

# BIRMINGHAM CITY COUNCIL

## PUBLIC REPORT

<b>Report to:</b>	<b>Licensing Sub Committee B</b>
<b>Report of:</b>	<b>Acting Director of Regulation &amp; Enforcement</b>
<b>Date of Meeting:</b>	<b>Wednesday 7<sup>th</sup> September 2016</b>
<b>Subject:</b>	<b>Licensing Act 2003 Premises Licence – Grant</b>
<b>Premises:</b>	<b>Perry Barr Off Licence and Convenience Store, 240 Wellington Road, Perry Barr, Birmingham, B20 2QL</b>
<b>Ward affected:</b>	<b>Lozells and East Handsworth</b>
<b>Contact Officer:</b>	<b>David Kennedy, Principal Licensing Officer, 0121 303 9896, <a href="mailto:licensing@birmingham.gov.uk">licensing@birmingham.gov.uk</a></b>

<b>1. Purpose of report:</b>
<p>To consider a relevant representation that has been made in respect of an application for a Premises Licence which seeks to permit the Sale of Alcohol (for consumption off the premises) to operate from 09:00am until 11:00pm (Monday to Sunday).</p> <p>Premises to remain open to the public from 09:00am until 11:00pm (Monday to Sunday).</p>

<b>2. Recommendation:</b>
<p>To consider the representation that has been made and to determine the application.</p>

<b>3. Brief Summary of Report:</b>
<p>An application for a Premises Licence was received on 13<sup>th</sup> July 2016 in respect of Perry Barr Off Licence and Convenience Store, 240 Wellington Road, Perry Barr, Birmingham, B20 2QL.</p> <p>A representation has been received from other persons.</p>

<b>4. Compliance Issues:</b>
<b>4.1 Consistency with relevant Council Policies, Plans or Strategies:</b>
<p>The report complies with the City Council's Statement of Licensing Policy and the Council's Corporate Plan to improve the standard of all licensed persons, premises and vehicles in the City.</p>

<p><b>5. Relevant background/chronology of key events:</b></p> <p>Mr Mahmood Shaikh applied on 13<sup>th</sup> July 2016 for the grant of a Premises Licence for Perry Barr Off Licence and Convenience Store, 240 Wellington Road, Perry Barr, Birmingham, B20 2QL.</p> <p>A representation has been received from other persons, which is attached at Appendix 1.</p> <p>The application is attached at Appendix 2.</p> <p>The applicant's legal representative has submitted supplementary information in support of the application, which is attached at Appendix 3.</p> <p>Conditions have been agreed with West Midlands Police and Birmingham City Council Licensing Enforcement, which are attached at Appendix 4.</p> <p>Site Location Plans at Appendix 5.</p> <p>When carrying out its licensing functions, a licensing authority must have regard to Birmingham City Council's Statement of Licensing Policy and the Guidance issued by the Secretary of State under s182 of the Licensing Act 2003. The Licensing Authority is also required to take such steps as it considers appropriate for the promotion of the licensing objectives, which are:-</p> <ol style="list-style-type: none"> <li>The prevention of crime and disorder;</li> <li>Public safety;</li> <li>The prevention of public nuisance; and</li> <li>The protection of children from harm.</li> </ol>
<p><b>6. List of background documents:</b></p> <p>Copy of the representation as detailed in Appendix 1</p> <p>Application Form, Appendix 2</p> <p>Supplementary information in support of the application submitted by the applicants legal representative, Appendix 3</p> <p>Conditions agreed with West Midlands Police and Birmingham City Council Licensing Enforcement, Appendix 4</p> <p>Site Location Plans, Appendix 5</p>
<p><b>7. Options available</b></p> <p>To Grant the licence in accordance with the application.</p> <p>To Reject the application.</p> <p>To Grant the licence subject to conditions modified to such an extent as considered appropriate.</p> <p>Exclude from the licence any of the licensable activities to which the application relates.</p> <p>Refuse to specify a person in the licence as the premises supervisor.</p>

8 August 2016

The Licensing Officer  
The Licensing Section  
Ashted Lock, Building 1-3,  
Ground Floor  
Birmingham Science Park Aston  
Dartmouth Middleway  
Aston, Birmingham  
B7 4AZ

Dear Sirs

**Re: application for Premises Licence - Perry Barr Off Licence and Convenience Store 240**  
**Wellington Road Handsworth Birmingham B20 2QL**

I am a local resident and I would like to object to the application for a Premises Licence at 240 Wellington Road as the application will fail to meet the Licensing Objectives for the following reasons:

- The prevention of crime and disorder

With an additional premises in the area selling alcohol, there will be more crime and disorder. The area has a higher than average number of incidents and another premises selling alcohol will only add to the existing problems. There are currently enough premises in the area selling alcohol and another premises is not needed.

