



Complete Agenda

Democratic Service
Swyddfa'r Cyngor
CAERNARFON
Gwynedd
LL55 1SH

Meeting

CENTRAL LICENSING SUB COMMITTEE

Date and Time

2.30 pm, TUESDAY, 12TH JANUARY, 2016

Location

Siambr Hywel Dda, Council Offices, Caernarfon, Gwynedd. LL55 1SH

Contact Point

Lowri Haf Evans

lowrihafevans@gwynedd.gov.uk

01286 679 878

(DISTRIBUTED 06/01/16)

CENTRAL LICENSING SUB COMMITTEE

MEMBERSHIP (3)

Councillors

Annwen Hughes

Eryl Jones-Williams (Chair)

Ann Williams

W. Tudor Owen (Substitute)

Local Members

Councillor Chris O'Neal

A G E N D A

1. APOLOGIES

To receive any apologies for absence.

2. DECLARATION OF PERSONAL INTEREST

To receive any declaration of personal interest.

3. URGENT ITEMS

To note any items that are a matter of urgency in the view of the Chairman for consideration.

4. APPLICATION FOR A PREMISES LICENCE

1 - 21

COSTCUTTER, 90 PENRHYN AVENUE, MAESGEIRCHEN, BANGOR

To consider the above application

PROCEDURE IN LICENSING HEARINGS.

1. A written report will be presented by the Licensing Section
(with a recommendation).
2. Members of the Sub-committee may ask questions of the Council's representative.
3. At the Chairman's discretion the applicant or his representative may ask questions of the Council's representative.
4. The applicant and/or his representative may expand upon the application and call witnesses
5. Members of the sub-committee may ask questions of the applicant and/or his representative
6. At the Chairman's discretion, the Council's representative may ask questions of the applicant or his representative
7. There will be an invitation for each Consultee to support any written observations
8. At the chairman's discretion, the Council's representative, and the applicant or his representative may summarise their case.

All are reminded of the four principles of the Licensing Act 2003 to be considered in all deliberations, namely:

- 1) Crime and Disorder Prevention;**
- 2) Public safety;**
- 3) Public Nuisance Prevention; and**
- 4) Protection of Children from Harm:**

Agenda Item 4

COMMITTEE:	CENTRAL LICENSING SUB-COMMITTEE
DATE:	12 JANUARY 2016
TITLE:	APPLICATION FOR A PREMISES LICENCE – COSTCUTTER, 90 PENRHYN AVENUE, MAESGEIRCHEN, BANGOR
PURPOSE:	FOR DECISION
AUTHOR:	HEAD OF REGULATORY DEPARTMENT

APPLICATION

An application for a premises licence for Costcutter, 90 Penrhyn Avenue, Maesgeirchen, Bangor made by Mr M Shoker on behalf of Shilling and Shoker Enterprises Ltd, was received by the licensing authority on 10 November 2015.

The applicant explains that this is an application for a single storey convenience store that will sell alcohol for consumption off the premises. The steps the applicant intends to take to promote the four licensing objectives are listed in section M of the application. A copy of the application and premises plan is available in Appendix 1.

REPRESENTATIONS

Response	Representation
Environmental Health Service	No representation
North Wales Police	No representation within time limit
Fire & Rescue Service	No representation
Other interested parties	2 Objections

Copies of all representations received are available in Appendix 2.

BACKGROUND INFORMATION

A club premises certificate did previously exist for this premises however it was surrendered in November 2015.

RECOMMENDATION

The sub-committee is requested to consider the application for a premises licence in accordance with the objectives of the Licensing Act 2003 and Gwynedd Council's Statement of Licensing Policy.

Gwynedd Council

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 SHILLING AND SMOKER ENTERPRISES 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			
<u>COSTCUTTER</u> <u>90 PENRYN AVENUE</u> <u>BANGOR</u>			
Post town	<u>BANGOR</u>	Postcode	<u>LL57 1LS</u>
Telephone number at premises (if any)		<u>—</u>	
Non-domestic rateable value of premises		£ <u>1500</u>	

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 | <input checked="" type="checkbox"/> | please complete section (B) |
| ii. as a partnership | <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 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:

Please tick yes

- 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		
I am 18 years old or over				<input type="checkbox"/> Please tick yes	
Current postal address if different from premises address					
Post town				Postcode	
Daytime contact telephone number					
E-mail address (optional)					

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		
I am 18 years old or over				<input type="checkbox"/>	Please tick yes
Current postal 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	SHILLING AND SHOKER ENTERPRISES LTD
Address	OAKDALE CAERMUN BANGOR LL57 4DT
Registered number (where applicable)	9762465
Description of applicant (for example, partnership, company, unincorporated association etc.)	COMPANY
Telephone number (if any)	07799 042 384
E-mail address (optional)	shokerltd@hotmail.co.uk

Part 3 Operating Schedule

When do you want the premises licence to start?

