premises licence to start?

01/09/2025

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

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

THIS IS BUDGENS SUPERMARKET WILL BE OPENING IN THE WATERFRONT NEW DEVELOPMENT. THE STORE WILL BE PART OF THE COMMUNITY LIVING IN THIS NEW DEVELOPMENT. APPLICANT IS A RETAILER INVESTOR AND EXPERIENCED RETAILER OVER 15 YEARS. THIS IS AN EXCITING VENTURE IN THIS NEW DEVELOPMENT. THE STORE WILL BE OPENING LATE TO SUPPORT THE NEED OF THE LOCAL RESIDENTS. THE STORE WILL ALSO HAVE A COFFEE MACHINE/ HOT SNACKS AS PART OF THE RETAIL STORE. ADDRESS: 1, Block C, Pioneer Wharf, Chatham Waterfront, Chatham, ME4 4HA (PLEASE NOTE WE HAVE TO SELECT THE NEAREST ADDRESS ON THE FORM)

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 and Schedules 1 and 2 to the Licensing Act 2003)

Please
tick all

Provision of regulated entertainment (please read guidance note 2)

that apply 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)

anything of a similar description to that falling within (e), (f) or (g)

h) (if ticking yes, fill in box H)

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

X

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

X

In all cases complete boxes K, L and M

A

Plays Standard days and timings (please read guidance note 7)			Will the performance of a play take place indoors or outdoors or both please tick (please read guidance note 3)	Indoors	
				Outdoors	
				Both	
Day	Start	Finish			
Mon			Please give further details here (please read guidance note 4)		
Tue					
Wed			State any seasonal variations for performing plays (please read guidance note 5)		
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 6)		
Sat					
Sun					

B

Films Standard days and timings (please read guidance note 7)			<u>Will the exhibition of films take place indoors or outdoors or both please tick</u> (please read guidance note 3)	Indoors	
				Outdoors	
				Both	
Day	Start	Finish	<u>Please give further details here</u> (please read guidance note 4)		
Mon					
Tue					
Wed			<u>State any seasonal variations for the exhibition of films</u> (please read guidance note 5)		
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 6)		
Sat					
Sun					

C

Indoor sporting events Standard days and timings (please read guidance note 7)			<u>Please give further details</u> (please read guidance note 4)		
Day	Start	Finish			
Mon					
Tue					

			State any seasonal variations for indoor sporting events (please read guidance note 5)
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 6)
Fri			
Sat			
Sun			

D

Boxing or wrestling entertainments Standard days and timings (please read guidance note 7)			Will the boxing or wrestling entertainment take place indoors or outdoors or both please tick (please read guidance note 3)	Indoors	
				Outdoors	
				Both	
Day	Start	Finish	Please give further details here (please read guidance note 4)		
Mon					
Tue					
Wed			State any seasonal variations for boxing or wrestling entertainment (please read guidance note 5)		
Thur					
Fri					

			<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> (please read guidance note 6)
Sat			
Sun			

E

Live music Standard days and timings (please read guidance note 7)			<u>Will the performance of live music take place indoors or outdoors or both please tick</u> (please read guidance note 3)	Indoors	
				Outdoors	
				Both	
Day	Start	Finish	<u>Please give further details here</u> (please read guidance note 4)		
Mon					
Tue					
Wed			<u>State any seasonal variations for the performance of live music</u> (please read guidance note 5)		
Thur					
Fri			<u>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</u> (please read guidance note 6)		
Sat					
Sun					

F

Recorded music Standard days and timings (please read guidance note 7)			<u>Will the playing of recorded music take place indoors or outdoors or both please tick</u> (please read guidance note 3)	Indoors	
				Outdoors	
				Both	
Day	Start	Finish	<u>Please give further details here</u> (please read guidance note 4)		
Mon					
Tue					
Wed			<u>State any seasonal variations for the playing of recorded music</u> (please read guidance note 5)		
Thur					
Fri			<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> (please read guidance note 6)		
Sat					
Sun					

G

Performances of dance Standard days and timings (please read guidance note 7)			<u>Will the performance of dance take place indoors or outdoors or both please tick</u> (please read guidance note 3)	Indoors	
				Outdoors	
				Both	
Day	Start	Finish	<u>Please give further details here</u> (please read guidance note 4)		
Mon					
Tue					

Wed			<u>State any seasonal variations for the performance of dance</u> (please read guidance note 5)
Thur			
Fri			<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 6)
Sat			
Sun			