- Public safety

Local residents and children will not feel safe with another premises selling alcohol, as there will be more drunkards in the area who will swear and misbehave in public.

- The prevention of public nuisance

It will be difficult for the Police and authorities to prevent and control public nuisance in the area, with an additional premises selling alcohol. There will also be more litter and pollution in the area with additional cans and bottles strewn in the area. The premises is on the corner and adjacent to a residential area with children.

- The protection of children from harm

Children will be at risk from harm with an additional premises selling alcohol, as there are children living near to the premises who will experience drunkards swearing and shouting and misbehaving.

Yours faithfully

-----  
Leslie Road  
Perry Barr  
B20

08/08/2016

## Appendix 2

9 6814  
13/7/16 - 10/8/16

Birmingham City Council, Licensing Section, P.O. Box 17013, Birmingham, B6 9ES

### 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 **Mahmood Shaikh**

(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		BCC REGULATION & ENFORCEMENT LICENSING SECTION DATE RECEIVED	
240 Wellington Road			
Post town	Birmingham	Postcode	B20 2QL
Telephone number at premises (if any)		REF NO	
Non-domestic rateable value of premises	£1050	INITIALS	

#### 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 checked="" type="checkbox"/> please complete section (A) |
| b) a person other than an individual *          |   |
| i. as a limited company                         | <input 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                            | <input type="checkbox"/> please complete section (B)            |

f100 c/c  
payment.  
0009458/000058

- 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)	
<b>Surname</b> Shaikh			<b>First names</b> Mahmood		
I am 18 years old or over			<input checked="" 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
Address
Registered number (where applicable)
Description of applicant (for example, partnership, company, unincorporated association etc.)
Telephone number (if any)
E-mail address (optional)

### **Part 3 Operating Schedule**

When do you want the premises licence to start?

DD	MM	YYYY
<input type="text"/>	<input type="text"/>	<input type="text"/>

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

DD	MM	YYYY
<input type="text"/>	<input type="text"/>	<input type="text"/>

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

Convenience store and off licence. The Premises are currently empty and were previously traded as a café/pizza shop. Our client has taken over the lease of the Premises and is now refurbishing the Premises for it to operate as a convenience store selling alcohol

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)  | <input type="checkbox"/> |
| b) films (if ticking yes, fill in box B)  | <input type="checkbox"/> |
| c) indoor sporting events (if ticking yes, fill in box C)   | <input type="checkbox"/> |
| d) boxing or wrestling entertainment (if ticking yes, fill in box D)  | <input type="checkbox"/> |
| e) live music (if ticking yes, fill in box E)   | <input type="checkbox"/> |
| f) recorded music (if ticking yes, fill in box F)   | <input type="checkbox"/> |
| g) performances of dance (if ticking yes, fill in box G)  | <input type="checkbox"/> |
| h) anything of a similar description to that falling within (e), (f) or (g) (if ticking yes, fill in box H) | <input type="checkbox"/> |

**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

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

## B

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

**C**

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

**D**

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

# E

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

**F**

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

**G**

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

## H

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



**I**

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

**J**

<b>Supply of alcohol</b> Standard days and timings (please read guidance note 6)			<b>Will the supply of alcohol be for consumption – please tick</b> (please read guidance note 7)	On the premises	<input type="checkbox"/>
				Off the premises	<input checked="" type="checkbox"/>
				Both	<input type="checkbox"/>
<b>Day</b>	<b>Start</b>	<b>Finish</b>	<b>State any seasonal variations for the supply of alcohol</b> (please read guidance note 4)		
Mon	0900	2300			
Tue	0900	2300			
Wed	0900	2300			
Thur	0900	2300	<b>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</b> (please read guidance note 5)		
Fri	0900	2300			
Sat	0900	2300			
Sun	0900	2300			