D	D	M	M	Y	Y	Y	Y
2	0	0	1	2	0	1	6

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

D	D	M	M	Y	Y	Y	Y

Please give a general description of the premises (please read guidance note 1)

SINGLE STOREY CONVENIENCE STORE

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 of the Licensing Act 2003 and Schedules 1 and 2 to the Licensing Act 2003)

Provision of regulated entertainment

Please tick any 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 6)			<u>Will the performance of a play take place indoors or outdoors or both – please tick</u> (please read guidance note 2)	Indoors	<input type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon			<u>Please give further details here</u> (please read guidance note 3)	Both	<input type="checkbox"/>
Tue					
Wed			<u>State any seasonal variations for performing plays</u> (please read guidance note 4)		
Thur					
Fri			<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 5)		
Sat					
Sun					

B

Films Standard days and timings (please read guidance note 6)			<u>Will the exhibition of films take place indoors or outdoors or both – please tick</u> (please read guidance note 2)	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 3)		
Mon					
Tue					
Wed					
Thur					
Fri					
Sat					
Sun					
			<u>State any seasonal variations for the exhibition of films</u> (please read guidance note 4)		
			<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 5)		

C

Indoor sporting events Standard days and timings (please read guidance note 6)			<u>Please give further details</u> (please read guidance note 3)
Day	Start	Finish	
Mon			
Tue			<u>State any seasonal variations for indoor sporting events</u> (please read guidance note 4)
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 5)
Fri			
Sat			
Sun			

D

Boxing or wrestling entertainments Standard days and timings (please read guidance note 6)			<u>Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick</u> (please read guidance note 2)		Indoors	<input type="checkbox"/>
					Outdoors	<input type="checkbox"/>
Day	Start	Finish	<u>Please give further details here</u> (please read guidance note 3)			
Mon						
Tue			<u>State any seasonal variations for boxing or wrestling entertainment</u> (please read guidance note 4)			
Wed						
Thur			<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 5)			
Fri						
Sat						
Sun						

E

Live music Standard days and timings (please read guidance note 6)			<u>Will the performance of live music take place indoors or outdoors or both – please tick</u> (please read guidance note 2)	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 3)		
Mon					
Tue			<u>State any seasonal variations for the performance of live music</u> (please read guidance note 4)		
Wed					
Thur			<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 5)		
Fri					
Sat					
Sun					

F

Recorded music Standard days and timings (please read guidance note 6)			Will the playing of recorded music take place indoors or outdoors or both – please tick (please read guidance note 2)	Indoors	<input type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon			Please give further details here (please read guidance note 3)	Both	<input type="checkbox"/>
Tue					
Wed			State any seasonal variations for the playing of recorded music (please read guidance note 4)		
Thur					
Fri			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 (please read guidance note 5)		
Sat					
Sun					

G

Performances of dance Standard days and timings (please read guidance note 6)			<u>Will the performance of dance take place indoors or outdoors or both – please tick</u> (please read guidance note 2)	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 3)		
Tue			<u>State any seasonal variations for the performance of dance</u> (please read guidance note 4)		
Wed			<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 5)		
Thur					
Fri					
Sat					
Sun					

H

<p>Anything of a similar description to that falling within (e), (f) or (g) Standard days and timings (please read guidance note 6)</p>			<p>Please give a description of the type of entertainment you will be providing</p>		
Day	Start	Finish	<p><u>Will this entertainment take place indoors or outdoors or both – please tick</u> (please read guidance note 2)</p>	Indoors	<input type="checkbox"/>
Mon				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Tue			<p><u>Please give further details here</u> (please read guidance note 3)</p>		
Wed					
Thur			<p><u>State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g)</u> (please read guidance note 4)</p>		
Fri					
Sat			<p><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 5)</p>		
Sun					

I

Late night refreshment Standard days and timings (please read guidance note 6)			Will the provision of late night refreshment take place indoors or outdoors or both – please tick (please read guidance note 2)	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 3)		
Tue					
Wed			<u>State any seasonal variations for the provision of late night refreshment</u> (please read guidance note 4)		
Thur					
Fri			<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 5)		
Sat					
Sun					

