

BIRMINGHAM CITY COUNCIL

PUBLIC REPORT

Report to:	Licensing Sub Committee B
Report of:	Acting Director of Regulation & Enforcement
Date of Meeting:	Tuesday 24th October 2017
Subject:	Licensing Act 2003 Premises Licence – Grant
Premises:	Greet Service Station, 372 Warwick Road, Birmingham, B11 2HA
Ward affected:	Acocks Green
Contact Officer:	Shaid Yasser, Senior Licensing Officer, 0121 303 9896, licensing@birmingham.gov.uk

1. Purpose of report:

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 only) to operate from 00:00 – 23:59 (24 hours a day) Monday – Sunday.

Premises to remain open to the public from 00:00 – 23:59 (24 hours a day) Monday – Sunday.

2. Recommendation:

To consider the representation that has been made and to determine the application.

3. Brief Summary of Report:

An application for a Premises Licence was received on 13th September 2017 in respect of Greet Service Station, 372 Warwick Road, Birmingham, B11 2HA

A representation has been received from other persons.

4. Compliance Issues:

4.1 Consistency with relevant Council Policies, Plans or Strategies:

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.

5. Relevant background/chronology of key events:

Maruthan Sabapathi applied on the 13th September 2017 for the grant of a Premises Licence for Greet Service Station, 372 Warwick Road, Birmingham, B11 2HA

A representation has been received from other persons, which is attached at Appendix 1.

The application is attached at Appendix 2.

Site Location Plans at Appendix 3.

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:-

- a. The prevention of crime and disorder;
- b. Public safety;
- c. The prevention of public nuisance; and
- d. The protection of children from harm.

6. List of background documents:

Copy of the representation as detailed in Appendix 1
Application Form, Appendix 2
Site Location Plans, Appendix 3

7. Options available

To Grant the licence in accordance with the application.
To Reject the application.
To Grant the licence subject to conditions modified to such an extent as considered appropriate.
Exclude from the licence any of the licensable activities to which the application relates.
Refuse to specify a person in the licence as the premises supervisor.

From:
Sent: 11 October 2017 10:35
To: Licensing
Subject: licence objection / greet service station

Dear Sirs,

Greet service station
372 warwick road
Birmingham
B11 2HA

we are writing to register our objection to the application for a premises licence by Greet service station , Birmingham. The basis for this opposition is that granting a licence for this premises will not promote the licensing objectives, particularly the prevention of crime, disorder and antisocial behaviour.

Enabling the premises to sell alcohol would be totally detrimental to its aims and objectives. The application proposes that alcohol will be sold for consumption off the premises 24hours, seven days a week. Granting a licence would provide a further source of alcohol within an area already so heavily populated with licensed premises that crime, disorder and public nuisance have already reached problem levels for the local community.

Residents in this area already suffer noise nuisance and antisocial behaviour at all hours of the day and night. They have endured this inconvenience and it is totally unacceptable to expect them to continue to do so.

In view of the above, I would urge the licensing Authority to refuse the application.

Yours faithfully,

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 **J. MARUTHAN SARAPATHI**

(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 GREET SERVICE STATION, 372, WARWICK ROAD, BIRMINGHAM, WEST MIDLANDS.			
Post town	BIRMINGHAM.	Postcode	B11 2HA.
Telephone number at premises (if any)		N/A	
Non-domestic rateable value of premises		£6200	

Part 2 – Applicant details

Please state whether you are applying for a premises licence as

Please tick as appropriate

- a) an individual or individuals * ☒ please complete section (A)
- b) a person other than an individual *
- i as a limited company/limited liability partnership ☐ please complete section (B)
- ii as a partnership (other than limited liability) ☐ please complete section (B)
- iii as an unincorporated association or ☐ please complete section (B)
- iv other (for example a statutory corporation) ☐ 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 (by ticking yes to one box below):

- I am carrying on or proposing to carry on a business which involves the use of the premises for licensable activities; or ☒
- 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 checked="" type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
Surname SABAPATHI			First names MARUTHAN		
Date of birth or over			I am 18 years old <input checked="" type="checkbox"/> Please tick yes		
Nationality					
Current residential address if different from premises address					
Post town				Postcode	
Daytime contact telephone number					
E-mail address (optional)		N/A			