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

<b>Name</b>	
Mahmood Shaikh	
<b>Address</b>	
<b>Postcode</b>	
<b>Personal licence number (if known)</b>	
<b>Issuing licensing authority (if known)</b>	

**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).**

**L**

<b>Hours premises are open to the public</b> Standard days and timings (please read guidance note 6)			<b>State any seasonal variations</b> (please read guidance note 4)
Day	Start	Finish	
Mon	0900	2300	<b>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</b> (please read guidance note 5)
Tue	0900	2300	
Wed	0900	2300	
Thur	0900	2300	
Fri	0900	2300	
Sat	0900	2300	
Sun	0900	2300	

## 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)**

The Premises shall have a CCTV system installed which is to the satisfaction of West Midlands Police. The CCTV system shall be recording at all times the Premises are open and recordings from the CCTV system shall be retained for 28 days and access to the footage shall be made available to the responsible authorities upon request.

**b) The prevention of crime and disorder**

**c) Public safety**

**d) The prevention of public nuisance**

**e) The protection of children from harm**

The Premises shall operate a Challenge 21 policy and signage shall be displayed on site advising members of the public that the Challenge 21 Policy is in operation at the Premises.

The Premises shall operate a refusals register. All attempted sales of alcohol by persons under the age of 18, shall be recorded in the refusals register. The refusals register shall be kept on site and shall be available for inspection upon request by any responsible authority.

**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	
Date	12 <sup>th</sup> July 2016
Capacity	Legal representative of the applicant

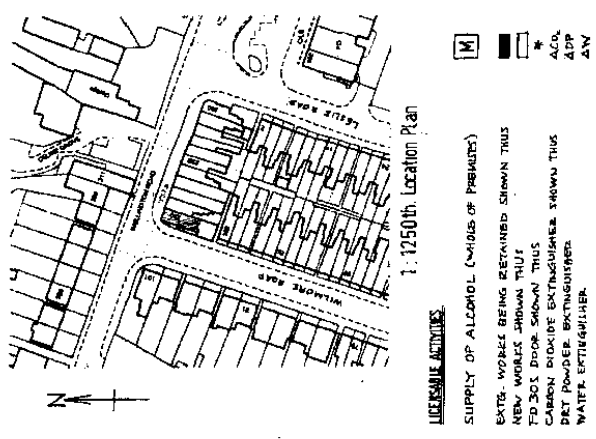
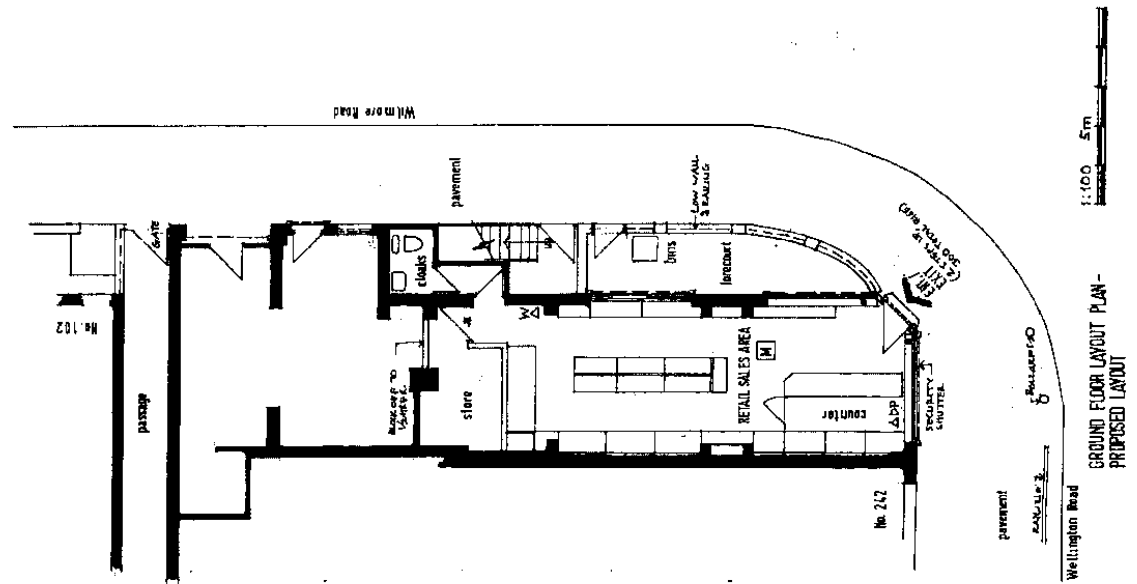
**For joint applications, signature of 2<sup>nd</sup> applicant or 2<sup>nd</sup> applicant's solicitor or other authorised agent** (please read guidance note 12). **If signing on behalf of the applicant, please state in what capacity.**

