



Wolverhampton
Application for a premises licence
Licensing Act 2003

For help contact
city.direct@wolverhampton.gov.uk
 Telephone: 01902 551155

* required information

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You can save the form at any time and resume it later. You do not need to be logged in when you resume.

System reference	<input type="text" value="Not Currently In Use"/>	This is the unique reference for this application generated by the system.
Your reference	<input type="text" value="SHELL TRITON"/>	You can put what you want here to help you track applications if you make lots of them. It is passed to the authority.
Are you an agent acting on behalf of the applicant?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Put "no" if you are applying on your own behalf or on behalf of a business you own or work for.

Applicant Details

* First name

* Family name

You must enter a valid e-mail address

* E-mail

You must enter a telephone number

Main telephone number Include country code.

Other telephone number

Indicate here if the applicant would prefer not to be contacted by telephone

Is the applicant:

- Applying as a business or organisation, including as a sole trader
 Applying as an individual

A sole trader is a business owned by one person without any special legal structure. Applying as an individual means the applicant is applying so the applicant can be employed, or for some other personal reason, such as following a hobby.

Applicant Business

Is the applicant's business registered in the UK with Companies House? Yes No

Note: completing the Applicant Business section is optional in this form.

Registration number

Business name

If the applicant's business is registered, use its registered name.

Continued from previous page...

VAT number

Put "none" if the applicant is not registered for VAT.

Legal status

Applicant's position in the business

Home country

The country where the applicant's headquarters are.

Registered Address

Address registered with Companies House.

Building number or name

Street

District

City or town

County or administrative area

Postcode

Country

Agent Details

* First name

* Family name

* E-mail

Main telephone number

Include country code.

Other telephone number

Indicate here if you would prefer not to be contacted by telephone

Are you:

- An agent that is a business or organisation, including a sole trader
- A private individual acting as an agent

A sole trader is a business owned by one person without any special legal structure.

Agent Business

Is your business registered in the UK with Companies House? Yes No

Note: completing the Applicant Business section is optional in this form.

Registration number

Business name

If your business is registered, use its registered name.

VAT number

Put "none" if you are not registered for VAT.

Continued from previous page...

Legal status

Your position in the business

Home country

The country where the headquarters of your business is located.

Agent Registered Address

Address registered with Companies House.

Building number or name

Street

District

City or town

County or administrative area

Postcode

Country

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PREMISES DETAILS

I/we, as named in section 1, apply for a premises licence under section 17 of the Licensing Act 2003 for the premises described in section 2 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.

Premises Address

Are you able to provide a postal address, OS map reference or description of the premises?

- Address OS map reference Description

Postal Address Of Premises

Building number or name

Street

District

City or town

County or administrative area

Postcode

Country

Further Details

Telephone number

Non-domestic rateable value of premises (£)

37,250

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APPLICATION DETAILS

In what capacity are you applying for the premises licence?

- An individual or individuals
- A limited company
- A partnership
- An unincorporated association
- A recognised club
- A charity
- The proprietor of an educational establishment
- A health service body
- A person who is registered under part 2 of the Care Standards Act 2000 (c14) in respect of an independent hospital in Wales
- A person who is registered under Chapter 2 of Part 1 of the Health and Social Care Act 2008 in respect of the carrying on of a regulated activity (within the meaning of that Part) in an independent hospital in England
- The chief officer of police of a police force in England and Wales
- Other (for example a statutory corporation)

Confirm The Following

- I am carrying on or proposing to carry on a business which involves the use of the premises for licensable activities
- I am making the application pursuant to a statutory function
- I am making the application pursuant to a function discharged by virtue of Her Majesty's prerogative

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NON INDIVIDUAL APPLICANTS

Provide name and registered address of applicant in full. Where appropriate give any registered number. In the case of a partnership or other joint venture (other than a body corporate), give the name and address of each party concerned.

Non Individual Applicant's Name

Name

SHELL UK OIL PRODUCTS LIMITED

Details

Continued from previous page...

Registered number (where applicable)

Description of applicant (for example partnership, company, unincorporated association etc)

Address

Building number or name

Street

District

City or town

County or administrative area

Postcode

Country

Contact Details

E-mail

Telephone number

Other telephone number

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OPERATING SCHEDULE

When do you want the premises licence to start? / /
dd mm yyyy

If you wish the licence to be valid only for a limited period, when do you want it to end / /
dd mm yyyy

Provide a general description of 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.