SECOND INDIVIDUAL APPLICANT (if applicable)

Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ma <input type="checkbox"/>		Other Title (for example, Rev)	
Surname N/A		First names N/A	
Date of birth		I am 18 years old or over <input type="checkbox"/> Please tick yes	
Nationality			
Current postal address if different from premises address		N/A	
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 N/A
Address N/A
Registered number (where applicable) N/A
Description of applicant (for example, partnership, company, unincorporated association etc.) N/A
Telephone number (if any) N/A

E-mail address (optional)
N/A

Part 3 Operating Schedule

When do you want the premises licence to start?

DD MM YYYY
1 2 1 0 2 0 1 7

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

DD MM YYYY
[] [] [] [] [] [] [] []

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

THESE CORNER PLOT, DETACHED PREMISES CURRENTLY OPERATE AS A PETROL SERVICE STATION AND A NON - LICENSED CONVENIENCE STORE. THE TRADING AREA IS THE GROUND FLOOR ONLY. THE LOCATION IS ON A PARTICULARLY BUSY ROAD WHICH IS A 'FEEDER ROAD' TO MANY INDUSTRIAL ESTATES AND INDUSTRIAL UNITS IN THE VICINITY, SO COMMERCIAL CUSTOMER ACTIVITY IS AROUND THE CLOCK. THE APPLICANT IS AN EXPERIENCED RETAILER AND HAS A PROVEN TRACK RECORD IN THE PETROL SERVICE STATION INDUSTRY. HE, ALONG WITH THE BENEFITS OF A BP FRANCHISE, AIMS TO RELAUNCH THE SERVICE STATION AS AN INDEPENDENT, QUALITY, SERVICE STATION AND CONVENIENCE STORE BUT THIS TIME WITH THE PROVISION OF AN OFF - LICENCE FACILITY. THE ENCLOSED PLANS DETAIL THE SHOP'S LAYOUT AND THE SECURITY MEASURES TO ENHANCE THE PROTECTION OF BOTH STAFF AND CUSTOMERS IN RESPECT OF POSSIBLE LATE NIGHT TRADING. AS IS NORMAL WITH MOST PETROL STATIONS, THE PREMISES HAS ITS OWN CAR PARK.

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

N/A

What licensable activities do you intend to carry on from the premises?

(please see sections 1 and 14 and Schedules 1 and 2 to the Licensing Act 2003)

Provision of regulated entertainment (please read guidance note 2)

Please tick all that apply

- a) plays (if ticking yes, fill in box A) ☐
- b) films (if ticking yes, fill in box B) ☐
- c) indoor sporting events (if ticking yes, fill in box C) ☐
- d) boxing or wrestling entertainment (if ticking yes, fill in box D) ☐
- e) live music (if ticking yes, fill in box E) ☐

- f) recorded music (if ticking yes, fill in box F) ☐
- g) performances of dance (if ticking yes, fill in box G) ☐
- h) anything of a similar description to that falling within (e), (f) or (g) (if ticking yes, fill in box H) ☐

Provision of late night refreshment (if ticking yes, fill in box I) ☐

Supply of alcohol (if ticking yes, fill in box J) ☒

In all cases complete boxes K, L and M

A

Plays Standard days and timings (please read guidance note 7)			Will the performance of a play take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Both <input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 4)	
Mon				
Tue				
Wed				
Thur			State any seasonal variations for performing plays (please read guidance note 5)	
Fri				
Sat			Non standard timings. Where you intend to use the premises for the performance of plays at different times to those listed in the column on the left, please list (please read guidance note 6)	
Sun				

B

Films Standard days and timings (please read guidance note 7)			Will the exhibition of films 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 (please read guidance note 4)</u>		
Tue					
Wed			<u>State any seasonal variations for the exhibition of films (please read guidance note 5)</u>		
Thur					
Fri			<u>Non standard timings. Where you intend to use the premises for the exhibition of films at different times to those listed in the columns on the left, please list (please read guidance note 6)</u>		
Sat					
Sun					

