

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 **B & M Retail 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			
B&M Store, (Former Homebase) Unit 1 Tyne Valley Retail Park Station Road			
Post town	Hexham	Postcode	NE46 1AJ

Telephone number at premises (if any)	
Non-domestic rateable value of premises	£223,000

Part 2 - Applicant details

Please state whether you are applying for a premises licence as **Please tick as appropriate**

- | | | | |
|----|--|--------------------------|-----------------------------|
| a) | an individual or individuals * | <input type="checkbox"/> | please complete section (A) |
| b) | a person other than an individual * | | |
| | i as a limited company/limited liability partnership | X | please complete section (B) |
| | ii as a partnership (other than limited liability) | <input type="checkbox"/> | please complete section (B) |
| | iii as an unincorporated association or | <input type="checkbox"/> | please complete section (B) |
| | iv other (for example a statutory corporation) | <input type="checkbox"/> | please complete section (B) |
| c) | a recognised club | <input type="checkbox"/> | please complete section (B) |
| d) | a charity | <input type="checkbox"/> | please complete section (B) |

- e) the proprietor of an educational establishment ☐ please complete section (B)
- f) a health service body ☐ please complete section (B)
- g) a person who is registered under Part 2 of the Care Standards Act 2000 (c14) in respect of an independent hospital 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 ☒ X

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 B & M Retail Limited
Address The Vault Dakota Drive Estuary Commerce Park Speke Liverpool L24 8RJ
Registered number (where applicable) 01357507
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)

B&M is a national retailer, with 700+ stores throughout the UK. Its stores sell a range of products including food, electricals, homeware, furniture, DIY and gardening products.

B&M stores sell a limited range of alcohol as an ancillary to its food sales. Alcohol is not discounted, nor is it advertised in store windows, or in the press. Alcohol is not cooled at the point of sale. Alcohol pricing is generally in line with, or marginally more expensive than, alcohol sold in other major supermarket retailers.

The store is due to open on 15 May 2025.

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)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	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
Day	Start	Finish		Both	<input type="checkbox"/>
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	<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			
Tue			<u>State any seasonal variations for indoor sporting events</u> (please read guidance note 5)
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

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			
Mon			<u>Please give further details here</u> (please read guidance note 4)		
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)			Will the performance of live music take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish			
Mon			Please give further details here (please read guidance note 4)		
Tue					
Wed			State any seasonal variations for the performance of live music (please read guidance note 5)		
Thur					
Fri			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 (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)			Will the performance of dance take place indoors or outdoors or both – please tick (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					
			<u>State any seasonal variations for the performance of dance</u> (please read guidance note 5)		
Wed					
Thur					
			<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)		
Fri					
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	Will this entertainment take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors	<input type="checkbox"/>
Mon				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Tue			Please give further details here (please read guidance note 4)		
Wed					
Thur			State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g) (please read guidance note 5)		
Fri					
Sat			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 (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 type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 4)		
Mon					
Tue					
			State any seasonal variations for the provision of late night refreshment (please read guidance note 5)		
Wed					
Thur					
			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 (please read guidance note 6)		
Fri					
Sat					
Sun					

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	<input type="checkbox"/>			
				Off the premises	X			
				Both	<input type="checkbox"/>			
Day	Start	Finish	State any seasonal variations for the supply of alcohol (please read guidance note 5)					
Mon	07.00	23.00						
Tue	07.00	23.00						
Wed	07.00	23.00						
Thur	07.00	23.00				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)		
Fri	07.00	23.00						
Sat	07.00	23.00						
Sun	07.00	23.00						

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).

None

L

Hours premises are open to the public Standard days and timings (please read guidance note 7)			State any seasonal variations (please read guidance note 5)
Day	Start	Finish	
Mon	07.00	23.00	
Tue	07.00	23.00	
Wed	07.00	23.00	
Thur	07.00	23.00	
Fri	07.00	23.00	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)
Sat	07.00	23.00	
Sun	07.00	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 10)

- A multi-camera CCTV system will be operational at the premises, which will cover all public trading areas, the entrance/exit and tills;
- The CCTV system will be maintained in good working order and images will be correctly time and date stamped. Footage will be retained for a minimum period of 31 days and a copy of CCTV footage will be downloaded and provided to any responsible authority on request;
- In order to maintain the security of the CCTV system, selected staff will be trained in the use of the system to ensure that any request for images will be completed within 24 hours.

b) The prevention of crime and disorder

- Appropriate signage stating that a CCTV system is operational in the store will be displayed in conspicuous positions;
- B & M will maintain liaison with the neighbourhood police officers regarding any crime/disorder/ASB issues relating to the premises;
- The area for the display of 'alcohol for sale' will be no more than 10% of the store trading area;
- Plain clothes security staff will be employed at the premises as and when deemed necessary by the Premises Licence holder;
- All customer facing staff will be trained in 'Security Awareness' as part of their induction training;
- Staff will be trained to ensure that alcohol is not sold to any person who is believed to be drunk;
- Notices will be prominently displayed inside the premises and at the tills, stating that it is an offence for any person under 18 years of age to purchase alcohol;
- Notices will be prominently displayed inside the premises and at the tills, stating that a Challenge 25 policy is in force;
- B & M operates a zero tolerance to aggressive and/or violent behaviour towards staff members.

c) Public safety

- A fire risk assessment will be conducted at the premises and this will be reviewed regularly in accordance with the requirements of the Regulatory Reform (Fire Safety) Order 2005.

d) The prevention of public nuisance

- The area immediately in front of the store shall be inspected on a regular basis and management and staff shall use their best endeavours to prevent B & M customers from loitering in the said areas; persons refusing to move on will be reported to the Police and/or retail park security staff.

e) The protection of children from harm

- Staff will be trained on induction prior to commencing work on tills (and will undergo 3-monthly refresher training (in the form of a short written test)) in respect of the sale of alcohol (including awareness/prevention of proxy sales, signs and symptoms of intoxication, dealing with refusal of sales and any subsequent confrontational behaviour from customers);
- All staff training will be documented and training records will be made available to authorised persons from any responsible authority on request;
- Staff training records will be kept on site for a minimum period of 2 years from the date the training took place;
- A Challenge 25 scheme will be operated at the premises. Any person who appears to be under 25 will be asked to provide identification to prove they are 18+ before a sale of alcohol takes place;
- The only form of identification that will be accepted as proof of age is a passport, driving licence, PASS hologram ID card or His Majesty's Forces' warrant card;
- Failure to supply such ID will result in no sale or supply of alcohol being made to that individual;
- All cash tills will incorporate an electronic "prompt" for till operators whenever an alcoholic (or other age restricted) product is scanned, which will require the operator to verify the age of any person who appears to be under 25 before the sale can proceed;
- An electronic refusals register will be kept for each store (which will be backed up off-site);
- The electronic refusals register will keep records of all refusals of alcohol (or other age restricted products);
- The electronic refusal register will show the date, the product and the name of the employee who refused the sale;
- Refusals registers for each store will be printed, checked and signed by the DPS or duty manager on a weekly basis;
- Refusals registers will be retained for a minimum period of 6 months;
- Refusals records will be made available to authorised persons from any responsible authority on request.

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. ELECTRONIC APPLICATION LA TO SEND | <input checked="" type="checkbox"/> |
| • 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	
Date	
Capacity	

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	

Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 14)	
Post town	Postcode
Telephone number (if any)	
If you would prefer us to correspond with you by e-mail, your e-mail address (optional)	