H

Anything of a similar description to that falling within (e), (f) or (g) Standard days and timings (please read guidance note 7)			Please give a description of the type of entertainment you will be providing		
Day	Start	Finish	<u>Will this entertainment take place indoors or outdoors or both please tick</u> (please read guidance note 3)	Indoors	
Mon				Outdoors	
				Both	
Tue			<u>Please give further details here</u> (please read guidance note 4)		
Wed			<u>State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g)</u> (please read guidance note 5)		
Thur					
Fri					

Sat			<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 6)
Sun			

I

Late night refreshment Standard days and timings (please read guidance note 7)			Will the provision of late night refreshment take place indoors or outdoors or both please tick (please read guidance note 3)	Indoors	
				Outdoors	X
				Both	
Day	Start	Finish	<u>Please give further details here (please read guidance note 4)</u>		
Mon	23:00	01:00			
Tue	23:00	01:00			
			<u>State any seasonal variations for the provision of late night refreshment</u> (please read guidance note 5) NONE		
Wed	23:00	01:00			
Thur	23:00	01:00			
			<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> (please read guidance note 6) NONE		
Fri	23:00	01:00			
Sat	23:00	01:00			
Sun	23:00	01:00			

J

Supply of alcohol Standard days and timings (please read guidance note 7)			Will the supply of alcohol be for consumption please tick (please read guidance note 8)	On the premises	
				Off the premises	X
				Both	
Day	Start	Finish	State any seasonal variations for the supply of alcohol! (please read guidance note 5) NONE		
Mon	06:00	01:00			
Tue	06:00	01:00			
Wed	06:00	01:00			
Thur	06:00	01:00			
Fri	06:00	01:00			
Sat	06:00	01:00			
Sun	06:00	01:00			
			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 6)		
			NONE		

State the name and details of the individual whom you wish to specify on the licence as designated premises supervisor (Please see declaration about the entitlement to work in the checklist at the end of the form):

Name ANTHONY BENEDICT	
Date of birth	
Address	
Postcode	
Personal licence number (if known)	
Issuing licensing authority (if known)	

K

Please highlight any adult entertainment or services, activities, other entertainment or matters ancillary to the use of the premiss that may give rise to concern in respect of children (please read guidance note 9).

L

Hours premises are open to the public Standard days and timings (please read guidance note 7)			<u>State any seasonal variations</u> (please read guidance note 5) NONE
Day	Start	Finish	
Mon	06:00	01:00	
Tue	06:00	01:00	
Wed	06:00	01:00	
Thur	06:00	01:00	
Fri	06:00	01:00	
Sat	06:00	01:00	

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 6)

NONE

Sun	06:00	01:00

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 10)

1. CCTV shall be installed to Home Office Guidance standards and maintained in a good working condition and recordings shall be kept for 31 days and shall be made available to police and authorised Officers from Council upon request.
2. CCTV camera shall be installed to cover all the entrances and exits of the premises.
3. A member of staff trained in the use of the CCTV system shall be available at the premise at all times that the premises are open for trading. This staff member shall be capable of making copies and downloading any footage immediately requested by the police or authorised council officials.
4. The CCTV system shall display on any recordings the correct date and time of the recording.
5. The CCTV system shall be capable of obtaining clear facial recognition images and a clear head and shoulder image of every person entering or leaving the premises.
6. A 'Challenge 25' policy shall be adopted and adhered to at all times.
7. An incident log shall be kept at the premises and made available for inspection on request to an authorized officer of Council or the police, which will record the following:
 - a) Any complaints received.
 - b) Any incidents of disorder.
 - c) Any faults in the CCTV system.
 - d) Any visit by a relevant authority or emergency service.

Any inputs recorded in this log shall be done within 24 hours of the incident

8. A refusal book detailing date and time of the refused sale (of alcohol), the name of the person refusing the sale and a description of the person attempting to purchase alcohol, shall be kept and maintained and made available for inspection by authorised officers from Council or the police. Any inputs recorded in this log shall be done within 24 hours of the incident
10. Any staff directly involved in selling alcohol for retail to consumers and staff who provide training including managers shall undergo regular training of the Licensing Act 2003 legislation (at least every 12 months). The training shall be documented an

b) The prevention of crime and disorder

LISTED TOGETHER FOR ALL 4 LICENSING OBJECTIVES ABOVE

c) Public safety

LISTED TOGETHER FOR ALL 4 LICENSING OBJECTIVES ABOVE

d) The prevention of public nuisance

LISTED TOGETHER FOR ALL 4 LICENSING OBJECTIVES ABOVE

e) The protection of children from harm

LISTED TOGETHER FOR ALL 4 LICENSING OBJECTIVES ABOVE

Checklist:

Please tick to indicate agreement

X I have made or enclosed payment of the fee.

X I have enclosed the plan of the premises.

X I have sent copies of this application and the plan to responsible authorities and others where applicable.