C

Indoor sporting events Standard days and timings (please read guidance note 7)			Please give further details (please read guidance note 4)
Day	Start	Finish	
Mon			
Tue			State any seasonal variations for indoor sporting events (please read guidance note 5)
Wed			
Thur			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 (please read guidance note 6)
Fri			
Sat			
Sun			

D

Boxing or wrestling entertainments Stated days and timings (please read guidance note 7)			Will the boxing or wrestling entertainment take place indoors or outdoors or both please tick (please read guidance note 3)	
			Indoors	<input type="checkbox"/>
			Outdoors	<input type="checkbox"/>
			Both	<input type="checkbox"/>
Day	Start	Finish	<u>Please give further details here</u> (please read guidance note 4)	
Mon				
Tue				
Wed			<u>State any seasonal variations for boxing or wrestling entertainment</u> (please read guidance note 5)	
Thur				
Fri				
Sat			<u>Non standard timings. Where you intend to use the premises for boxing or wrestling entertainment at different times to those listed in the column on the left, please list</u> (please read guidance note 6)	
Sat				
Sun				

E

Live music Standard days and timings (please read guidance note 7)			Will the performance of live music take place <u>indoors or outdoors or both – please tick</u> (please read guidance note 3)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 4)		
Mon					
Tue					
Wed			State any seasonal variations for the performance of live music (please read guidance note 5)		
Thur					
Fri			Non standard timings. Where you intend to use the premises for the performance of live music at different times to those listed in the column on the left, please list (please read guidance note 6)		
Sat					
Sun					

F

Recorded music: Standard days and timings (please read guidance note 7)			Will the playing of recorded music take place <u>indoors or outdoors or both – please tick</u> (please read guidance note 3)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
Day	Start	Finish	Both <input type="checkbox"/>		
Mon			Please give further details here (please read guidance note 4)		
Tue					
Wed			State any seasonal variations for the playing of recorded music (please read guidance note 5)		
Thu					
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 6)		
Sat					
Sun					

G

Performances of dance Standard days and timings (please read guidance note 7)			<u>Will the performance of dance take place indoors or outdoors or both – please tick</u> (please read guidance note 3)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish			
Mon			<u>Please give further details here</u> (please read guidance note 4)		
Tue					
			<u>State any seasonal variations for the performance of dance</u> (please read guidance note 5)		
Wed					
Thur			<u>Non standard timings. Where you intend to use the premises for the performance of dance at different times to those listed in the column on the left, please list</u> (please read guidance note 6)		
Fri					
Sat					
Sun					

II

Anything of a similar description to that falling within (e), (f) or (g) Standard days and timings (please read guidance note 7)			Please give a description of the type of entertainment you will be providing		
Day	Start	Finish	Will this entertainment take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors	<input type="checkbox"/>
Mon				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Tue			Please give further details here (please read guidance note 4)		
Wed					
Thur			State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g) (please read guidance note 5)		
Fri					
Sat			Non standard timings. Where you intend to use the premises for the entertainment of a similar description to that falling within (e), (f) or (g) at different times to those listed in the column on the left, please list (please read guidance note 6)		
Sun					

I

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

J

Supply of alcohol Standard days and timings (please read guidance note 9)			Will the supply of alcohol be for consumption – please tick (please read guidance note 8)	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 5)		
Mon	00.00	24.00			
Tue	00.00	24.00			
Wed	00.00	24.00			
Thur	00.00	24.00			
Fri	00.00	24.00			
Sat	00.00	24.00			
Sun	00.00	24.00			
			Non standard timings. Where you intend to use the premises for the supply of alcohol at different times to those listed in the column on the left, please list (please read guidance note 6)		

State the name and details of the individual whom you wish to specify on the licence as
designated premises supervisor. (Please see declaration about the entitlement to work in the
checklist at the end of the form):

Name JOHN MARSHAL MUTHUKUMAR	
Date of birth	
Address	
Postcode	
Previous licence number (if known)	
Issuing licensing authority (if known) BLACKPOOL COUNCIL – LICENSING TEAM	

K

Please highlight any adult entertainment or services, activities, other entertainment or matters ancillary to the use of the premises that may give rise to concern in respect of children (please read guidance note 9).
N/A

