

Receipt NO: 00091

Application Received  
24.1.2020.

Paid Cheque £190.00 27/01/2020.  
Post

THE LICENSING TEAM, TENDRING DISTRICT COUNCIL, 88-90  
PIER AVENUE, CLACTON ON SEA, ESSEX, CO15 1TN.

Application for a premises licence to be granted  
under the Licensing Act 2003

20/00047/PREM

PLEASE READ THE FOLLOWING INSTRUCTIONS FIRST

GR.

Expire  
21/2/2020

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 TANKERFORD LIMITED

*(insert name(s) of applicant)*

apply for a premises licence under section 17 of the Licensing Act 2003 for the premises described in Part 1 below (the premises) and I/we are making this application to you as the relevant licensing authority in accordance with section 12 of the Licensing Act 2003

Part 1 - Premises Details

|  |            |          |         |
|--|------------|----------|---------|
| Postal address of premises or, if none, ordnance survey map reference or description |            |          |         |
| ARDLEIGH SERVICE STATION<br>COLCHESTER ROAD<br>ARDLEIGH                              |            |          |         |
| Post town  | COLCHESTER | Postcode | CO7 7PA |
|  |            |          |         |

|   |        |
|---|--------|
| Telephone number at premises (if any)   |        |
| Non-domestic rateable value of premises | £ 9900 |

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   |                              |                               |                             | 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<br>TANKERFORD LIMITED   |
| Address<br>EASHING BP SERVICE STATION<br>LOWER EASHING<br>GODALMING<br>SURREY<br>GU7 2QG                         |
| Registered number (where applicable)<br>05912098   |
| Description of applicant (for example, partnership, company, unincorporated association etc.)<br>LIMITED COMPANY |
| Telephone number (if any)  |
| E-mail address (optional)  |



**Part 3 Operating Schedule**

When do you want the premises licence to start?

|    |    |            |
|----|----|------------|
| DD | MM | YYYY       |
| 2  | 2  | 0 2 20 2 0 |

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

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

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

THIS IS AN EXISTING CONVENIENCE STORE LOCATED ON A FORECOURT. THE STORE WILL SHORTLY BE UNDERGOING A REFURBISHMENT. THE STORE RETAIL AREA WILL BE APPROX 440 SQ FT.

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

What licensable activities do you intend to carry on from the premises?

(Please see sections 1 and 14 of the Licensing Act 2003 and Schedules 1 and 2 to the Licensing Act 2003)

Provision of regulated entertainment

Please tick any 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)
- 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)

X

In all cases complete boxes K, L and M

A

| Plays<br>Standard days and timings<br>(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><br>Standard days and timings<br>(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"/> |
| 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 exhibition of films</u></b> (please read guidance note 4)  |  |          |                          |
| Thur   |       |        |  |  |          |                          |
| Fri  |       |        | <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) |  |          |                          |
| Sat  |       |        |  |  |          |                          |
| Sun  |       |        |  |  |          |                          |

C

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



**E**

|   |              |               |   |          |                          |
|---|--------------|---------------|---|----------|--------------------------|
| <b>Live music</b><br>Standard days and timings<br>(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"/> |
| <b>Day</b>  | <b>Start</b> | <b>Finish</b> | <b>Please give further details here</b> (please read guidance note 3)   |          |                          |
| Mon   |              |               |   |          |                          |
| Tue   |              |               |   |          |                          |
| Wed   |              |               | <b>State any seasonal variations for the performance of live music</b> (please read guidance note 4)  |          |                          |
| Thur  |              |               |   |          |                          |
| Fri   |              |               |   |          |                          |
| Sat   |              |               | <b>Non standard timings. Where you intend to use the premises for the performance of live music at different times to those listed in the column on the left, please list</b> (please read guidance note 5) |          |                          |
| Sun   |              |               |   |          |                          |
|   |              |               |   |          |                          |

