

Statutory Licensing Sub-Committee

27 April 2022

Time 10.00 am **Public Meeting?** YES **Type of meeting** Regulatory
Venue Online Meeting

Membership

Chair Cllr Phil Page (Lab)

Labour

Cllr Keith Inston

Conservative

Cllr Wendy Dalton

Quorum for this meeting is two Councillors.

Information for the Public

If you have any queries about this meeting, please contact the Democratic Services team:

Contact Donna Cope, Democratic Services Officer
Tel/Email Tel: 01902 554452 Email: donna.cope@wolverhampton.gov.uk
Address Democratic Services, Civic Centre, 1st floor, St Peter's Square,
Wolverhampton WV1 1RL

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Some items are discussed in private because of their confidential or commercial nature. These reports are not available to the public.

Agenda

Part 1 – items open to the press and public

| <i>Item No.</i> | <i>Title</i> |
|-----------------|--|
| 1 | Apologies for absence |
| 2 | Declarations of interest |
| 3 | Licensing Act 2003 - Application for a Premises Licence in respect of Papa John's, 268 Penn Road, Wolverhampton, WV4 4AD (Pages 3 - 30) |

CITY OF
WOLVERHAMPTON
COUNCIL

Statutory Licensing Sub-Committee

27 April 2022

| | | |
|-----------------------------|---|-----------------------------------|
| Report title | Licensing Act 2003 – Application for a new Premises Licence in respect of Papa John’s, 268 Penn Road, Wolverhampton, WV4 4AD | |
| Wards affected | Penn | |
| Accountable director | John Roseblade, Director of City Housing and Environment | |
| Originating service | Licensing | |
| Accountable employee | Debra Craner | Section Leader |
| | Tel | 01902 556055 |
| | Email | Debra.craner@wolverhampton.gov.uk |

Recommendation for decision:

1. To submit for consideration by the Statutory Licensing Sub-Committee an application for a new premises licence

1.0 Purpose

- 1.1 To submit for consideration by the Statutory Licensing Sub-Committee an application for a new premises licence

2.0 Background

- 2.1 An application was received on 4 March 2022 from GKH 1 Ltd for a premises licence in respect of Papa John's, 268 Penn Road, Wolverhampton, WV4 4AD. A copy of the application is attached at Appendix 1.
- 2.2 The premises are in the Penn ward and a location plan is attached at Appendix 2.
- 2.3 The application is in respect of Late Night Refreshments.
- 2.4 It is the understanding of the Licensing Authority that the application for the premises Licence has been properly made. The statutory requirements to give notice of the application has also been complied with.
- 2.5 All responsible authorities have been consulted on this application.
- 2.6 Relevant representations have been received from West Midlands Fire Service. A copy of the representation can be found at Appendix 3.
- 2.7 The applicant and all those who have submitted representations have been invited to attend the hearing.

3.0 Financial Implications

- 3.1 There are no direct financial implications associated with the recommendations in this report. The fee for this application is £190 and is non-refundable. The fees and charges in relation to the Licensing Act 2003 are set by the Secretary of State. This was noted by the Statutory Licensing Committee on 19 January 2022 [SB/16122021/X]

4.0 Legal implications

- 4.1 Part 4(1) of the Licensing Act 2003 states that a Licensing Authority must carry out its functions under the Act with a view to promoting the Licensing Objectives, namely:
- (a) The prevention of crime and disorder
 - (b) Public safety
 - (c) The prevention of public nuisance
 - (d) The protection of children from harm

Section 18 of the Licensing Act 2003 provides that where a relevant licensing authority receives an application for a premises licence properly made in accordance with section 17 of the act it must grant the licence, subject to any relevant conditions. However, where

relevant representations are made the authority must hold a hearing (unless all parties agree this is unnecessary) and having regard to the representations, take such of the following steps as it considers appropriate for the promotion of the licensing objectives.