L

Hours premises are open to the public. Standard days and timings (please read guidance note 7)			State any seasonal variations (please read guidance note 5)
Day	Start	Finish	
Mon	00.00	24.00	<p>Non standard timings. Where you intend the premises to be open to the public at different times from those listed in the column on the left, please list (please read guidance note 6)</p>
Tue	00.00	24.00	
Wed	00.00	24.00	
Thur	00.00	24.00	
Fri	00.00	24.00	
Sat	00.00	24.00	
Sun	00.00	24.00	

M Describe the steps you intend to take to promote the four licensing objectives:

a) General – all four licensing objectives (b, c, d and e) (please read guidance note 10)

NOTHING BEYOND EXISTING HEALTH & SAFETY / FIRE SAFETY ETC REQUIREMENTS.

b) The prevention of crime and disorder

SEE ABOVE, THE PREMISE ALREADY HAS INTERNAL AND EXTERNAL CCTV INSTALLED TO THE SPECIFICATIONS AND RECOMMENDATIONS OF THE POLICE. THE CCTV IMAGES, ARE RETAINED FOR THIRTY ONE DAYS AND DOWNLOADABLE ON REQUEST. CCTV WILL ALSO BE RECORDING AT ALL TIMES THE PREMISES IS OPEN FOR LICENSABLE ACTIVITY. CCTV TIMES AND DATES, ARE TO BE VISIBLE AND ACCURATE. IN THE EVENT OF ANY BREAKDOWN OF THE CCTV EQUIPMENT, THE PREMISES LICENCE HOLDER / D.P.S, WILL INFORM THE LICENSING AUTHORITY AND THE POLICE AND RECORD ALL SUBSEQUENT BREAKDOWN ACTION DATA IN AN INCIDENT REPORT REGISTER, INCLUDING ALL FAULT RECTIFICATION DETAILS. THE PREMISES IS FULLY ALARMED INCLUDING A PANIC ALARM BUTTON FACILITY. LATE NIGHT TRADING WILL BE VIA A SECURITY SERVING HATCH LOCATED IN THE PREMISES FRONTAGE. THE DESIGNATED PREMISES SUPERVISOR WILL ENSURE THAT ANY STAFF INVOLVED IN THE SALE OF ALCOHOL WILL HAVE FULLY RECORDED AND DOCUMENTED TRAINING, INCLUDING SIX MONTHLY REFRESHER COURSES, IN RESPECT OF THEIR RESPONSIBILITIES UNDER THE LICENSING ACT 2003. THIS WILL INCLUDE ANY CHANGES OF LEGISLATION AND ALSO SIMILAR TRAINING IN THE USAGE AND CHRONICLED STORAGE OF CCTV. ALL TRAINING RECORDS WILL BE RETAINED AND AVAILABLE ON SITE FOR INSPECTION AT ANY TIME.

c) Public safety

SEE ABOVE,
ALSO, INTERNAL AND EXTERNAL CCTV ETC.
THE PREMISES ALREADY HAS A COMMERCIAL FIRE ALARM AND PETROL STATION FIRE FIGHTING EQUIPMENT, COVERED BY MAINTENANCE CONTRACTS. BOTH EMERGENCY LIGHTING AND SMOKE DETECTORS ARE ALREADY INSTALLED ALONG WITH ALL THE OTHER LEGAL SAFETY REQUIREMENTS THAT ENABLE A GARAGE / PETROL RETAILER TO TRADE SAFELY. INTERNAL LIGHTING WILL BE UPGRADED AND EXTRA EXTERNAL LIGHTING WILL BE INSTALLED IN RESPECT OF LATE NIGHT TRADING.

d) The prevention of public nuisance

SEE ABOVE, INTERNAL AND EXTERNAL CCTV IN PARTICULAR, IS A PROVEN
 DETERRENT IN TERMS OF ANY ANTI - SOCIAL ACTIVITIES AND ALSO POTENTIAL
 PROXY SALES. THE DESIGNATED PREMISES SUPERVISOR AND HIS STAFF, WILL AT
 ALL TIMES BE VIGILANT IN RELATION TO ANY LITTER ISSUES WITHIN THE
 IMMEDIATE VICINITY OF THE PREMISES.

