

Portsmouth Application for a premises licence Licensing Act 2003 For help contact Licensing@portsmouthcc.gov.uk Telephone: 023 9283 4572

\* required information

| Section 1 of 19  |   |   |
|--|---|---|
| You can save the form at any t   | ime and resume it later. You do not need to be  | logged in when you resume.  |
| System reference   | Not Currently In Use                            | This is the unique reference for this application generated by the system.  |
| Your reference   | SHELL FRATTON                                   | You can put what you want here to help you<br>track applications if you make lots of them. It<br>is passed to the authority.  |
| Are you an agent acting on be<br>• Yes  • N                                  | half of the applicant?<br>No                    | Put "no" if you are applying on your own<br>behalf or on behalf of a business you own or<br>work for.   |
| Applicant Details  |   |   |
| * First name   | SHELL UK OIL PRODUCTS LIMITED                   | ]   |
| * Family name  | N/A   |   |
| You must enter a valid e-ma  | il address                                      | -   |
| * E-mail   | sara@   |   |
| You must enter a telephone   | number  | -   |
| Main telephone number  |   | Include country code.   |
| Other telephone number   |   |   |
| Indicate here if the appl  | icant would prefer not to be contacted by telep | hone  |
| Is the applicant:  |   |   |
| <ul> <li>Applying as a business of</li> </ul>                                | or organisation, including as a sole trader     | A sole trader is a business owned by one  |
| <ul> <li>Applying as an individual</li> </ul>                                | al  | person without any special legal structure.<br>Applying as an individual means the<br>applicant is applying so the applicant can be<br>employed, or for some other personal reason,<br>such as following a hobby. |
| Applicant Business   |   |   |
| Is the applicant's business<br>registered in the UK with<br>Companies House? | Yes O No  | Note: completing the Applicant Business section is optional in this form.   |
| Registration number  |   | ]   |
| Business name  | SHELL UK OIL PRODUCTS LIMITED                   | If the applicant's business is registered, use its registered name.   |

| Continued from previous page                                      |  |  |
|---|--|--|
| VAT number GB   |  | Put "none" if the applicant is not registered for VAT.                               |
| Legal status  | Private Limited Company                      |  |
| Applicant's position in the business                              | N/A  |  |
| Home country  | United Kingdom                               | The country where the applicant's headquarters are.                                  |
| Registered Address  |  | Address registered with Companies House.   |
| Building number or name   | SHELL CENTRE                                 |  |
| Street  |  |  |
| District  |  |  |
| City or town  | LONDON                                       |  |
| County or administrative area                                     |  |  |
| Postcode  | SE1 7NA                                      |  |
| Country   | United Kingdom                               |  |
|   |  |  |
| Agent Details   |  |  |
| * First name  | LOCKETT & CO                                 |  |
| * Family name   | N/A  |  |
| * E-mail  | sara   |  |
| Main telephone number   |  | Include country code.  |
| Other telephone number  |  |  |
| Indicate here if you wou  | ld prefer not to be contacted by telephone   |  |
| Are you:  |  |  |
| • An agent that is a busine                                       | ess or organisation, including a sole trader | A sole trader is a business owned by one person without any special legal structure. |
| <ul> <li>A private individual actir</li> </ul>                    | ng as an agent                               |  |
| Agent Business  |  |  |
| Is your business registered in<br>the UK with Companies<br>House? | Yes O No                                     | Note: completing the Applicant Business section is optional in this form.            |
| Registration number   |  |  |
| Business name   | CORRIGAN LOCKETT LIMITED                     | If your business is registered, use its registered name.                             |
| VAT number GB   |  | Put "none" if you are not registered for VAT.  |