The steps are:

1. To grant the licence subject to conditions
 2. To exclude from the scope of the licence any of the licensable activities to which the application relates
 3. To refuse to specify a person as a premises supervisor
 4. To reject the application
- 4.2 The general duties imposed on Licensing Authorities means proper consideration must be given to the Licensing Objectives when determining a premises licence application.
- 4.3 Regard shall be had to guidance issued by the Secretary of State under Section 182 of the Licensing Act 2003 and the City of Wolverhampton Councils Licensing Policy Statement. [DA/14/04/2022/1]

5.0 Equalities implications

5.1 None.

6.0 All other implications

6.1 There are no other implications associated with this report

7.0 Schedule of background papers

7.1 None

8.0 Appendices

8.1 Appendix 1 - Premises Licence Application

8.2 Appendix 2 - Location Plan

8.3 Appendix 3 – West Midlands Fire Representations

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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 GKH 1 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

| | | | |
|--|--|-----------------|---------|
| Postal address of premises or, if none, ordnance survey map reference or description | | | |
| Papa John's 268 Penn Road Wolverhampton | | | |
| Post town | | Postcode | WV4 4AD |

| | |
|---|---------------|
| Telephone number at premises (if any) | |
| Non-domestic rateable value of premises | £4,600 |

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)
 - 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)
- 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 (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; 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 | | |
| Date of birth I am 18 years old or over <input type="checkbox"/> Please tick yes | | | | | |
| 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)

| | | | | | |
|---|------------------------------|-------------------------------|-----------------------------|--------------------------------|-----------------|
| Mr <input type="checkbox"/> | Mrs <input type="checkbox"/> | Miss <input type="checkbox"/> | Ms <input type="checkbox"/> | Other Title (for example, Rev) | |
| Surname | | | First names | | |
| Date of birth | | I am 18 years old or over | | <input type="checkbox"/> | Please tick yes |
| 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 |
| GKH 1 Ltd |
| Address |
| 140 High Street Smethwick B66 3AP |
| Registered number (where applicable) |
| 12515078 |

| |
|--|
| Description of applicant (for example, partnership, company, unincorporated association etc.) 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 |
| A | S | A P |

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

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

| |
|--|
| Please give a general description of the premises (please read guidance note 1) Fast food store with delivery service |
|--|

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)

Provision of regulated entertainment (please read guidance note 2)

Please tick all 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)

In all cases complete boxes K, L and M

A

| | | | | | |
|---|-------|--------|---|----------|--------------------------|
| Plays Standard days and timings (please read guidance note 7) | | | <u>Will the performance of a play take place indoors or outdoors or both – please tick</u> (please read guidance note 3) | Indoors | <input type="checkbox"/> |
| | | | | Outdoors | <input type="checkbox"/> |
| | | | | Both | <input type="checkbox"/> |
| Day | Start | Finish | <u>Please give further details here</u> (please read guidance note 4) | | |
| Mon | | | | | |
| Tue | | | | | |
| Wed | | | | | |
| Thur | | | | | |
| Fri | | | | | |
| Sat | | | | | |
| Sun | | | | | |
| | | | <u>State any seasonal variations for performing plays</u> (please read guidance note 5) | | |
| | | | <u>Non standard timings. Where you intend to use the premises for the performance of plays at different times to those listed in the column on the left, please list</u> (please read guidance note 6) | | |

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 | <input type="checkbox"/> |
| | | | | Outdoors | <input type="checkbox"/> |
| | | | | Both | <input type="checkbox"/> |
| Day | Start | Finish | | | |
| Mon | | | <u>Please give further details here</u> (please read guidance note 4) | | |
| 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 | | | <u>State any seasonal variations for indoor sporting events</u> (please read guidance note 5) |
| Tue | | | |
| 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 6) |
| Fri | | | |
| Sat | | | |
| Sun | | | |
| | | | |