**F**

|   |       |        |   |          |                          |
|---|-------|--------|---|----------|--------------------------|
| <b>Recorded music</b><br>Standard days and timings<br>(please read guidance note 6) |       |        | <b>Will the playing of recorded music take place indoors or outdoors or both – please tick</b> (please read guidance note 2)  | Indoors  | <input type="checkbox"/> |
|   |       |        |   | Outdoors | <input type="checkbox"/> |
|   |       |        |   | Both     | <input type="checkbox"/> |
| Day   | Start | Finish | <b>Please give further details here</b> (please read guidance note 3)   |          |                          |
| Mon   |       |        |   |          |                          |
| Tue   |       |        |   |          |                          |
| Wed   |       |        | <b>State any seasonal variations for the playing of recorded music</b> (please read guidance note 4)  |          |                          |
| Thur  |       |        |   |          |                          |
| Fri   |       |        | <b>Non standard timings. Where you intend to use the premises for the playing of recorded music at different times to those listed in the column on the left, please list</b> (please read guidance note 5) |          |                          |
| Sat   |       |        |   |          |                          |
| Sun   |       |        |   |          |                          |

**G**

|  |              |               |   |          |                          |
|--|--------------|---------------|---|----------|--------------------------|
| <b>Performances of dance</b><br>Standard days and timings<br>(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  |              |               |   |          |                          |
| Wed  |              |               | <b><u>State any seasonal variations for the performance of dance</u></b> (please read guidance note 4)  |          |                          |
| Thur   |              |               |   |          |                          |
| Fri  |              |               | <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) |          |                          |
| Sat  |              |               |   |          |                          |
| Sun  |              |               |   |          |                          |

**H**

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

**I**

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



**J**

|  |              |               |   |                  |                          |
|--|--------------|---------------|---|------------------|--------------------------|
| <b>Supply of alcohol</b><br>Standard days and timings<br>(please read guidance note 7) |              |               | <b>Will the supply of alcohol be for consumption --<br/>please tick</b> (please read guidance note 8)   | On the premises  | <input type="checkbox"/> |
|  |              |               |   | Off the premises | X                        |
|  |              |               |   | 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 5)  |                  |                          |
| Mon  | 06.00        | 23.00         |   |                  |                          |
| Tue  | 06.00        | 23.00         |   |                  |                          |
| Wed  | 06.00        | 23.00         |   |                  |                          |
| Thur   | 06.00        | 23.00         |   |                  |                          |
| Fri  | 06.00        | 23.00         |   |                  |                          |
| Sat  | 06.00        | 23.00         |   |                  |                          |
| Sun  | 06.00        | 23.00         |   |                  |                          |
|  |              |               | <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 6) |                  |                          |

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<br>SIMON MATTHEW STANCEVIC |
|---------------------------------|

**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<br>Standard days and timings<br>(please read guidance note 6) |       |        | State any seasonal variations (please read guidance note 4)  |
|---|-------|--------|--|
| Day   | Start | Finish |  |
| Mon   | 06.00 | 23.00  | <p><b>Non standard timings. Where you intend the premises to be open to the public at different times from those listed in the column on the left, please list</b> (please read guidance note 5)</p> |
|   |       |        |  |
| Tue   | 06.00 | 23.00  |  |
|   |       |        |  |
| Wed   | 06.00 | 23.00  |  |
|   |       |        |  |
| Thur  | 06.00 | 23.00  |  |
|   |       |        |  |
| Fri   | 06.00 | 23.00  |  |
|   |       |        |  |
| Sat   | 06.00 | 23.00  |  |
|   |       |        |  |
| Sun   | 06.00 | 23.00  |  |
|   |       |        |  |

**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 9)**

1. Spirits will be located behind the counter.
2. The premises shall have sufficient cameras located within the premises to cover all public areas including the outside of the premises covering the entrance and exit.
3. The system should be able to cope with all levels of illumination throughout the premises.
4. CCTV warning signs to be fitted in public places
5. The CCTV system must be operating at all times whilst the premises are open for licensable activity. All equipment shall have a constant and accurate time and date generation.
6. The recording system must record to evidential standard and be retained for a minimum of 28 days.
7. CCTV recordings shall be made available to the Police upon reasonable request.
8. Staff shall be trained with regard to their responsibilities in the retail sale of alcohol, Training records are to be available for inspection upon reasonable request by the Police or other relevant officers of a responsible authority upon request.
9. A refusals book will be operated and maintained. The book will be available for inspection upon request by a relevant officer of a responsible authority.
10. A Challenge 25 policy will be operated at the premises. Acceptable forms of identification shall be a passport, a photo driving licence and a PASS accredited identification card.
11. Challenge 25 posters shall be displayed in prominent positions at the premises.
12. Notices shall be displayed prominently requesting customers to leave the premises quietly.
13. Sufficient litter bins will be available on site and emptied regularly.