| Continued from previous page   |   |   |
|--------------------------------|---|---|
| Legal status                   | Private Limited Company   |   |
| Your position in the business  | LICENSING MANAGER   |   |
| Home country                   | United Kingdom  | The country where the headquarters of your business is located. |
| Agent Registered Address       |   | Address registered with Companies House.                        |
| Building number or name        | LOCKETT HOUSE   |   |
| Street                         | 13 CHURCH STREET  |   |
| District                       |   | ]   |
| City or town                   | KIDDERMINSTER   | ]   |
| County or administrative area  | WORCS   | ]   |
| Postcode                       | DY10 2AH  |   |
| Country                        | United Kingdom  | ]   |
|                                |   |   |
| Section 2 of 19                |   |   |
| PREMISES DETAILS               |   |   |
|                                | ply for a premises licence under section 17 of the premises) and I/we are making this application the Licensing Act 2003. |   |
| Premises Address               |   |   |
| Are you able to provide a post | al address, OS map reference or description of t  | he premises?  |
| Address     OS ma              | p reference O Description   |   |
| Postal Address Of Premises     |   |   |
| Building number or name        | SHELL FRATTON   |   |
| Street                         | GOLDSMITH AVENUE  |   |
| District                       | SOUTHSEA  | ]   |
| City or town                   | PORTSMOUTH  |   |
| County or administrative area  | HANTS   |   |
| Postcode                       | PO4 8BH   |   |
| Country                        | United Kingdom  |   |
| Further Details                |   |   |
| Telephone number               |   |   |

Non-domestic rateable

|             | e of premises (£)  |
|-------------|--|
| Secti       | ion 3 of 19  |
| APPL        | LICATION DETAILS   |
| In wh       | nat capacity are you applying for the premises licence?  |
|             | An individual or individuals   |
| $\boxtimes$ | 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<br>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<br>Social Care Act 2008 in respect of the carrying on of a regulated<br>activity (within the meaning of that Part) in an independent hospital in<br>England       |
|             | The chief officer of police of a police force in England and Wales   |
|             | Other (for example a statutory corporation)  |
| Con         | firm The Following   |
| $\boxtimes$ | I am carrying on or proposing to carry on a business which involves<br>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   |
| Secti       | ion 4 of 19  |
| NON         | INDIVIDUAL APPLICANTS  |
|             | ide name and registered address of applicant in full. Where appropriate give any registered number. In the case of a<br>nership or other joint venture (other than a body corporate), give the name and address of each party concerned. |
| Non         | Individual Applicant's Name  |
| Nam         | IN SHELL UK OIL PRODUCTS LIMITED   |
| Deta        | ails   |

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|---|---|
| Registered number (where applicable)  |   |
| Description of applicant (for ex  | ample partnership, company, unincorporated association etc)   |
| PRIVATE LIMITED COMPANY   |   |
| Address   |   |
|   |   |
| Building number or name   | SHELL CENTRE  |
| Street  |   |
| District  |   |
| City or town  | LONDON  |
| County or administrative area   |   |
| Postcode  | SE1 7NA   |
| Country   | United Kingdom  |
| Contact Details   |   |
| E-mail  |   |
| Telephone number  |   |
| Other telephone number  |   |
|   | Add another applicant   |
| Section 5 of 19   |   |
| OPERATING SCHEDULE  |   |
| When do you want the premises licence to start?   | 03 / 02 / 2017<br>dd mm yyyy  |
| If you wish the licence to be<br>valid only for a limited period,<br>when do you want it to end | dd mm yyyy  |
| Provide a general description of  | of the premises   |
| licensing objectives. Where you   | ses, its general situation and layout and any other information which could be relevant to the<br>ur application includes off-supplies of alcohol and you intend to provide a place for<br>olies you must include a description of where the place will be and its proximity to the |
|   | EW WHICH HAS BEEN SENT TO THE LICENSING AUTHORITY BY EMAIL TODAY AS THE GOV.UK<br>OR THE DOCUMENT TO BE UPLOADED.   |