D

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|--|-------|--------|---|----------|--------------------------|--|--|--|
| Boxing or wrestling entertainments Standard days and timings (please read guidance note 7) | | | <u>Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick</u> (please read guidance note 3) | Indoors | <input type="checkbox"/> | | | |
| | | | | Outdoors | <input type="checkbox"/> | | | |
| | | | | Both | <input type="checkbox"/> | | | |
| Day | Start | Finish | <u>Please give further details here</u> (please read guidance note 4) | | | | | |
| Mon | | | | | | | | |
| Tue | | | | | | | | |
| Wed | | | | | | <u>State any seasonal variations for boxing or wrestling entertainment</u> (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 | <input type="checkbox"/> | | | |
|--|-------|--------|--|----------|--------------------------|--|--|--|
| | | | | Outdoors | <input type="checkbox"/> | | | |
| | | | | Both | <input type="checkbox"/> | | | |
| Day | Start | Finish | <u>Please give further details here</u> (please read guidance note 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 | <input type="checkbox"/> |
| | | | | Outdoors | <input type="checkbox"/> |
| | | | | Both | <input type="checkbox"/> |
| Day | Start | Finish | | | |
| Mon | | | <u>Please give further details here</u> (please read guidance note 4) | | |
| 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 | <input type="checkbox"/> | | | |
| | | | | Outdoors | <input type="checkbox"/> | | | |
| | | | | Both | <input type="checkbox"/> | | | |
| Day | Start | Finish | <u>Please give further details here</u> (please read guidance note 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 | <input type="checkbox"/> |
| Mon | | | | Outdoors | <input type="checkbox"/> |
| | | | | Both | <input type="checkbox"/> |
| Tue | | | <u>Please give further details here</u> (please read guidance note 4) | | |
| Wed | | | | | |
| Thur | | | <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) | | |
| 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 | <input type="checkbox"/> |
|---|-------|--------|---|----------|-------------------------------------|
| | | | | Outdoors | <input type="checkbox"/> |
| | | | | Both | <input checked="" type="checkbox"/> |
| Day | Start | Finish | | | |
| Mon | 23:00 | 05:00 | <u>Please give further details here</u> (please read guidance note 4) | | |
| Tue | 23:00 | 05:00 | | | |
| Wed | 23:00 | 05:00 | <u>State any seasonal variations for the provision of late night refreshment</u> (please read guidance note 5) | | |
| Thur | 23:00 | 05:00 | | | |
| Fri | 23:00 | 05:00 | <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) If applicable, an additional hour to the standard and non-standard times on the day when British summertime commences. From the standard start timing on 31 st December to the standard start time on the 1 st January. | | |
| Sat | 23:00 | 05:00 | | | |
| Sun | 23:00 | 05:00 | | | |

J

| | | | | | |
|---|-------|--------|--|------------------|--------------------------|
| Supply of alcohol Standard days and timings (please read guidance note 7) | | | <u>Will the supply of alcohol be for consumption – please tick</u> (please read guidance note 8) | On the premises | <input type="checkbox"/> |
| | | | | Off the premises | <input type="checkbox"/> |
| | | | | Both | <input type="checkbox"/> |
| Day | Start | Finish | <u>State any seasonal variations for the supply of alcohol</u> (please read guidance note 5) | | |
| Mon | | | | | |
| Tue | | | | | |
| Wed | | | | | |
| Thur | | | | | |
| Fri | | | | | |
| Sat | | | | | |
| Sun | | | <u>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</u> (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 | |
| 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 premises that may give rise to concern in respect of children (please read guidance note 9).

As far as the applicant is aware none of the proposed activities should give rise to concern in respect of children.

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) |
| Day | Start | Finish | <u>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</u> (please read guidance note 6) If applicable, an additional hour to the standard and non-standard times on the day when British summertime commences. From the standard start timing on 31 st December to the standard start time on the 1 st January. |
| Mon | 00:00 | 24:00 | |
| Tue | 00:00 | 24:00 | |
| Wed | 00:00 | 24:00 | |
| Thur | 00:00 | 24:00 | |
| Fri | 00:00 | 24:00 | |
| Sat | 00:00 | 24:00 | |
| Sun | 00:00 | 24:00 | |

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)

The licensing objectives have been considered taking into account the nature of the premises and the proposed style of operation.

The premises will operate in accordance with all relevant legislation.

The premises will liaise and co-cooperate with the Responsible Authorities

b) The prevention of crime and disorder

A CCTV system with recording equipment will be installed and in operation at the premises during the provision of licensable activities.