J

Supply of alcohol Standard days and timings (please read guidance note 6)			Will the supply of alcohol be for consumption – please tick (please read guidance note 7)	On the premises	<input type="checkbox"/>
				Off the premises	<input checked="" type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	State any seasonal variations for the supply of alcohol (please read guidance note 4)		
Mon	6.00am	2.00am			
Tue	6.00am	2.00am			
Wed	6.00am	2.00am			
Thur	6.00am	1.00am			
Fri	6.00am	1.00am			
Sat	6.00am	1.00am			
Sun	6.00am	2.00am			
			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 5)		

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

Name	ELDHO JOHN		
Address	47 PEN Y FFRIDD ROAD BANGOR		
Postcode	LL57 2CZ		
Personal licence number (if known)	YMPA 0830		
Issuing licensing authority (if known)	GWYNEDD		

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 8).

NONE

L

Hours premises are open to the public Standard days and timings (please read guidance note 6)			State any seasonal variations (please read guidance note 4) <i>NONE</i>
Day	Start	Finish	
Mon			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 5)
Tue			
Wed			
Thur			
Fri			
Sat			
Sun			

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 9)

b) The prevention of crime and disorder

24 hr C.C.T.V

c) Public safety

24 hr C.C.T.V

d) The prevention of public nuisance

NONE SALE OF ALCOHOL TO UNDER AGE,
TO ANY ONE WHO IS DRUNK
24 hr C.C.T.V.

e) The protection of children from harm

NONE SALE OF ALCOHOL TO UNDER
18"
TO ANY ONE WHO IS DRUNK.

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.

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.

Part 4 – Signatures (please read guidance note 10)

Signature of applicant or applicant’s solicitor or other duly authorised agent (see guidance note 11). **If signing on behalf of the applicant, please state in what capacity.**

Signature	<i>MLH</i>
Date	<i>2-11-15</i>
Capacity	<i>DIRECTOR.</i>

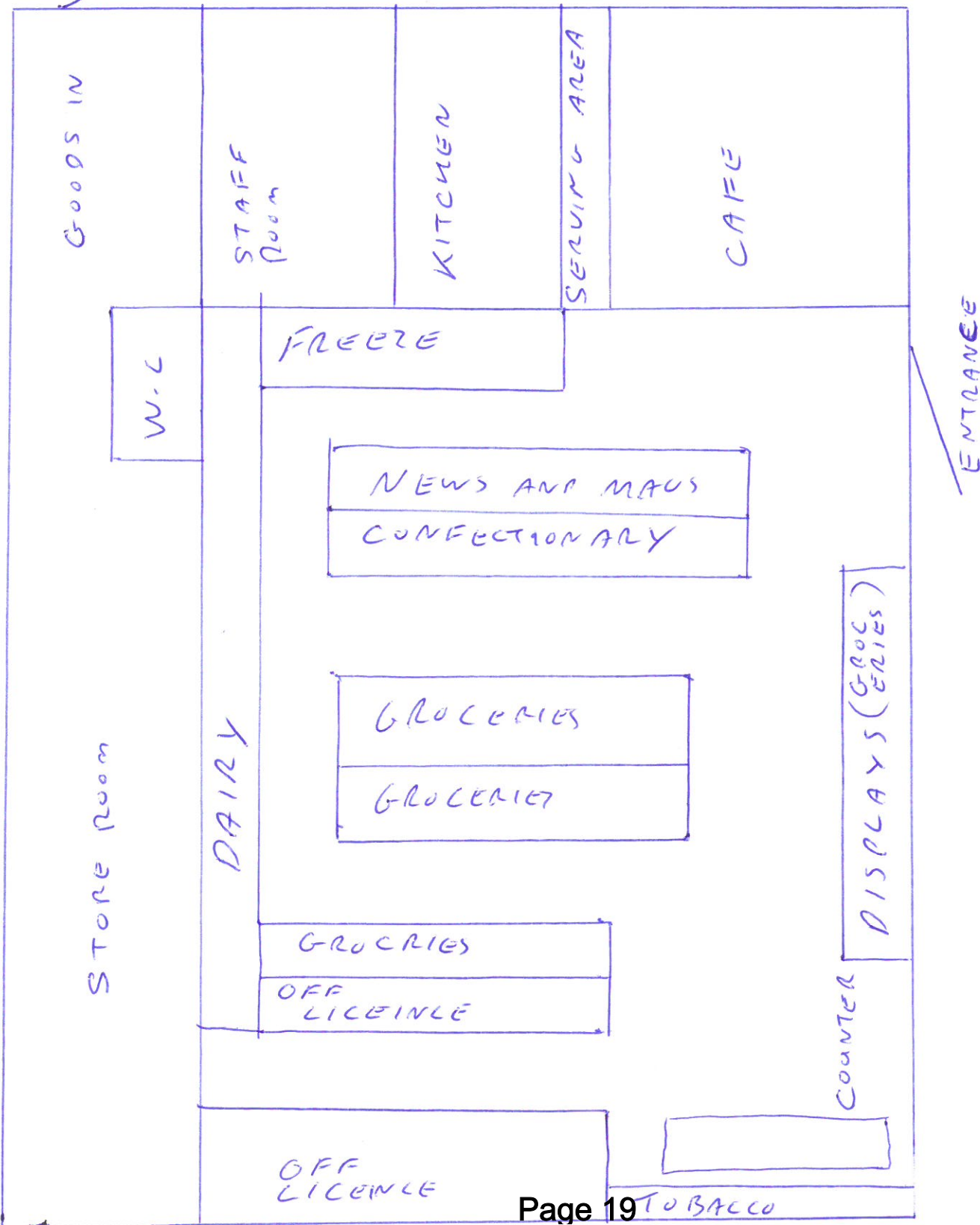
For joint applications, signature of 2nd applicant or 2nd applicant’s solicitor or other authorised agent (please read guidance note 12). **If signing on behalf of the applicant, please state in what capacity.**