X I have enclosed the consent form completed by the individual I wish to be designated premises supervisor, if applicable.

X I understand that I must now advertise my application.

X I understand that if I do not comply with the above requirements my application will be rejected. **X** [Applicable to all individual applicants, including those in a partnership which is not a limited liability partnership, but not companies or limited liability partnerships] I have included documents demonstrating my entitlement to work in the United Kingdom or my share code issued by the Home Office online right to work checking service (please read note 15).

IT IS AN OFFENCE, UNDER SECTION 158 OF THE LICENSING ACT 2003, TO MAKE A FALSE STATEMENT IN OR IN CONNECTION WITH THIS APPLICATION. THOSE WHO MAKE A FALSE STATEMENT MAY BE LIABLE ON SUMMARY CONVICTION TO A FINE OF ANY AMOUNT.

IT IS AN OFFENCE UNDER SECTION 24B OF THE IMMIGRATION ACT 1971 FOR A PERSON TO WORK WHEN THEY KNOW, OR HAVE REASONABLE CAUSE TO BELIEVE, THAT THEY ARE DISQUALIFIED FROM DOING SO BY REASON OF THEIR IMMIGRATION STATUS. THOSE WHO EMPLOY AN ADULT WITHOUT LEAVE OR WHO IS SUBJECT TO CONDITIONS AS TO EMPLOYMENT WILL BE LIABLE TO A CIVIL PENALTY UNDER SECTION 15 OF THE IMMIGRATION, ASYLUM AND NATIONALITY ACT 2006 AND PURSUANT TO SECTION 21 OF THE SAME ACT, WILL BE COMMITTING AN OFFENCE WHERE THEY DO

SO IN THE KNOWLEDGE, OR WITH REASONABLE CAUSE TO BELIEVE, THAT THE EMPLOYEE IS DISQUALIFIED.

Part 4 Signatures (please read guidance note 11)

Signature of applicant or applicant's solicitor or other duly authorised agent (see guidance note 12).

If signing on behalf of the applicant, please state in what capacity.

Declaration	<ul style="list-style-type: none">• [Applicable to individual applicants only, including those in a partnership which is not a limited liability partnership] I understand I am not entitled to be issued with a licence if I do not have the entitlement to live and work in the UK (or if I am subject to a condition preventing me from doing work relating to the carrying on of a licensable activity) and that my licence will become invalid if I cease to be entitled to live and work in the UK (please read guidance note 15).• The DPS named in this application form is entitled to work in the UK (and is not subject to conditions preventing him or her from doing work relating to a licensable activity) and I have seen a copy of his or her proof of entitlement to work, or have conducted an online right to work check using the Home Office online right to work checking service which confirmed their right to work (please see note 15)		
Signature	NIRA SURESH		
Date	2025-06-09		
Capacity	AGENT		

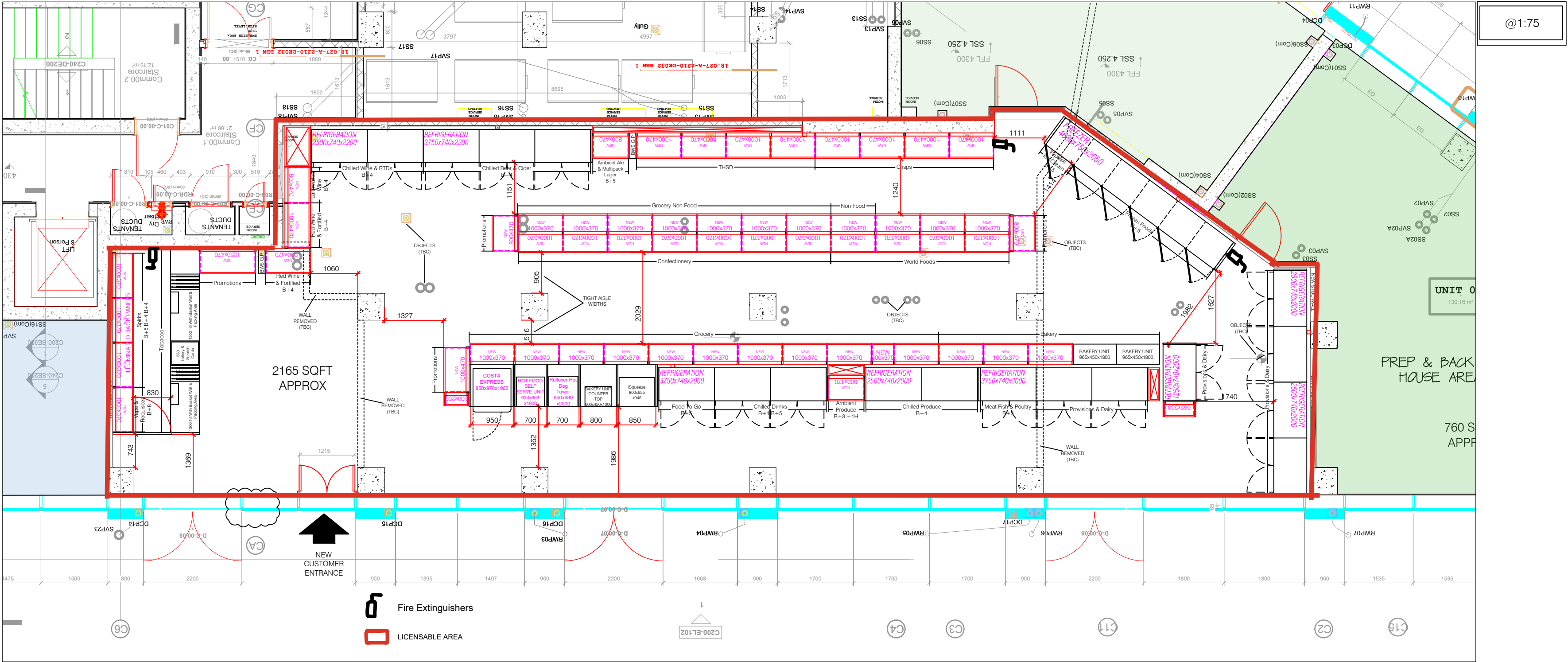
For joint applications, signature of 2 nd nd applicant or 2 applicant's solicitor or other authorised agent
(please read guidance note 13). **If signing on behalf of the applicant, please state in what capacity.**

