6 The Green Sewardstone Road Waltham Abbey Essex EN9 1PE

February 26, 2007

Ms S Moran

Licensing Department
Epping Forest District Council
Civic Offices
High Street
Epping
CM16 4BZ

Dear Ms Moran,

RE: 1 FARMHILL ROAD, WALTHAM ABBEY, ESSEX

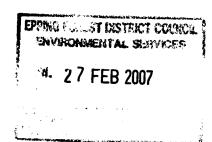
I understand from the notices that the above numbered premises has put in a request to sell alcohol from 7am to 11pm 7 days a week.

I am in utter disgust that a premise in the position it is in would even be considered for selling alcohol. We already have Tesco's, Co-op and two Off-Licenses already in Waltham abbey. As well as numerous Public Houses are you just encouraging Waltham Abbey to be an area which promotes alcohol and alcoholism. There is already inadequate policing of the area and a number of non drinking areas which is not policed. There is already a problem with teenage drinking as well as drink drivers.

Please could you refuse this application as a council and support the community.

Yours Sincerely,

Mr D J & Mrs A J Walton



Epping Forest District Council Licensing Section Civic Office High Street Epping CM16 4BZ

5<sup>th</sup> March, 2007

Dear Sirs,

# Re: Objection to license for 1 Farm Hill Road, Waltham Abbey, Essex

I own the house next door to the above premises and cannot object strongly enough to the above application.

The last time the 'shop' was open, it was a sweet/tobacco shop, also selling a few groceries, the owner at the time applied to the Council for the same license, <u>and it</u> was <u>not issued</u>.

Since that time Tesco have opened up. Tesco's sell alcohol. There is already an off-license in Farm Hill Road, another in Highbridge Street along with The New Inn, The Angel, The Sultan, The Sun, The Abbey Taverner and The Co-Op all selling alcohol. Another premises selling alcohol is not needed.

Some time ago the Council brought in a bye-law prohibiting the drinking of alcohol in the vacinity of the above premises, to allow this license would not help to keep this law in place.

Yours faithfully,

Taturin Heal

Patricia Hall

17th February 2007

Epping Forest District Council
High Street
Epping
Essex

Dear Sirs

RE: OBJECTIONS TO LICENCING APPLICATION FOR 1 FARM HILL ROAD, WALTHAM ABBEY

We the undersigned understand that a planning application has been made to turn no 1 Farm Hill Road in to a Minimart.

We absolutely object for the following reasons:

It is not required in this location, there is Tescos, Co-op and Farm Hill Road stores/post office and the BP Garage selling groceries all within close proximity.

There is no safe place for customers to stop and park their cars. No 3 Farm Hill experienced major disputes with customers using the previous store "Buntys" as they felt it ok to park across the drive of No 3.

There is enough of a problem with teenage drinkers collating in the town centre and we do not wish to encourage drinkers into this area.

It will directly effect the values of local properties and create litter from the store. Previous experience with Buntys ensured that locals regularly received empty packages, bottles and cigarette wrappings on their front gardens.

Alcohol sales are not required in this area as alcohol is readily available from Tesco until 11.00pm, the local Off Licence, Farm Hill Road store and the Co-Op.

We have no objection to the property being commercial but feel it would be put to better use as an office, or service provider ie chiropodist, etc.

Please consider our objections.

NAMEDIA	WADDRUSS (***	SIGNATURE



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**Epping Forest District Council** 

'NH200366951 lec.13 feb07 cil Consultation fin 12th Maro7

# 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.

ERDAL OZDIL

We GULQUE DIL .... apply for a premises licence under section 17 of (Insert name(s) of applicant)

Part 1- Postal a  L F	Insert name (s) of applicant) Ensing Act 2003 for the premises describe The are making this application to you as ance with section 12 of the Licensing Act  - Premises details  ACM HILL ROAD TOZ  ALTHAM ABBEY  SEX	tne re t 200	3	nt (icensii	iption
Post to	wn FSSEX	Post	code	EN9	1NE
Telephor	ne number at premises (if any)				
Non-dor	nestic rateable value of premises		£ 3	.900.0	00
	- <b>Applicant details</b> tate whether you are applying for a premises licen	ce as	oaca ti	ick <b>√</b> yes	
a)	an individual or individuals*	FU	E C	_	omplete section (A)
b)	<ul> <li>a person other than an individual*</li> <li>i. as a limited company</li> <li>ii. as a partnership</li> <li>iii. as an unincorporated association or</li> <li>iv. other (for example a statutory corporation)</li> </ul>			please o	omplete section (B) omplete section (B) omplete section (B) omplete section (B)
c)	a recognised club			please o	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		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 confir	m:	Please tick <b>v</b> yes
	<ul> <li>I am carrying on or proposing to carry on a business which involves the use of the premises for licensable</li> </ul>	activit	ies; or
	<ul> <li>I am making the application pursuant to a</li> <li>statutory function or</li> <li>a function discharged by virtue of Her Majes</li> </ul>		
(A) IN	DIVIDUAL APPLICANTS (fill in as applicable)  Mrs Miss Miss Ms		Other title (for example, Rev)
Surna	me First name	Δ/	(10) example, 112 y
0	ZDIZ ERD	<u>,,,_</u>	Please tick yes
l am	8 years old or over		
addre differ	nt postal ess if ent from ises address   II2 JOYCE AVENU   EDMONTON	Ē —	
Post	Town LOWDON Pos	tcode	N18 2TR
		194	7949571
	onal) 5.02dilabtconnect.com		

SECOND INDIVIDUAL APPLICANT\_(if applicable) Mr X Other title (for example, Rev) First names Surname GURB Please tick ✓ yes I am 18 years old or over 200 WESTBURY AVENUE Current postal address WOOD GREEN if different from premises address Postcode N22 6RU LONDON Post Town 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 s	start?
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Day	Month	Year	
18	0 1	20	07

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

Day	Month	Year	

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

Please give a general description of the premises (please read guidance note1)

THE PREMISES WERE USED AS
A SINGLE RETAIL UNIT WHICH HAS
A SINGLE ENTRANCE DOOR TO THE
FRONT AND ANOTHER DOOR TO THE
BACK COURTYARD IN CASE OF AN
EMERGENCY.