Signature	
Date	
Capacity	

Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 13)

*MR M SMOKER
OGWEN VILLA*

Post town	<i>BETHESDA</i>	Postcode	<i>LL57 3LQ</i>
Telephone number (if any)	<i>07799 042 386</i>		
If you would prefer us to correspond with you by e-mail, your e-mail address (optional)			



1

From: Town Clerk [mailto:townclerk@bangorcitycouncil.com]
Sent: 01 December 2015 12:11
To: Jones Eirlys Rhiannon (Rh-CTGC)
Subject: RE: Licensing

Eirlys

The Council does object to Costcutter's application on the grounds of excessive opening hours for off-sales.
There is a history of disturbance in this area already and this was likely only to contribute more to that.

Rgds
Ian

Ian Jones ACIS, B A (Hons), CiLCA
Clerc y Dref / Town Clerk
Cyngor Dinas Bangor / City of Bangor Council
e-bost / e-mail: townclerk@bangorcitycouncil.com
Tel: 01248 352 421

From: Town Clerk [mailto:townclerk@bangorcitycouncil.com]
Sent: 02 December 2015 10:55
To: Jones Eirlys Rhiannon (Rh-CTGC)
Subject: RE: Licensing - Costcutter

Eirlys

The extent of the opening hours are likely to encourage more drunken behaviour, rowdiness and disturbance. It is a well-known fact that the consumption of excessive alcohol contributes significantly to crime and aggressive behaviour.

The objections therefore clearly relate to the following

- The prevention of crime and disorder
- Public safety
- The prevention of public nuisance.

Rgds
Ian

Ian Jones ACIS, B A (Hons), CiLCA
Clerc y Dref / Town Clerk
Cyngor Dinas Bangor / City of Bangor Council
e-bost / e-mail: townclerk@bangorcitycouncil.com
Tel: 01248 352 421

2

From: Christopher O'Neal
Sent: 07 December 2015 10:53
To: Trwyddedu
Subject: 90 Penrhyn Avenue - Objection

**** PLEASE CONFIRM RECIEPT OF THIS OBJECTION ****

As the local elected member of the Maesgeirchen Estate it brings me great pleasure to welcome this new business to the estate and certainly i'm sure this will be an asset to the community.

One of the part owners himself is actually a local resident whose family reside on the estate and it is welcoming to see local people doing well on our estate and in our city.

It is unfortunate however that despite welcoming such a business to the estate I have had to write a formal objection

My only objection to this application is the sale of alcohol from so early in the morning. I believe that if this be the case then it would undermine one of the licensing objectives being the prevention of harm of children.

The Penrhyn Avenue road is highly populated with children in the morning, being the main bus route for school children, and daily there are hundreds of children either leaving via bus for school or walking. I would envisage that a large number of children would attend this shop in the morning and what I wouldn't like is for them to be mixed up with customers attempting to buy alcohol so early in the morning, one this could create a child protection issue and secondly buying of alcohol so early in the morning isn't something id like to teach my kids let alone other children on the estate.

As stated this is the only part of the application that I would object to and in fact would be more than willing to stand up and support this application if the applicant would amend the sale of alcohol to 10am. or greater each morning.

Whilst I am aware that the City Council have objected to the Application I would be more than willing to withdraw my objection if the applicant would agree with me to amend the times.

Regards
Chris Oneal