All recordings used in conjunction with CCTV will:

Be of evidential quality in all lighting conditions;

Indicate the correct time and date;

and be retained for a period of 31 consecutive days

c) Public safety

The premises will operate in accordance with all relevant legislation which promotes the prevention of public safety objective. For example, the Health & Safety and Food Safety legislation

The premises will liaise and co-operate with the Responsible Authorities.

d) The prevention of public nuisance

The premises will operate in accordance with all relevant legislation which promotes the prevention of public nuisance objective. For example, Environmental Protection Act 1990.

Arrangements for the storage and disposal of refuse will not cause a nuisance.

The premises will liaise and co-operate with the Responsible Authorities.

e) The protection of children from harm

See box a) above.

Checklist:

Please tick to indicate agreement

- I have made or enclosed payment of the fee.
- I have enclosed the plan of the premises.
- I have sent copies of this application and the plan to responsible authorities and others where applicable.
- I have enclosed the consent form completed by the individual I wish to be designated premises supervisor, if applicable.
- I understand that I must now advertise my application.
- I understand that if I do not comply with the above requirements my application will be rejected.
- [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.**

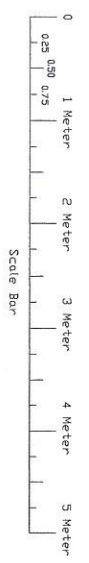
| | |
|--------------------|---|
| Declaration | <ul style="list-style-type: none">• [Applicable to individual applicants only, including those in a partnership which is not a limited liability partnership] I understand I am not entitled to be issued with a licence if I do not have the |
|--------------------|---|

| | |
|-----------|---|
| | <p>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).</p> <ul style="list-style-type: none"> 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 |  |
| Date | 4 March 2022 |
| Capacity | Authorised Agent |

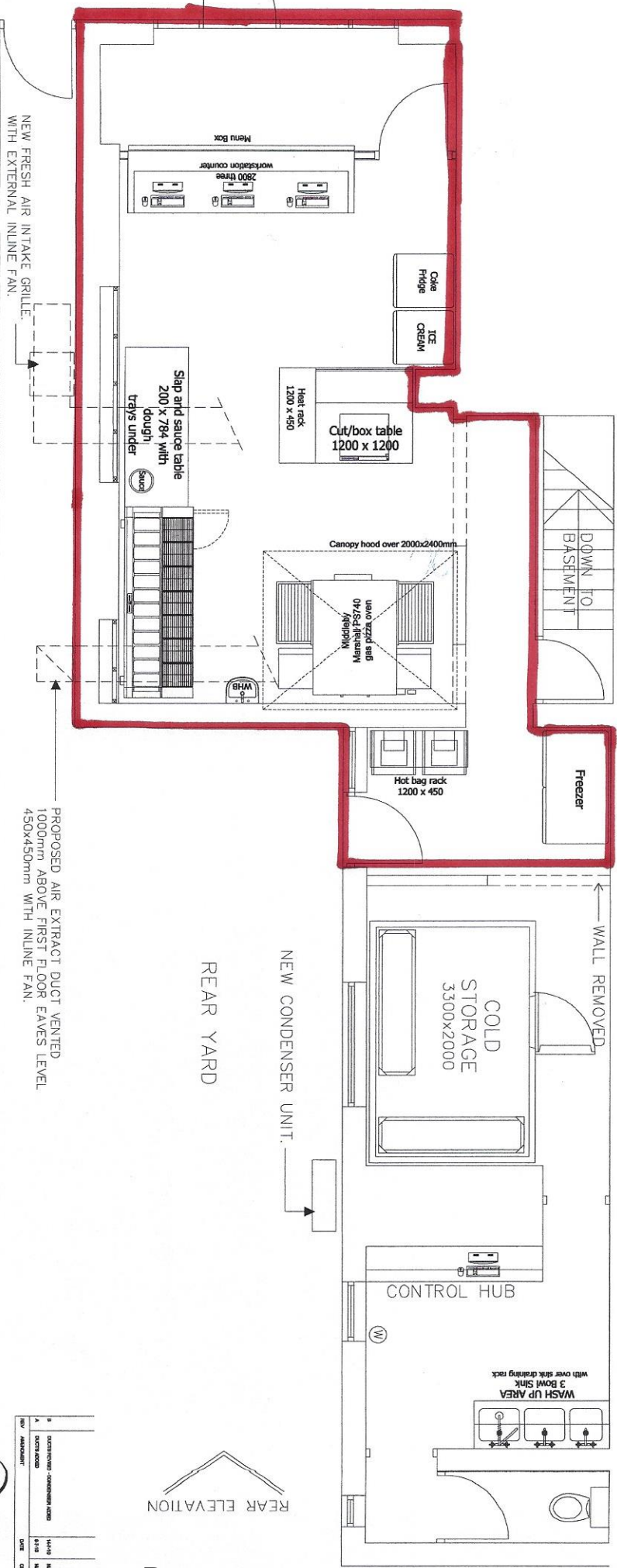
For joint applications, signature of 2nd applicant or 2nd applicant's solicitor or other authorised agent (please read guidance note 13). **If signing on behalf of the applicant, please state in what capacity.**