What licensable activities do you intend to carry on from the premises? (Please see sections 1 and 14 of the Licensing Act 2003 and Schedule 1 and 2 to the Licensing Act 2003)

	Please tick 🗸 yes
Provision of regulated entertainment	
<ul> <li>a) plays (if ticking yes, fill in box A)</li> <li>b) films (if ticking yes, fill in box B)</li> <li>c) indoor sporting events (if ticking yes, fill in box C)</li> <li>d) boxing or wrestling entertainment (if ticking yes, fill in box D)</li> </ul>	
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)	
<ul> <li>anything of a similar description to that falling within (e), (f) or (g)</li> </ul>	Ш
(if ticking yes, fill in box H)	
Provision of entertainment facilities for:	
i) making music (if ticking yes, fill in box I)	
j) dancing (if ticking yes, fill in box J)	
k) entertainment of a similar description to that falling within (i) or (j)	
(if ticking yes, fill in box K)	
Provision of late night refreshment (if ticking yes, fill in box L)	
Supply of alcohol (if ticking yes, fill in box M)	U
In all cases complete boxes N, O and P	

L

				<del>,</del>
	night			Indoors
refreshment				Outdoors
	ard days		tick [Y] (please read guidance note 2)	
	gs (please			
guidar	nce note			
Day	Start	Finish		Both
Mon			Please give further details here (please read guida	ince note 3)
Tue				
	200.00			
Wed			State any seasonal variations for the provision or refreshment (please read guidance note 4)	<u>f late night</u>
Thur				
Fri			Non standard timings. Where you intend to use the provision of late night refreshment at differe listed in the column on the left, please list (pleas	ent times, to those
Sat			<b>5)</b>	
Sun				

M

Supp	ly of alo	cohol	Will the sale of alcohol be for	On the premises
Standard days and timings (please read guidance note 6)		read	consumption (Please tick box Y) (please read guidance note 7)	Off the premises
Day	Start	Finish		Both
Mon	07:00	23700	State any seasonal variations for the guidance note 4)	e supply of alcohol (please read
Tue	07:00	23710		
Wed	07:00	23:00		
Thur	77:00	23:00	Non-standard timings. Where you i the supply of alcohol at different tir on the left, please list (please read go	nes to those listed in the column
Fri	07:00	23:00		
Sat	07:20	23:20		
SUN	07130	23:00		

Sun	200	 
Juli	17.00 73:20	
	1 00 2 0 V	

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

Name EPDAL 02D/L

Address // 2 JOYCE AVENUE

EDMONTON LONDON

Postcode A/18 2TR

Personal Licence number(if known) LN/200500611

Issuing licensing authority (if known) ENFIELD COUNCIL

#### N

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)

#### O

to the	gs (please note 6)	State any seasonal variation (please read guidance note 4)
<u> </u>	Finish	
07:00	23:00	
07:00	23:00	
<b>9</b> 7:00	23:00	Non standard timings. Where you intend to use the premises to
07:00	23:00	be open to the public at different times from those listed in the column on the left, please list (please read guidance note 5)
07-80	23100	
27200	23:00	
07:00	23:00	
	07:00 07:00 07:00	7-80 23200

### P

Describe the steps you intend to take to promote the four licensing objectives: a) General – all four licensing objectives (b,c,d,e) (please read guidance note 9)

fremises will be used as a mini market which will have a section of an off-Licence. We will work with the local council to prevent any disorderly behavement in the local area by Using any introduced safety notices by following them

b) The prevention of crime and disorder

We will install a CCTV with at least four corners that will have a 24 hour recording system and we will keep records up to 30 day. We will not in any case serve under age drinkers and will as for T.D. 5 or not serve them if in doubt.

We will have the CCTV with 4 coneras Fire extingivehers for all sorts of fires smoke alarm

#### d) The prevention of public nuisance

I do not think that our business will be any was Norsence to any one if in any case there is a problem we will work clusely with the Local Authorities to solve any problems.

e) The protection of children from harm

we will not in any case serve under age drinkers. on we will ask for I-D's if in doubt we will not serve them. Again we can work with the coonal to solve any Under age offinking problems.

Please tick • yes
<ul> <li>I have made or enclosed payment of the fee</li> <li>I have enclosed the plan of the premises</li> <li>I have sent copies of this application and the plan to responsible authorities and others where applicable</li> <li>I have enclosed the consent form completed by the individual I wish to be premises supervisor, if applicable</li> <li>I understand that I must now advertise my application</li> <li>I understand that if I do not comply with the above requirements my application will be rejected</li> </ul>
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
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 Signature
Date 18/01/07
Capacity Premises Supervisor (DPS)
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 note12) If signing on behalf of the applicant please state in what capacity.
Signature 07-07-07
Date
Capacity Owner OF the property
Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 13)
Post town Post code
Telephone number (if any)
If you would prefer us to correspond with you by e-mail your e-mail address (optional)

