

New Premises Licence

Premises Details

Premises Address *

Aldi Store Hostmoor Avenue March PE15 0AX

Telephone number at premises (if any)

Non-domestic value of premises. *

Applicant Details

I/We 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.

Please state whether you are applying for a premises licence as:

a person other than an individual -as a limited company/
limited liability partnership

Applicant Details

If you are applying as a person described in one of the above please confirm: *

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

Other Applicant (Non Individual)

Name *

Registered Address *

Address line 2

Address line 3

Town/City *

County

Other Applicant (Non Individual)

Postcode *

Registered Number (where applicable)

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

Telephone Number

 *

Operating Schedule

When do you want the premises licence to start? *

01/01/2025

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

Please give a general description of the premises. *

Supermarket selling food, alcohol, toiletries, clothing, hardware and electrical items.

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

Operating Schedule

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 read guidance note 2) *

Plays

Films

Indoor Sporting Events

Boxing or Wrestling

Operating Schedule

- Live Music
- Recorded Music
- Performances of Dance
- Anything of a similar description falling under Music or Dance
- Provision of late night refreshment
- Supply of Alcohol

Supply of Alcohol Standard Times

Standard days and timings, where you intend to use the premises for the supply of alcohol. (please read guidance note 7)*
Please enter times in 24hr format (HH:MM)

Day *

Every Day

06:00

00:00

Supply of Alcohol

Will the supply of alcohol be for consumption on premises or off premises or both? (please read guidance note 8) *

Off the premises

Is the premises used exclusively or primarily for supply of alcohol for consumption on the premises? *

No

State any seasonal variations for the supply of alcohol. (please read guidance note 5)

Please state any non-standard timings, where you intend to use the premises for the supply of alcohol at different times from the Standard days and times listed?(please read guidance note 6)

Designated Premises Supervisor

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)

Title *	<input type="text" value=""/>
First name *	<input type="text" value=""/>
Surname *	<input type="text" value=""/>
Street address *	<input type="text" value=""/>
	<input type="text" value=""/>
	<input type="text" value=""/>
Town/City *	<input type="text" value=""/>
County	<input type="text" value=""/>
Postcode *	<input type="text" value=""/>
Personal Licence Number (if known)	<input type="text" value=""/>
Issuing Licensing Authority (if known)	<input type="text" value=""/>

Adult Entertainment

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).

N/A

Opening Hours Standard Times

Standard days and timings, where the premises are open to the public. (please read guidance note 7) * Please enter times in 24hr format (HH:MM)

Day *	<input type="text" value="Every Day"/>
	<input type="text" value="06:00"/>
	<input type="text" value="00:00"/>

Opening Hours Standard Times

Licensing Objectives

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) *

Aldi operate over 900 stores in the UK. It is submitted that as a responsible operator, selling alcohol for consumption off the premises only, no conditions need to be attached to the premises licence other than the mandatory conditions specified in the Licensing Act 2003.

b) The prevention of crime and disorder *

The applicant is a responsible retailer and takes appropriate measures to deter thieves and shoplifters. There are no other likely crime and disorder issues.

c) Public safety *

The applicant is a responsible retailer and takes appropriate measures to ensure the safety of those members of the public who visit the store. There are no public safety issues in particular that need to be addressed.

d) The prevention of public nuisance *

The applicant is a responsible retailer and takes appropriate measures to ensure the prevention of public nuisance. It has not been an issue in any of their other stores.

e) The protection of children from harm *

The applicant is a responsible retailer and takes appropriate measures to ensure the protection of children from harm. Procedures are in place to attempt to ensure at all times that no person under the age of eighteen is sold alcohol.

Declarations

Declaration Type *

Sole Applicant - Individual or Other

Declarations

I have uploaded a copy of the plan of the premises. I have uploaded a copy of the consent form completed by the individual I wish to be designated premises supervisor, if applicable. I understand 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 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

Declarations

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.

Signature/Declaration of applicant or applicant's solicitor or other duly authorised agent (see Guidance Note 11 & 12). If signing/applying on behalf of the applicant, please state your name and in what capacity you are authorised to sign/apply. When submitting an on-line application form the 'Declaration made' checkbox must be selected.

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, if appropriate (please see note 15).

Full Name *

Date *

Capacity *

Declaration made

Do you wish to provide alternative correspondence details? *

Alternative Correspondence

Please provide Contact Name and postal address for correspondence associated with this application.

Title

First name

Surname

Street address *

Address line 2

Address line 3

Town/City *

Alternative Correspondence

County	<input type="text"/>
Postcode *	<input type="text"/>
Telephone Number	<input type="text"/>
Email *	<input type="text"/>

Email confirmation

On submission an email confirmation will be sent using the details below

Forename	<input type="text"/>
Surname /Company Name	<input type="text"/>
Email *	<input type="text"/>
Telephone	<input type="text"/>