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

| | | | |
|---|---|----------|---------|
| <p>Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 14)</p> <p>Walaiti Rathore Licensing Law Consultancy 3 The Triangle NG2 Business Park Queens Drive</p> | | | |
| Post town | Nottingham | Postcode | NG2 1AE |
| Telephone number (if any) |  | | |
| <p>If you would prefer us to correspond with you by e-mail, your e-mail address (optional)</p> <p></p> | | | |



NOTE:
 CONTRACTOR TO VERIFY ALL DIMENSIONS ON SITE BEFORE
 COMMENCING WORK. THIS DRAWING IS FOR INFORMATION ONLY AND THE
 CONTRACTOR SHALL BE RESPONSIBLE FOR VERIFYING ALL DIMENSIONS
 AND CONDITIONS ON SITE BEFORE COMMENCING WORK.



GROUND FLOOR PROPOSED



McBAIN'S COOPER
 CONSULTING LTD.
 25 Oak Dale, Birmingham, B7 7TA
 TEL: 0121 717 4444
 FAX: 0121 717 4444
 WWW.MCBAINSCOOPER.CO.UK

CLIENT
 PARADIGMS

PROJECT
 WOLVERHAMPTON

DRAWN BY
 JAD

CHECKED BY
 JAD

DATE
 JAN'10

SCALE
 1:500

PROJECT NO.
 BBS54.../P01

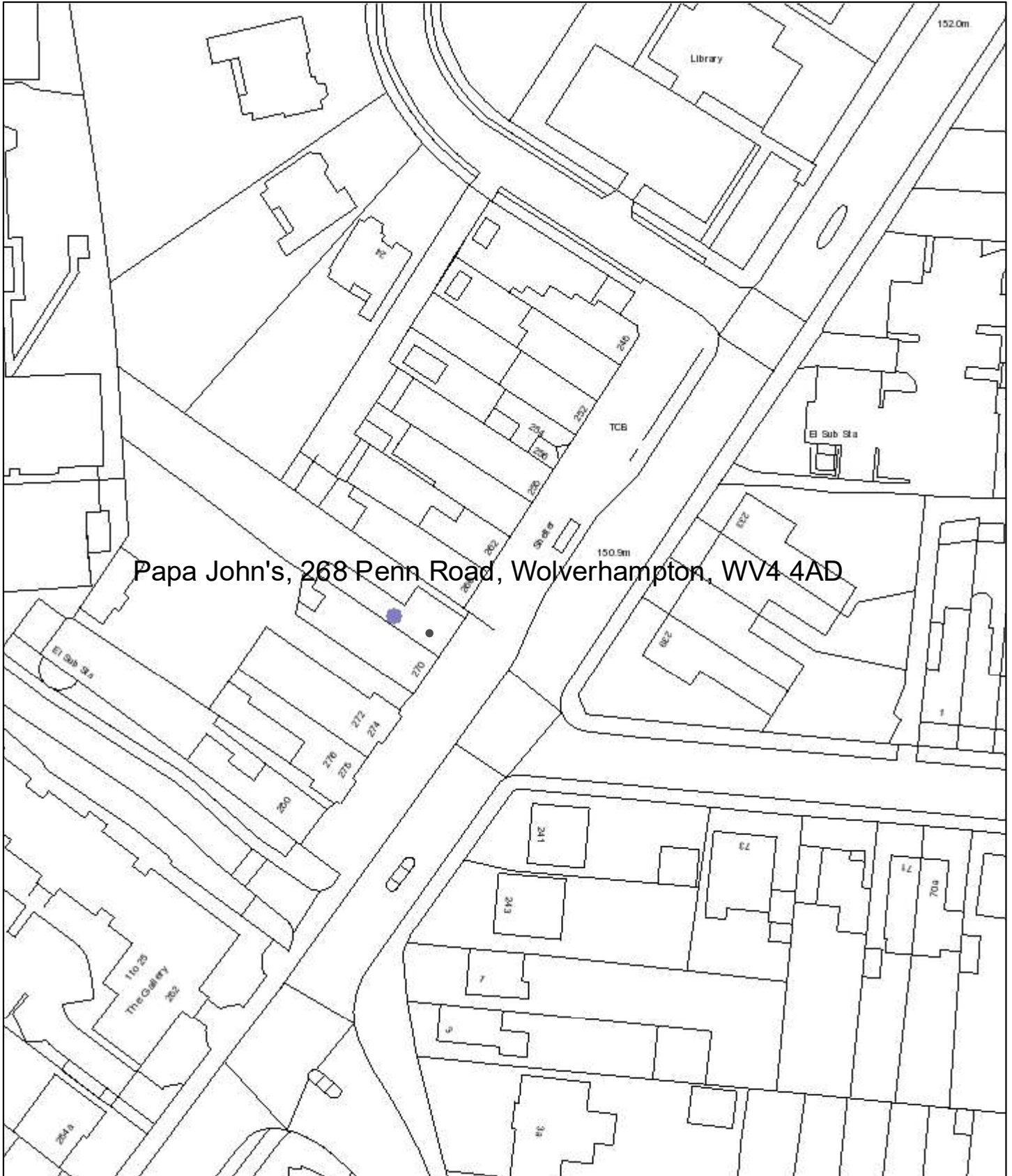
REVISION
 B

BUILDING SURVEYING

DRAWING TITLE
 GROUND FLOOR PLAN PROPOSED

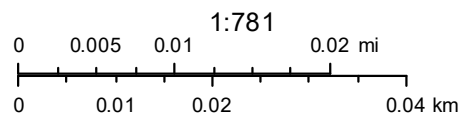
Location Plan

APPENDIX 2



4/13/2022 10:01:05 AM

 Cumulative Impact Zone



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From: Neil Aston-Baugh <[REDACTED]>
Sent: 25 March 2022 13:30
To: Licensing
Cc: [REDACTED]
Subject: Fire Authority representation to a premises licence application.

CAUTION: This email originated from outside of the council. Do not click links or open attachments unless you are sure the content is safe.

OFFICIAL

LICENSING ACT 2003
NAME OF PREMISES: Papa Johns
ADDRESS:268 Penn Road Wolverhampton

I refer to the application for the Grant of a Premises licence made in respect of the above premises. I have visited the premises and there are some fire safety issues which appear to adversely impact upon the Licensing Objective of Public Safety .

- The fire separation between the ground and first floor does not appear to be adequate . The plasterwork looks old, and the ceiling is damaged. This was evident where viewed both in the wash up area and the underside of the staircase to 1st floor (from within the cellar enclosure).
- The fire detection and alarm system did not appear to be connected to the first floor.

Consequently, The Fire Authority hereby makes representation to the application.

The Fire Authority will not remove its representation until it has been provided with evidence that the following work has been suitably carried out:

- Either ensure that the ground floor is separated from the 1st floor by a minimum of 1 hour's fire separating construction **or**
- Make good the existing plaster ceiling by filling in the holes and defects with suitable fire stopping materials to achieve a nominal 30 minutes fire resisting construction and extend the premises fire alarm system to include suitable sounders within the 1st floor residents area/s. Work should be carried out in accordance with BS5839.

Should you require any further information or clarification, please do not hesitate to contact me.

Regards
Neil Aston-Baugh
Fire Safety Officer -LEEPS Team
[REDACTED]

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