Signature	
Date	
Capacity	

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

**Nicola Stansbie of Harrison Clark Rickerbys**  
**5 Deansway**

Post town	<b>Worcester</b>	Postcode	<b>WR1 2JG</b>
Telephone number (if any)			
If you would prefer us to correspond with you by e-mail, your e-mail address (optional)			



**LICENSABLE ACTIVITIES**

- SUPPLY OF ALCOHOL (WINGS OF PREMISES)
- EXTS. WORKS BEING RETAINED SHOWN THIS
- NEW WORKS SHOWN THIS
- FD 301 DOOR SHOWN THIS
- CARBON DIOXIDE EXTINGUISHER SHOWN THIS
- DRY POWDER EXTINGUISHER
- WATER EXTINGUISHER

SECURITY : BY CCTV CAMERA SYSTEM WITH 24 HOUR RECORDING FACILITY

Client	MR. MAHMOOD SHAIKH
Project	LICENSING ACT 2003
Application for PREMISES LICENCE	
for 240 WELLINGTON ROAD	
PERRY BARR 620 201	
Drawn by	
Checked by	
Scale	1:100 @ A3
Date	JULY 2015
<p><b>Karam S. Chana</b>          Licensed Architect          10000 Highway 100          Suite 1000          Tel / Fax 0121 808 1384</p>	

## Appendix 3

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**From:** Nicola Stansbie  
**Sent:** 16 August 2016 13:15  
**To:** David Kennedy; Bhapinder Nandhra  
**Subject:** Perry Barr Off Licence and Convenience Store  
**Attachments:** S30C-916081612020.pdf

As a result of the representation made to our clients application for a Premises Licence, we have now addressed a letter to the objector to try and alleviate their concerns. As part of the letter we have outlined the conditions offered as part of the application, we have outlined the conditions agreed with West Midlands Police and the Licensing Enforcement Team and have additionally offered the below condition given the concerns raised about litter;

**The Premises Licence Holder shall ensure that litter checks are conducted outside of the Premises during trading. The Premises Licence Holder shall ensure that any litter emanating from the Premises will be removed and disposed of.**


I would be grateful if the condition could be noted on your system and details of this made available to the Licensing Sub Committee also.


I am taking instructions from our client regarding attendance at the Sub Committee and will confirm this to you in due course.

Kind regards

**Nicola Stansbie**  
Licensing Executive

Harrison Clark Rickerbys Limited, 5 Deansway, Worcester, Worcestershire, WR1 2JG, United Kingdom

 [www.hcrclaw.com](http://www.hcrclaw.com)

 [LinkedIn](#)

 [Twitter](#)

 [Facebook](#)

**harrison clark**  
**rickerbys**  
**SOLICITORS**

With you every step of the way

Your reference:

Our reference: NS03.



16 August 2016

5 Deansway, Worcester WR1 2JG

Leslie Road  
Perry Barr  
Birmingham  
B20 1

LICENSING & REGULATORY  
DEPARTMENT

Dear

**RE: Perry Barr Off Licence and Convenience Store, 240 Wellington Road, Birmingham**

I write in relation to the above application for a Premises Licence. In accordance with the legal requirements, the Licensing Authority has disclosed a copy of your objection to me as I submitted the application on behalf of the applicant.

The purpose of my letter is to try and alleviate some of your concerns and to see if my client can address some of the issues raised. When the Licensing Act 2003 was introduced, it encouraged communities to have a say in the licensing process and so dialogue between applicants and residents is something which is encouraged in the process.