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

1. Spirits will be located behind the counter.
2. The premises shall have sufficient cameras located within the premises to cover all public areas including the outside of the premises covering the entrance and exit.
3. The system should be able to cope with all levels of illumination throughout the premises.
4. CCTV warning signs to be fitted in public places
5. The CCTV system must be operating at all times whilst the premises are open for licensable activity. All equipment shall have a constant and accurate time and date generation.
6. The recording system must record to evidential standard and be retained for a minimum of 28 days.
7. CCTV recordings shall be made available to the Police upon reasonable request.
8. Staff shall be trained with regard to their responsibilities in the retail sale of alcohol, Training records are to be available for inspection upon reasonable request by the Police or other relevant officers of a responsible authority upon request.

**c) Public safety**

1. The premises shall have sufficient cameras located within the premises to cover all public areas including the outside of the premises covering the entrance and exit.
2. The system should be able to cope with all levels of illumination throughout the premises.
3. CCTV warning signs to be fitted in public places.
4. The CCTV system must be operating at all times whilst the premises are open for licensable activity. All equipment shall have a constant and accurate time and date generation.
5. The recording system must record to evidential standard and be retained for a minimum of 28 days.
6. CCTV recordings shall be made available to the Police upon reasonable request.

**d) The prevention of public nuisance**

1. Notices shall be displayed prominently requesting customers to leave the premises quietly.
2. Sufficient litter bins will be available on site and emptied regularly.

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

1. Staff shall be trained with regard to their responsibilities in the retail sale of alcohol. Training records are to be available for inspection upon reasonable request by the Police or other relevant officers of a responsible authority upon request.
2. A refusals book will be operated and maintained. The book will be available for inspection upon request by a relevant officer of a responsible authority.
3. A Challenge 25 policy will be operated at the premises. Acceptable forms of identification shall be a passport, a photo driving licence and a PASS accredited identification card.
4. Challenge 25 posters shall be displayed in prominent positions at the premises.

**Checklist:**

**Please tick to indicate agreement**

- 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
- 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 (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.**

|                    |  |
|--------------------|--|
| <b>Declaration</b> | <ul style="list-style-type: none"> <li>• [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).</li> <li>• 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</li> </ul> |
|--------------------|--|



|           |   |
|-----------|---|
|           | licensable activity) and I have seen a copy of his or her proof of entitlement to work, if appropriate (please see note 15) |
| Signature |   |
| Date      | 23 <sup>RD</sup> JANUARY 2020   |
| Capacity  | AGENT   |

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

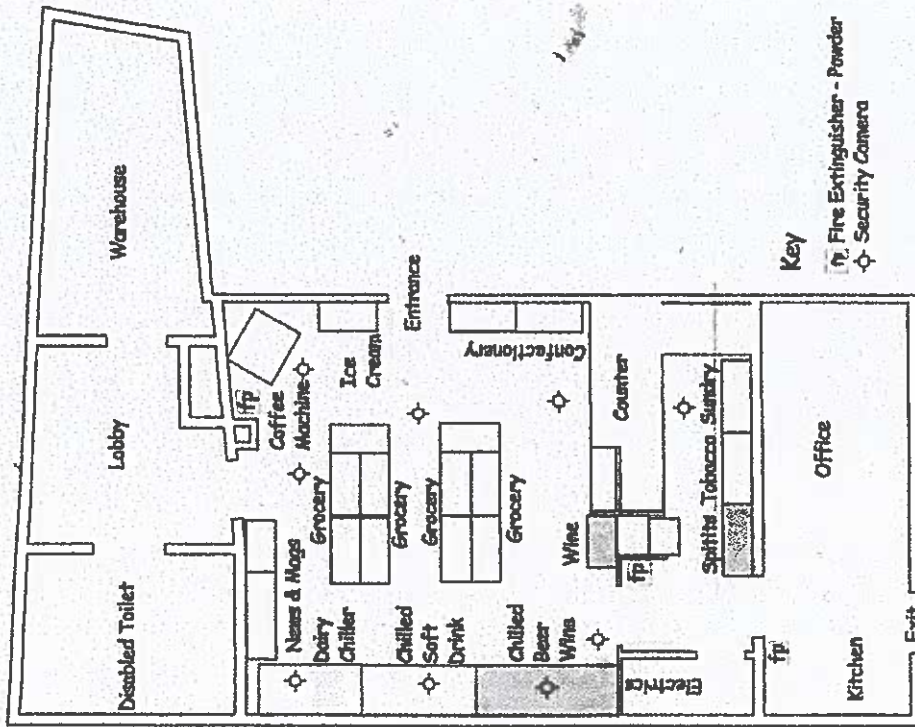
|           |  |
|-----------|--|
| Signature |  |
| Date      |  |
| Capacity  |  |