| Continued from previous page                          |  |
|---|--|
| If 5,000 or more people are                           |  |
| expected to attend the premises at any one time,      |  |
| state the number expected to                          |  |
| attend  |  |
| Section 6 of 19                                       |  |
| PROVISION OF PLAYS                                    |  |
| Will you be providing plays?                          |  |
| ·   | No   |
| Section 7 of 19                                       |  |
| PROVISION OF FILMS                                    |  |
| Will you be providing films?                          |  |
| ⊖ Yes (   | No   |
| Section 8 of 19                                       |  |
| PROVISION OF INDOOR SPORT                             | TING EVENTS  |
| Will you be providing indoor sp                       | orting events?   |
| ⊖ Yes (   | No   |
| Section 9 of 19                                       |  |
| PROVISION OF BOXING OR WR                             | ESTLING ENTERTAINMENTS   |
| Will you be providing boxing or                       | wrestling entertainments?  |
| ⊖ Yes (   | • No   |
| Section 10 of 19                                      |  |
| PROVISION OF LIVE MUSIC                               |  |
| Will you be providing live music                      | ?  |
| ⊖ Yes (   | No   |
| Section 11 of 19                                      |  |
| PROVISION OF RECORDED MU                              | SIC  |
| Will you be providing recorded                        | music?   |
| ⊖ Yes (   | No   |
| Section 12 of 19                                      |  |
| PROVISION OF PERFORMANCE                              | S OF DANCE   |
| Will you be providing performation                    | nces of dance?   |
| ⊖ Yes (   | No   |
| Section 13 of 19                                      |  |
| PROVISION OF ANYTHING OF                              | A SIMILAR DESCRIPTION TO LIVE MUSIC, RECORDED MUSIC OR PERFORMANCES OF |
| Will you be providing anything performances of dance? | similar to live music, recorded music or                               |
|   | No   |

| Continued from previous         | page                         |                     |                |  |
|---------------------------------|------------------------------|---------------------|----------------|--|
| Section 14 of 19                |                              |                     |                |  |
| LATE NIGHT REFRESHI             | MENT                         |                     |                |  |
| Will you be providing la        | ate night refreshment?       |                     |                |  |
| • Yes                           | ⊖ No                         |                     |                |  |
| Standard Days And Ti            | mings                        |                     |                |  |
| MONDAY                          |                              |                     |                | Give timings in 24 hour clock.   |
|                                 | Start 23:00                  | End                 | 05:00          | (e.g., 16:00) and only give details for the days   |
|                                 | Start                        | End                 |                | of the week when you intend the premises to be used for the activity.                                |
| TUESDAY                         |                              |                     | L              |  |
| TOESDAT                         | Chart 22.00                  | [nd                 | 05.00          |  |
|                                 | Start 23:00                  | End                 | 05:00          |  |
|                                 | Start                        | End                 |                |  |
| WEDNESDAY                       |                              |                     |                |  |
|                                 | Start 23:00                  | End                 | 05:00          |  |
|                                 | Start                        | End                 |                |  |
| THURSDAY                        |                              |                     |                |  |
|                                 | Start 23:00                  | End                 | 05:00          |  |
|                                 | Start                        | End                 |                |  |
|                                 |                              | LIIU                |                |  |
| FRIDAY                          |                              |                     |                |  |
|                                 | Start 23:00                  | End                 | 05:00          |  |
|                                 | Start                        | End                 |                |  |
| SATURDAY                        |                              |                     |                |  |
|                                 | Start 23:00                  | End                 | 05:00          |  |
|                                 | Start                        | End                 |                |  |
| SUNDAY                          |                              |                     |                |  |
|                                 | Start 23:00                  | End                 | 05:00          |  |
|                                 |                              |                     | 00.00          |  |
|                                 | Start                        | End                 |                |  |
| Will the provision of lat both? | e night refreshment tak      | ke place indoors or | outdoors or    |  |
| <ul> <li>Indoors</li> </ul>     | <ul> <li>Outdoors</li> </ul> | ⊖ Both              | I              | Where taking place in a building or other structure tick as appropriate. Indoors may include a tent. |
| State type of estivity to       | bo authorized if not al      | roady stated and a  | ivo rolovont f | urthar datails for axample (but not  |
| exclusively) whether or         |                              |                     |                | urther details, for example (but not   |
| THE PROVISION OF HOT            | T DRINKS ONLY.               |                     |                |  |
|                                 |                              |                     |                |  |

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.