I note from the letter you raise concerns about crime and disorder in the area and the protection of children from harm. As part of the process, the applicant must state in the application how they intend to promote the licensing objectives specified in the Licensing Act 2003. Our client offered the below as part of the application, which if granted, would become conditions of licence (in addition to the mandatory conditions which apply to all Premises selling alcohol);

- **The Premises shall have a CCTV system installed which is to the satisfaction of West Midlands Police. The CCTV system shall be recording at all times the Premises are open and recordings from the CCTV system shall be retained for 28 days and access to the footage shall be made available to the responsible authorities upon request.**
- **The Premises shall operate a Challenge 21 policy and signage shall be displayed on site advising members of the public that the Challenge 21 Policy is in operation at the Premises.**
- **The Premises shall operate a refusals register. All attempted sales of alcohol by persons under the age of 18, shall be recorded in the refusals register. The refusals register shall be kept on site and shall be available for inspection upon request by any responsible authority.**

Birmingham T: 0121 434 0739 F: 0121 435 7211 53 Colthorpe Road, Edgbaston, Birmingham B15 1TH  
Cheltenham T: 01242 224422 F: 01242 518428 Glenborough House, Wellington Street, Cheltenham GL50 1YD  
Hereford T: 01432 349670 F: 01432 349660 Thorpe House, 29 Broad Street, Hereford, HR1 2AR  
Ross-on-Wye T: 01989 562377 F: 01989 565961 6 High Street, Ross-on-Wye, HR9 5HL  
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ed Registered in England

5 Deansway Worcester WR1 2JG





Since submitting the application we have also had discussions with West Midlands Police and the Licensing Enforcement Team at the Council about additional conditions which may be required. Our client has agreed the attached conditions and both are satisfied and have raised no objections to the application.

I also note from your letter you raise concerns about the Premises causing more litter in the area. Given your concerns, my client wishes to offer the below as an additional condition of licence;

- **The Premises Licence Holder shall ensure that litter checks are conducted outside of the Premises during trading. The Premises Licence Holder shall ensure that any litter emanating from the Premises will be removed and disposed of.**

The conditions offered as part of the application process are important as failure to comply with the conditions of a licence, is an offence under the Licensing Act 2003 and for which the Licence Holder can be prosecuted. My client is therefore aware of the duties placed upon him as a potential licence holder and is keen to operate his business as responsible trader in the community with no adverse impact upon the licensing objectives.

I have sent a copy of this letter to the Licensing Authority and asked them to note the above additional condition regarding litter checks. If my client can provide you with any further assurances that will alleviate your concerns, please do let me know. I can also arrange for you to meet with me and my client to see if there is anything further we can do to address the issues raised.

Yours sincerely

**Nicola Stansbie**  
**HARRISON CLARK RICKERBYS LTD**

## Appendix 4

----- Original message -----

From: Nicola Stansbie <[REDACTED]>

Date: 05/08/2016 15:41 (GMT+00:00)

To: 'Licensing'

Cc: 'Sarah Hemsall'

'Adam Mroczkowski'

Subject: FW: Perry Barr Off Licence and Convenience Store, 240 Wellington Road, B20 2QL

I refer to the application for a Premises Licence for Perry Barr, Off Licence and Convenience Store, 240 Wellington Road, Perry Barr, Birmingham. I can advise that following discussions with the Licensing Enforcement Team and West Midlands Police, we have agreed the following conditions which we would request the licensing authority add to the pending application and to the licence should it be granted.

The conditions are as follows;

### **General**

**The Premises Licence Holder shall ensure that the Designated Premises Supervisor or another qualified person will train any staff at the premises on;**

- **All of the licensing objectives contained in the Licensing Act 2003;**
- **Responsible retailing of alcohol, and the law regarding sales of alcohol;**
- **The protection of children from harm and this must include how to competently check customers' identification where necessary;**
- **Permitted hours during which licensable activities can take place and on compliance with the conditions attached to the premises licence.**

**The training provided to staff will be recorded and each member of staff will sign and date their training records to confirm they have received and understood the training provided. Refresher training will be completed and documented every 6 months.**

**The staff training records will be kept at the premises and made available to any Responsible Authority upon request.**

### **Prevention of Public Nuisance**

**Notices must be prominently displayed at the exit from the premises requesting that customers respect the needs of local residents and to leave the premises quietly.**

### **Protection of Children from Harm**

**The Premises shall adopt a Challenge 21 Scheme and signage shall be displayed on site advising customers of the scheme. All staff shall be trained on the Challenge 21 scheme and this shall be recorded in the training register confirming the date of training, staff**

member trained, who conducted the training and the staff member and trainer shall sign the register.