|   |              |          |          |
|---|--------------|----------|----------|
| Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 14) |              |          |          |
| RICHARD BAKER<br>RB RETAIL & LICENSING SERVICES LIMITED<br>23 MAGISTER DRIVE<br>LEE ON THE SOLENT   |              |          |          |
| Post town   | PORTSMOUTH   | Postcode | PO13 8GE |
| Telephone number (if any)   | 07771 540066 |          |          |
| If you would prefer us to correspond with you by e-mail, your e-mail address (optional)<br>INFO@RBRLS.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
2. consumption of these off-supplies, you must include a description of where the place will be and its proximity to the premises.
3. In terms of specific regulated entertainments please note that:
  - Plays: no licence is required for performances between 08:00 and 23.00 on any day, provided that the audience does not exceed 500.
  - Films: no licence is required for 'not-for-profit' film exhibition held in community premises between 08.00 and 23.00 on any day provided that the audience does not exceed 500 and the organiser (a) gets consent to the screening from a person who is responsible for the premises; and (b) ensures that each such screening abides by age classification ratings.
  - Indoor sporting events: no licence is required for performances between 08.00 and 23.00 on any day, provided that the audience does not exceed 1000.





Ardleigh Service Station  
 Colchester Road  
 Ardleigh  
 Colchester  
 CO7 7PA  
 Scale- 1:100  
 Drawing Reference: RB/1334  
 Drawn by: R Baker RB Retail &  
 Licensing Services Limited  
 27<sup>th</sup> November 2019

All retail selling areas to be licensed for alcohol display. Copyright - RB Retail & Licensing Services Limited, 23 Magister Drive, Lee on the Solent, Portsmouth PO123 8GE, Site dimensions to be used at all times





**PUBLIC NOTICE OF AN APPLICATION FOR A PREMISES LICENCE  
UNDER SECTION 17 OF THE  
LICENSING ACT 2003**

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Notice is hereby given that an application was made to **TENDRING DISTRICT COUNCIL** for a premises licence under the above Act on **25<sup>th</sup> JANUARY 2020.**

Applicant: **TANKERFORD LIMITED**

Address of premises: **ARDLEIGH SERVICE STATION  
COLCHESTER ROAD  
ARDLEIGH  
COLCHESTER  
CO7 7PA.**

Proposed licensable activities:

- **SALE OF ALCOHOL FOR CONSUMPTION OFF THE PREMISES.**

Proposed days and hours of licensable activity:

**EVERYDAY**

**ALCOHOL SALES - 06.00 TO 23.00 HOURS**

The postal address of the Licensing Authority where the register is kept and the application may be inspected is:

**\* THE LICENSING TEAM, TENDRING DISTRICT COUNCIL, 88-90 PIER AVENUE, CLACTON ON SEA, ESSEX, CO15 1TN.**

Any person wishing to make representations on this matter shall give notice, in writing, stating the nature and grounds for making such representations to The Licensing Officer at the above address\* within 28 days of the date of this notice – by the **21<sup>st</sup> FEBRUARY 2020.** Further information is available on the web site [www.tendringdc.gov.uk](http://www.tendringdc.gov.uk) by following the links.

It is an offence, under section 158 of the Licensing Act 2003, to knowingly or recklessly make a false statement in or in connection with an application and the maximum fine on summary conviction of such an offence is £5000.

**JB RETAIL & LICENSING SERVICES LIMITED –  
SOLELY AUTHORISED AGENT**