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

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PROVISION OF PLAYS

Will you be providing plays?

- Yes No

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PROVISION OF FILMS

Will you be providing films?

- Yes No

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PROVISION OF INDOOR SPORTING EVENTS

Will you be providing indoor sporting events?

- Yes No

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PROVISION OF BOXING OR WRESTLING ENTERTAINMENTS

Will you be providing boxing or wrestling entertainments?

- Yes No

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PROVISION OF LIVE MUSIC

Will you be providing live music?

- Yes No

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PROVISION OF RECORDED MUSIC

Will you be providing recorded music?

- Yes No

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PROVISION OF PERFORMANCES OF DANCE

Will you be providing performances of dance?

- Yes No

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PROVISION OF ANYTHING OF A SIMILAR DESCRIPTION TO LIVE MUSIC, RECORDED MUSIC OR PERFORMANCES OF DANCE

Will you be providing anything similar to live music, recorded music or performances of dance?

- Yes No

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LATE NIGHT REFRESHMENT

Will you be providing late night refreshment?

- Yes No

Standard Days And Timings

MONDAY

Start

End

Start

End

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.

TUESDAY

Start

End

Start

End

WEDNESDAY

Start

End

Start

End

THURSDAY

Start

End

Start

End

FRIDAY

Start

End

Start

End

SATURDAY

Start

End

Start

End

SUNDAY

Start

End

Start

End

Will the provision of late night refreshment take place indoors or outdoors or both?

- Indoors Outdoors Both

Where taking place in a building or other structure tick as appropriate. Indoors may include a tent.

State 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.

THE PROVISION OF HOT DRINKS ONLY.

Continued from previous page...

State any seasonal variations

For example (but not exclusively) where the activity will occur on additional days during the summer months.

NONE

Non-standard timings. Where the premises will be used for the supply of late night refreshments at different times from those listed in the column on the left, list below

For example (but not exclusively), where you wish the activity to go on longer on a particular day e.g. Christmas Eve.

NONE.

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SUPPLY OF ALCOHOL

Will you be selling or supplying alcohol?

Yes No

Standard Days And Timings

MONDAY

Start

End

Start

End

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.

TUESDAY

Start

End

Start

End

WEDNESDAY

Start

End

Start

End

THURSDAY

Start

End

Start

End

FRIDAY

Start

End

Start

End

Continued from previous page...

SATURDAY

Start

End

Start

End

SUNDAY

Start

End

Start

End

Will the sale of alcohol be for consumption:

- On the premises Off the premises Both

If the sale of alcohol is for consumption on the premises select on, if the sale of alcohol is for consumption away from the premises select off. If the sale of alcohol is for consumption on the premises and away from the premises select both.

State any seasonal variations

For example (but not exclusively) where the activity will occur on additional days during the summer months.

NONE.

Non-standard timings. Where the premises will be used for the supply of alcohol at different times from those listed in the column on the left, list below

For example (but not exclusively), where you wish the activity to go on longer on a particular day e.g. Christmas Eve.

NONE.

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

Name

First name

Family name

Continued from previous page...

Enter the contact's address

Building number or name	<input type="text"/>
Street	<input type="text"/>
District	<input type="text"/>
City or town	<input type="text"/>
County or administrative area	<input type="text"/>
Postcode	<input type="text"/>
Country	<input type="text" value="United Kingdom"/>
Personal Licence number (if known)	<input type="text" value="PA0862"/>
Issuing licensing authority (if known)	<input type="text" value="SOUTH STAFFORDSHIRE COUNCIL"/>

PROPOSED DESIGNATED PREMISES SUPERVISOR CONSENT

How will the consent form of the proposed designated premises supervisor be supplied to the authority?

- Electronically, by the proposed designated premises supervisor
- As an attachment to this application

Reference number for consent form (if known)

If the consent form is already submitted, ask the proposed designated premises supervisor for its 'system reference' or 'your reference'.

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ADULT ENTERTAINMENT

Highlight any adult entertainment or services, activities, or other entertainment or matters ancillary to the use of the premises that may give rise to concern in respect of children

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 etc gambling machines etc.

NONE.

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HOURS PREMISES ARE OPEN TO THE PUBLIC

Standard Days And Timings

MONDAY

Start

End

Start

End

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.

Continued from previous page...