e) The protection of children from harm

(SEE ABOVE), INTERNAL AND EXTERNAL CCTV ETC.
 THE LAYOUT OF SHOP GIVES CONSIDERATION TO THE PREVENTION OF
 CHILDREN'S ACCESS TO ALCOHOL AND ANY ALCOHOL DISPLAYED WILL NOT BE
 OBSTRUCTED FROM THE VIEW OF THE SALES ASSISTANTS. PREMISES WILL
 OPERATE A PROOF OF AGE SCHEME VIA ACCEPTABLE FORMS OF
 IDENTIFICATION AND INCORPORATING THE CHALLENGE IS POLICY. A SALES
 REFUSAL AND INCIDENT BOOK WILL BE FULLY MAINTAINED AND AVAILABLE
 FOR INSPECTION AT ANY TIME. IT WILL ALSO BE SIGNED OFF WEEKLY BY THE
 DESIGNATED PREMISES SUPERVISOR.
 NON - ALCOHOLIC / SOFT DRINKS, CRISPS AND CONFECTIONERY WILL BE
 SITUATED AWAY FROM THE ALCOHOL DISPLAY AREA.

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. ☒
- ☒ (Applicable to all individual applicants, including those in a partnership which is not a limited liability partnership, but not companies or limited liability partnerships) I have included documents demonstrating my entitlement to work in the United Kingdom. (please read note 15).

IT IS AN OFFENCE, UNDER SECTION 158 OF THE LICENSING ACT 2003, TO MAKE
 A FALSE STATEMENT IN OR IN CONNECTION WITH THIS APPLICATION. THOSE
 WHO MAKE A FALSE STATEMENT MAY BE LIABLE ON SUMMARY CONVICTION
 TO A FINE OF ANY AMOUNT.

IT IS AN OFFENCE UNDER SECTION 24B OF THE IMMIGRATION ACT 1971 FOR A
 PERSON TO WORK WHEN THEY KNOW, OR HAVE REASONABLE CAUSE TO
 BELIEVE, THAT THEY ARE DISQUALIFIED FROM DOING SO BY REASON OF
 THEIR IMMIGRATION STATUS. THOSE WHO EMPLOY AN ADULT WITHOUT
 LEAVE OR WHO IS SUBJECT TO CONDITIONS AS TO EMPLOYMENT WILL BE
 LIABLE TO A CIVIL PENALTY UNDER SECTION 15 OF THE IMMIGRATION,
 ASYLUM AND NATIONALITY ACT 2006 AND PURSUANT TO SECTION 21 OF THE
 SAME ACT, WILL BE COMMITTING AN OFFENCE WHERE THEY DO SO IN THE

KNOWLEDGE, OR WITH REASONABLE CAUSE TO BELIEVE, THAT THE EMPLOYEE IS DISQUALIFIED.

Part 4 – Signatures (please read guidance note 11)

Signature of applicant or applicant's solicitor or other duly authorised agent (see guidance note 12). If signing on behalf of the applicant, please state in what capacity.

Declaration	<ul style="list-style-type: none"> [Applicable to individual applicants only, including those in a partnership which is not a limited liability partnership: I understand I am not entitled to be issued with a licence if I do not have the entitlement to live and work in the UK (or if I am subject to a condition preventing me from doing work relating to the carrying on of a licensable activity) and that my licence will become invalid if I cease to be entitled to live and work in the UK (please read guidance note 15). The DPS named in this application form is entitled to work in the UK (and is not subject to conditions preventing him or her from doing work relating to a licensable activity) and I have seen a copy of his or her proof of entitlement to work, if appropriate (please see note 15).
Signature	
Date	7 th SEPTEMBER 2017
Capacity	AGENT FOR THE APPLICANT

For joint applications, signature of 2nd applicant or 2nd applicant's solicitor or other authorised agent (please read guidance note 13). If signing on behalf of the applicant, please state in what capacity.