Kind regards


**Nicola Stansbie**

Licensing Executive

Harrison Clark Rickerbys Limited, 5 Deansway, Worcester, Worcestershire, WR1 2JG,  
United Kingdom

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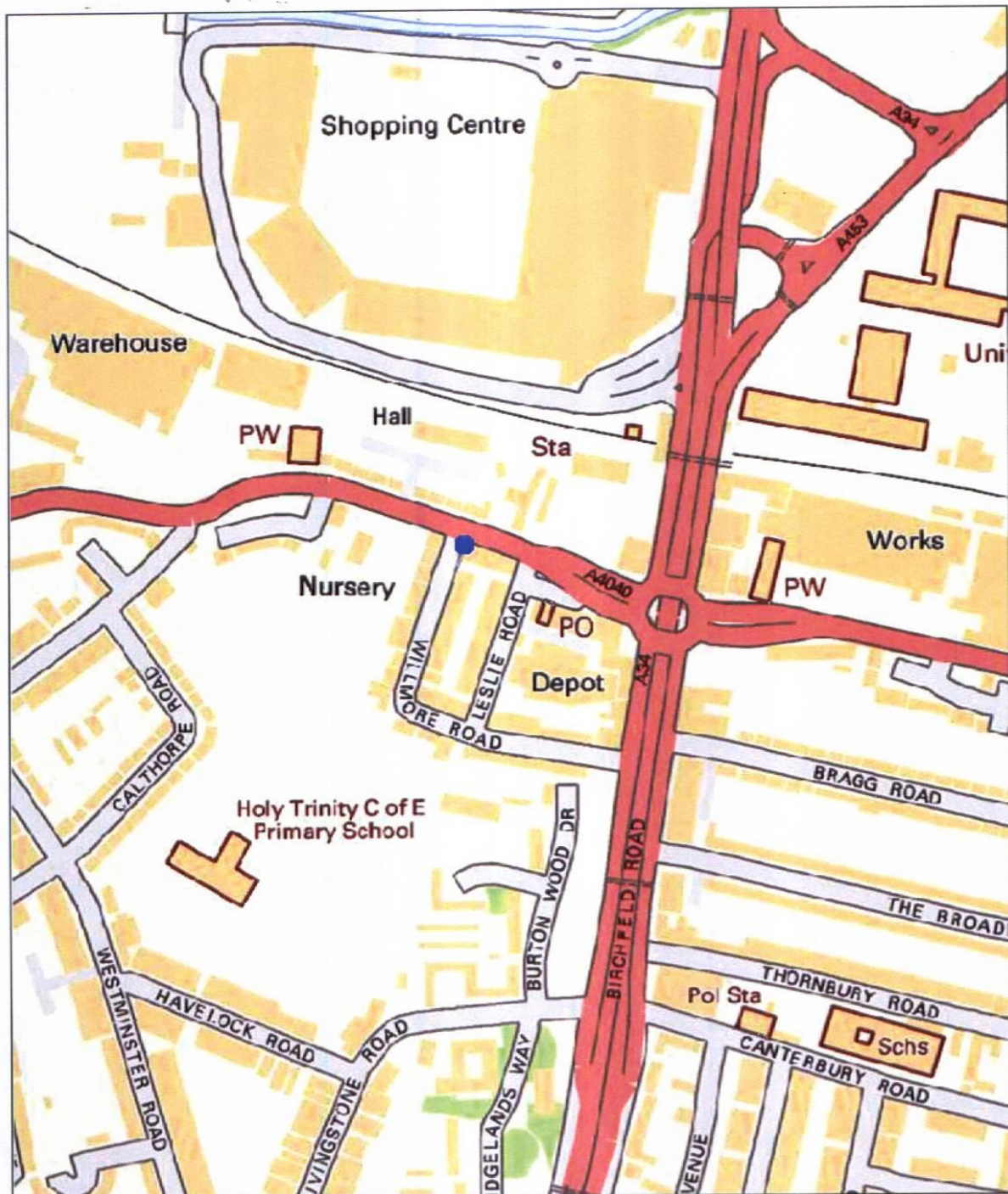