TUESDAY

Start	<input type="text" value="00:00"/>	End	<input type="text" value="24:00"/>
Start	<input type="text"/>	End	<input type="text"/>

WEDNESDAY

Start	<input type="text" value="00:00"/>	End	<input type="text" value="24:00"/>
Start	<input type="text"/>	End	<input type="text"/>

THURSDAY

Start	<input type="text" value="00:00"/>	End	<input type="text" value="24:00"/>
Start	<input type="text"/>	End	<input type="text"/>

FRIDAY

Start	<input type="text" value="00:00"/>	End	<input type="text" value="24:00"/>
Start	<input type="text"/>	End	<input type="text"/>

SATURDAY

Start	<input type="text" value="00:00"/>	End	<input type="text" value="24:00"/>
Start	<input type="text"/>	End	<input type="text"/>

SUNDAY

Start	<input type="text" value="00:00"/>	End	<input type="text" value="24:00"/>
Start	<input type="text"/>	End	<input type="text"/>

State any seasonal variations

For example (but not exclusively) where the activity will occur on additional days during the summer months.

NONE.

Non standard timings. Where you intend to use the premises to be open to the members and guests at different times from those listed in the column on the left, list below

For example (but not exclusively), where you wish the activity to go on longer on a particular day e.g. Christmas Eve.

NONE.

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LICENSING OBJECTIVES

Describe the steps you intend to take to promote the four licensing objectives:

a) General – all four licensing objectives (b,c,d,e)

Continued from previous page...

List here steps you will take to promote all four licensing objectives together.

The site will have in place a suitable and sufficient CCTV system, which will comprise of a Digital video management system, the 16-channel version will record up to 240 ips at 4CIF. The unit is in a desktop chassis as standard. The system is networkable and can integrate with other equipment. The system is a motion based recording system, and therefore will record on motion only, images will be retained for a period of no less than 30 days.

Staff will be trained with regard to their responsibilities in the retail sale of alcohol and regular refresher training will also be undertaken. Training records can be made available for inspection upon reasonable request by the Police or other relevant officers of a responsible authority.

A refusals log will be operated and maintained and will be produced to a relevant officer of the Police or other relevant officers of a responsible authority upon request.

An incident log will be operated and maintained and will be produced to a relevant officer of the Police or other relevant officers of a responsible authority upon request.

A Challenge 25 policy will be operated at the premise, acceptable forms of identification are a passport, photocard driving licence and PASS accredited identification card.

Spirits (with the exception of spirit mixers and pre mixed spirit drinks) will be located behind the counter.

b) The prevention of crime and disorder

The site will have in place a suitable and sufficient CCTV system, which will comprise of a Digital video management system, the 16-channel version will record up to 240 ips at 4CIF. The unit is in a desktop chassis as standard. The system is networkable and can integrate with other equipment. The system is a motion based recording system, and therefore will record on motion only, images will be retained for a period of no less than 30 days.

Spirits (with the exception of spirit mixers and pre mixed spirit drinks) will be located behind the counter.

Staff will be trained with regard to their responsibilities in the retail sale of alcohol and regular refresher training will also be undertaken. Training records can be made available for inspection upon reasonable request by the Police or other relevant officers of a responsible authority.

c) Public safety

The site will have in place a suitable and sufficient CCTV system, which will comprise of a Digital video management system, the 16-channel version will record up to 240 ips at 4CIF. The unit is in a desktop chassis as standard. The system is networkable and can integrate with other equipment. The system is a motion based recording system, and therefore will record on motion only, images will be retained for a period of no less than 30 days.

d) The prevention of public nuisance

Staff will be trained with regard to their responsibilities in the retail sale of alcohol and regular refresher training will also be undertaken. Training records can be made available for inspection upon reasonable request by the Police or other relevant officers of a responsible authority.

An incident log will be operated and maintained and will be produced to a relevant officer of the Police or other relevant officers of a responsible authority upon request.

Continued from previous page...

e) The protection of children from harm

Staff will be trained with regard to their responsibilities in the retail sale of alcohol and regular refresher training will also be undertaken. Training records can be made available for inspection upon reasonable request by the Police or other relevant officers of a responsible authority.

A refusals log will be operated and maintained and will be produced to a relevant officer of the Police or other relevant officers of a responsible authority upon request.

A Challenge 25 policy will be operated at the premise, acceptable forms of identification are a passport, photocard driving licence and PASS accredited identification card.

Spirits (with the exception of spirit mixers and pre mixed spirit drinks) will be located behind the counter.

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PAYMENT DETAILS

This fee must be paid to the authority. If you complete the application online, you must pay it by debit or credit card.