Signature	
Date	
Capacity	

Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 14)			
LICENSED TRADE LEGAL SERVICES LIMITED, REGENT HOUSE, BATH AVENUE, WOLVERHAMPTON, WEST MIDLANDS.			
Post town	WOLVERHAMPTON	Postcode	WV1 4EG
Telephone number (if any)			
If you would prefer us to correspond with you by e-mail, your e-mail address (optional)			
N/A			





Birmingham City Council

Map Created By:

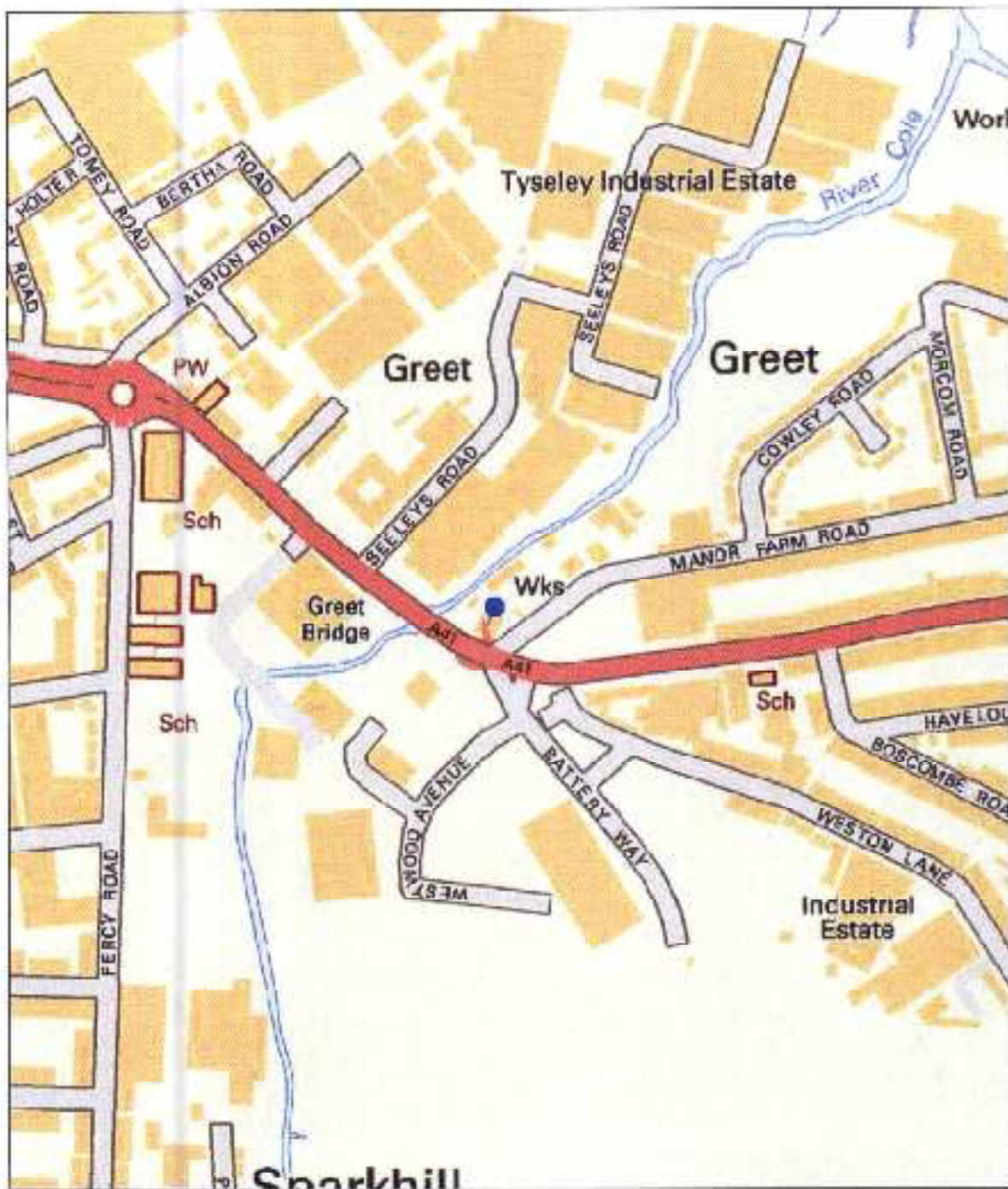
Notes

Date of Map Creation: 12/10/2017



Scale:
1:1,250

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Map Created By:

Notes

Date of Map Creation: 12/10/2017



Scale
1:4,000

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