# Section 15 of 19

# SUPPLY OF ALCOHOL

| Will you be selling or supplying | ng alcohol? |   |
|----------------------------------|-------------|---|
| • Yes                            | ⊖ No        |   |
| Standard Days And Timing         | S           |   |
| MONDAY                           |             | Give timings in 24 hour clock.  |
| Star                             | t 00:00     | End 24:00 (e.g., 16:00) and only give details for the days                |
| Star                             | t           | End of the week when you intend the premises to be used for the activity. |
| TUESDAY                          |             |   |
| Star                             | t 00:00     | End 24:00   |
| Star                             | t           | End   |
| WEDNESDAY                        |             |   |
| Star                             | t 00:00     | End 24:00   |
| Star                             | t           | End   |
| THURSDAY                         |             |   |
| Star                             | t 00:00     | End 24:00   |
| Star                             | t           | End   |
| FRIDAY                           |             |   |
| Star                             | t 00:00     | End 24:00   |
| Star                             | t           | End   |

| Continued from previous page                                      |                                      |                     |  |
|---|--------------------------------------|---------------------|--|
| SATURDAY  |                                      |                     |  |
| Start   | 00:00                                | End 24:00           |  |
| Start   |                                      | End                 |  |
| SUNDAY  |                                      |                     |  |
| Start   | 00:00                                | End 24:00           |  |
| Start   |                                      | End                 |  |
| Will the sale of alcohol be for c                                 | onsumption:                          |                     | If the sale of alcohol is for consumption on   |
| <ul> <li>On the premises</li> </ul>                               | <ul> <li>Off the premises</li> </ul> | Both                | the premises select on, if the sale of alcohol<br>is for consumption away from the premises<br>select off. If the sale of alcohol is for<br>consumption on the premises and away<br>from the premises select both. |
| State any seasonal variations                                     |                                      |                     |  |
| For example (but not exclusive                                    | ely) where the activity will occu    | ur on additional da | ays during the summer months.  |
| NONE.   |                                      |                     |  |
| Non-standard timings. Where t<br>column on the left, list below   | the premises will be used for t      | he supply of alcoh  | nol at different times from those listed in the  |
| For example (but not exclusive                                    | ly), where you wish the activit      | ty to go on longer  | on a particular day e.g. Christmas Eve.  |
| NONE.   |                                      |                     |  |
|   |                                      |                     |  |
| State the name and details of t<br>licence as premises supervisor | 5                                    | to specify on the   |  |
| Name  |                                      |                     |  |
| First name  | CORRIGAN DEAN                        |                     |  |
| Family name   | LOCKETT                              |                     |  |

| Continued from previous page                                     |  |  |
|--|--|--|
| Enter the contact's address                                      |  |  |
| Building number or name  | BARN OWL COTTAGE   | ]  |
| Street   | STOURPORT ROAD   | ]  |
| District   |  | ]  |
| City or town   | BEWDLEY  | ]  |
| County or administrative area                                    | WORCS  | ]  |
| Postcode   | DY12 1QA   |  |
| Country  | United Kingdom   | ]  |
| Personal Licence number<br>(if known)                            |  | ]  |
| lssuing licensing authority<br>(if known)                        | WYRE FOREST DISTRICT COUNCIL   | ]  |
| PROPOSED DESIGNATED PRE  | MISES SUPERVISOR CONSENT   |  |
| How will the consent form of the supplied to the authority?      | ne proposed designated premises supervisor   |  |
| <ul> <li>Electronically, by the pro</li> </ul>                   | oosed designated premises supervisor   |  |
| • As an attachment to this                                       | application  |  |
| Reference number for consent<br>form (if known)                  |  | If the consent form is already submitted, ask<br>the proposed designated premises<br>supervisor for its 'system reference' or 'your<br>reference'.             |
| Section 16 of 19   |  |  |
| ADULT ENTERTAINMENT  |  |  |
| Highlight any adult entertainm<br>premises that may give rise to | nent or services, activities, or other entertainme<br>concern in respect of children   | ent or matters ancillary to the use of the   |
| rise to concern in respect of ch                                 | ng intended to occur at the premises or ancilla<br>ildren, regardless of whether you intend childr<br>semi-nudity, films for restricted age groups etc | en to have access to the premises, for example   |
| NONE.  |  |  |
| Section 17 of 19   |  |  |
| HOURS PREMISES ARE OPEN  | TO THE PUBLIC  |  |
| Standard Days And Timings  |  |  |
| MONDAY<br>Start<br>Start   | 00:00 End 24:00 End  | Give timings in 24 hour clock.<br>(e.g., 16:00) and only give details for the days<br>of the week when you intend the premises<br>to be used for the activity. |
| oturt  |  |  |