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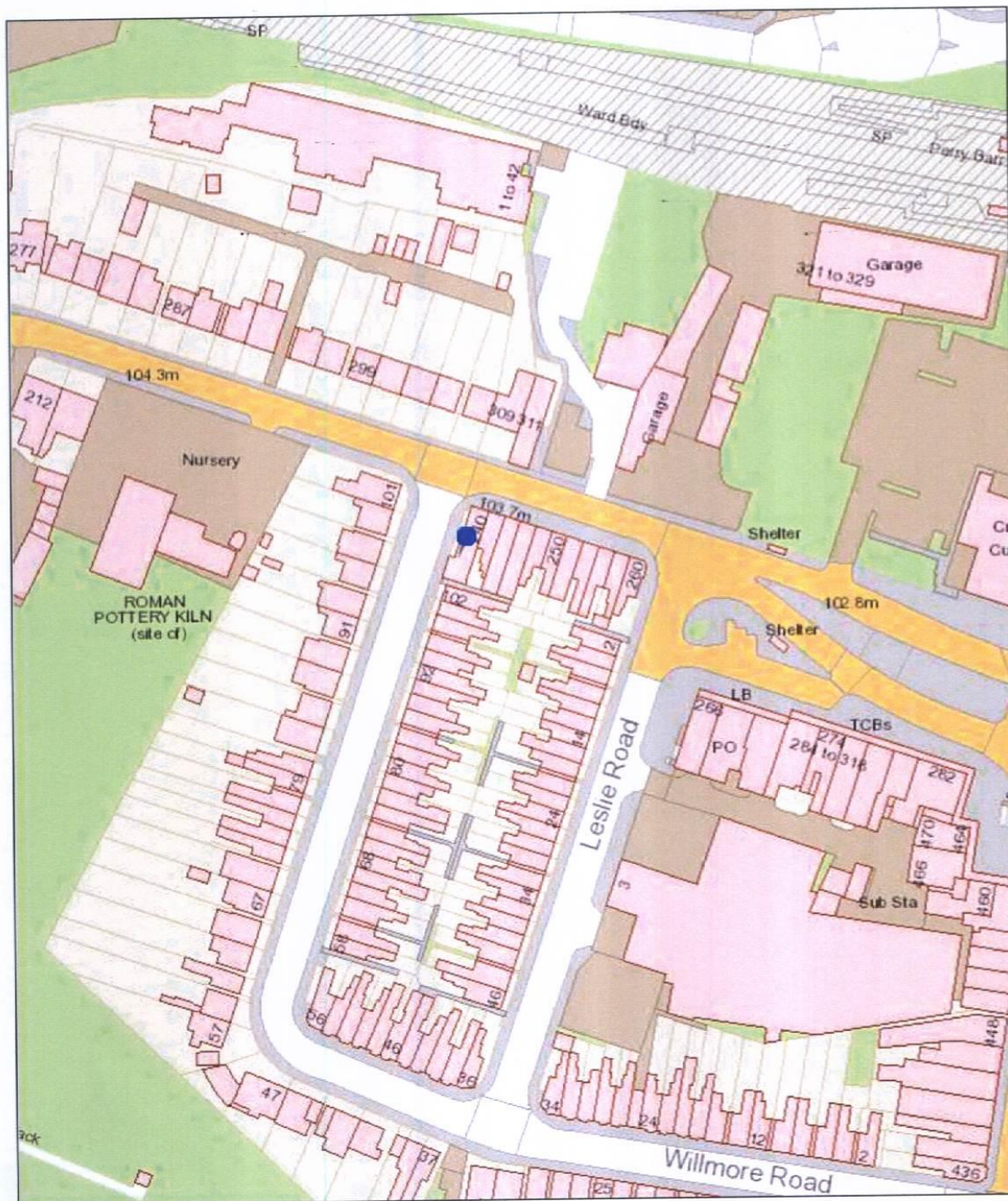
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**Notes**



Scale:  
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