Signature			
Date			
Capacity			
Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 14) TRIDENT BUSINESS CENTRE 89 BICKERSTETH ROAD LONDON LONDON SW17 9SH			
Post town		Postcode	
Telephone number (if any)			

If you would prefer us to correspond with you by e-mail, your e-mail address (optional)

CONTACT@ARKALICENSING.CO.UK

LAYOUT



Budgens

CHATHAM
WATERFRONT

Address	Chatham Waterfront Chatham Kent ME4 4HA
Drawing Type	Proposed
Store Type	Standard
Store Size	2165 sq/ft
Building Size	sq/ft
Drawn By	D.O
Scale @ A2	1:75
Date	03.04.2025
Revision	A
Signed Off	No

Notes

BUDGENS SPACE ANALYSIS			
New Store	Category	STANDARD 2000 SQFT	ACTUAL SPACE
	Produce	3 Chilled Bays 1 Ambient Bay	2 Chilled Bays 1 Ambient Bay
	Meat	1 Chilled Bay	1 Chilled Bay
	Dairy Provisions	7 Chilled Bays	7 Chilled Bays
	Food To Go	2 Chilled Bays	1 Chilled Bay
	Food & Drinks to Go	6 Units	5 Units
	Chilled Soft Drinks	3 Chilled Bays	2 Chilled Bays
	Bakery	6 Bays	5 Bays
	Frozen	5 Door + Ice Cream Unit	6 Door + Ice Cream Unit
	Grocery	11 Bays	14.5 Bays
	Grocery Non Food	7 Bays	7 Bays
	Non Food	1 Unit	1 Unit
	Confectionery	7 Bays	7 Bays
	Crisps & Snacks	4 Bays	4 Bays
	Take Home Drinks	4 Bays	4 Bays
	BWS	5 Bays Chilled 4 Ambient	5 Bays Chilled 4 Ambient
	Value Seasonal	4 Bays	4 Bays
	Kiosk / Vape	4 Bays	4 Bays
	Total	86	

- LAYOUT INCOMPLETE (TBC)
- UNKNOWN OBJECTS (TBC)
- BACK OF HOUSE AREA (TBC)
- CAFE AREA (TBC)
- CAFE BACK OF HOUSE AREA (TBC)
- STORE ENTRANCE RELOCATED (TBC)

SPACE ANALYSIS KEY
RANGE SHORT
RANGE COMPROMISED
RANGE TO MATRIX
RANGE OVER

All dimensions are shown in millimeters unless stated otherwise, & must be checked by the shopfitter prior to commencement of work on site. This drawing is to be read in conjunction with all other relevant drawings, documents & specifications. All works is to be carried out by a qualified shopfitter in accordance with the manufacture / supplier instructions and to current codes of practice and legislation. The feasibility of this drawing must be checked by a qualified shopfitter who should ensure that the drawing meets all the required legislation. Booker Limited & the drawer take no responsibility for the feasibility of this drawing. The drawer of this drawing does not act as the principal designer. For any queries please contact the Merchandising & Development department or the relevant member of the project team.

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