|                           | o puge   |  |
|---------------------------|--|--|
| TUESDAY                   |  |  |
|                           | Start 00:00  | End 24:00  |
|                           | Start  | End  |
| WEDNESDAY                 |  |  |
|                           | Start 00:00  | End 24:00  |
|                           | Start  | End  |
| THURSDAY                  |  |  |
|                           | Start 00:00  | End 24:00  |
|                           | Start  | End  |
| FRIDAY                    |  |  |
|                           | Start 00:00  | End 24:00  |
|                           | Start  | End  |
| SATURDAY                  |  |  |
|                           | Start 00:00  | End 24:00  |
|                           | Start  | End  |
| SUNDAY                    |  |  |
|                           | Start 00:00  | End 24:00  |
|                           | Start  | End  |
| State any seasonal var    |  |  |
| _                         |  | y will occur on additional days during the summer months.              |
| NONE.                     |  |  |
|                           |  |  |
|                           |  |  |
|                           |  |  |
|                           | . Where you intend to use the<br>umn on the left, list below | e premises to be open to the members and guests at different times fro |
| For example (but not e    | exclusively), where you wish †                               | the activity to go on longer on a particular day e.g. Christmas Eve.   |
| NONE.                     |  |  |
|                           |  |  |
|                           |  |  |
| Section 18 of 19          |  |  |
| LICENSING OBJECTIV        | ES   |  |
| Describe the steps you    | u intend to take to promote t                                | he four licensing objectives:  |
| a) General – all four lic | ensing objectives (b,c,d,e)                                  |  |

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 integrates with other equipment and software applications. 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 31 days.

Access to the equipment and recordings will be provided to the Police within 24 hours of the request being made, contact details of the Retailer will be kept on site and made available to the Police for the purpose of obtaining access to the equipment and recordings.

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 integrates with other equipment and software applications. 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 31 days.

Access to the equipment and recordings will be provided to the Police within 24 hours of the request being made, contact details of the Retailer will be kept on site and made available to the Police for the purpose of obtaining access to the equipment and recordings.

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 integrates with other equipment and software applications. 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 31 days.

Access to the equipment and recordings will be provided to the Police within 24 hours of the request being made, contact details of the Retailer will be kept on site and made available to the Police for the purpose of obtaining access to the equipment and recordings.

#### 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.

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.

# Section 19 of 19

## 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

| £100.00  |
|----------|
| £190.00  |
| £315.00  |
| £450.00* |
| £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 £12500 | £900.00   |
|---------------------------|-----------|
| Band E - £125001 and over | £1,905.00 |

There is an exemption from the payment of fees in relation to the provision of regulated entertainment at church halls, chapel halls or premises of a similar nature, village halls, parish or community halls, or other premises of a similar nature. The costs associated with these licences will be met by central Government. If, however, the licence also authorises the use of the premises for the supply of alcohol or the provision of late night refreshment, a fee will be required.

Schools and sixth form colleges are exempt from the fees associated with the authorisation of regulated entertainment where the entertainment is provided by and at the school or college and for the purposes of the school or college.

If you operate a large event 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.

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?"

| * | Ful | l na | me |
|---|-----|------|----|
|---|-----|------|----|

SARA CLEMENT PP. LOCKETT & CO

\* Capacity

\* Date

 DULY AUTHORISED AGENTS

 05
 /
 01
 /
 2017

mm yyyy

Add another signatory

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

1. Save this form to your computer by clicking file/save as...

dd

2. Go back to <u>https://www.gov.uk/apply-for-a-licence/premises-licence/portsmouth/apply-1</u> 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                     | SHELL FRATTON   |
|--|---|
| 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                            |   |
| < Previous <u>1</u> <u>2</u> <u>3</u> <u>4</u> | <u>5 6 7 8 9 10 11 12 13 14 15 16 17 18 19</u> Next > |