Premises Licence Fees are determined by the non domestic rateable value of the premises.

To find out a premises non domestic rateable value go to the Valuation Office Agency site at http://www.voa.gov.uk/business_rates/index.htm

Band A - No RV to £4300	£100.00
Band B - £4301 to £33000	£190.00
Band C - £33001 to £87000	£315.00
Band D - £87001 to £125000	£450.00*
Band E - £125001 and over	£635.00*

*If the premises rateable value is in Bands D or E and the premises is primarily used for the consumption of alcohol on the premises then your are required to pay a higher fee

Band D - £87001 to £125000	£900.00
Band E - £125001 and over	£1,905.00

If you own a large premise you are subject to additional fees based upon the number in attendance at any one time

Capacity 5000-9999	£1,000.00
Capacity 10000 -14999	£2,000.00
Capacity 15000-19999	£4,000.00
Capacity 20000-29999	£8,000.00
Capacity 30000-39000	£16,000.00
Capacity 40000-49999	£24,000.00
Capacity 50000-59999	£32,000.00
Capacity 60000-69999	£40,000.00
Capacity 70000-79999	£48,000.00
Capacity 80000-89999	£56,000.00
Capacity 90000 and over	£64,000.00

* Fee amount (£)

DECLARATION

* I/we understand 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.

Continued from previous page...

THE INFORMATION GIVEN MAY BE HELD IN MANUAL OR COMPUTERISED FORM AND WILL BE SUBJECT TO THE PROVISIONS OF THE DATA PROTECTION ACT 1998

* This authority is under a duty to protect the public funds it administers, and to this end may use the information you have provided on this form for the prevention and detection of fraud. It may also share this information with other bodies responsible for auditing or administering public funds for these purposes.

Ticking this box indicates you have read and understood the above declaration

This section should be completed by the applicant, unless you answered "Yes" to the question "Are you an agent acting on behalf of the applicant?"

* Full name

* Capacity

* Date / /
dd mm yyyy

Once you're finished you need to do the following:

1. Save this form to your computer by clicking file/save as...
2. Go back to <https://www.gov.uk/apply-for-a-licence/premises-licence/wolverhampton/apply-1> to upload this file and continue with your application.

Don't forget to make sure you have all your supporting documentation to hand.

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

OFFICE USE ONLY

Applicant reference number

Fee paid

Payment provider reference

ELMS Payment Reference

Payment status

Payment authorisation code

Payment authorisation date

Date and time submitted

Approval deadline

Error message

Is Digitally signed

Consent of individual to being specified as premises supervisor

I, TOYESE ANIFALAJE
[full name of prospective premises supervisor]

of [REDACTED]
[home address of prospective premises supervisor]

hereby confirm that I give my consent to be specified as the designated premises supervisor in relation to the application for

NEW PREMISES LICENCE APPLICATION FOR THE
[type of application] SALE OF ALCOHOL FOR CONSUMPTION OFF THE PREMISES+LHK

by SHELL UK OIL PRODUCTS LIMITED
[name of applicant]

relating to a premises licence: N/A [number of existing licence, if any]

SHELL TRITON, 95 TETTERHALL ROAD WOLVERHAMPTON WV3 9ND
[name and address of premises to which the application relates]

and any premises licence to be granted or varied in respect of this application made by: SHELL UK OIL PRODUCTS LIMITED
[name of applicant]

concerning the supply of alcohol at:

SHELL TRITON, 95 TETTERHALL ROAD WOLVERHAMPTON WV3 9ND
[name and address of premises to which application relates]

I also confirm that I am applying for, intend to apply for or currently hold a personal licence, details of which I set out below.

Personal licence number: PA 0862 [insert personal licence number, if any]

Personal licence issuing authority: SOUTH STAFFORDSHIRE COUNCIL
PUBLIC HEALTH PROTECTION COUNCIL OFFICE, WOLVERHAMPTON
ROAD, CODSALL, STAFFORDSHIRE. TEL: 01902 696804
[Insert name and address and telephone number of personal licence issuing authority, if any]

Signed [REDACTED]

Name (please print) TOYESE ANIFALAJE

Dated 14/02/2017

Date of Birth 02/06/1967

Place of Birth NIGERIA

Key:

- Area licensed for the sale of alcohol for consumption off the premise and Late Night Refreshment (hot drinks only).
- Fire extinguisher.
- CCTV.
- Fire Bucket.

