

**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 HARRY S LEE LTD T/A BARRETT - LEE *
(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 | | | |
| THE PHARMACY HALL ST LONG MELFORD | | | |
| Post town | SUDBURY | Postcode | CO10 9JG |
| Telephone number at premises (if any) | | | |
| Non-domestic rateable value of premises | | £ 27,750 | |

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/limited liability partnership | <input checked="" type="checkbox"/> | please complete section (B) |
| ii as a partnership (other than limited liability) | <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) |
| d) a charity | <input type="checkbox"/> | 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 type="checkbox"/> | Mrs <input type="checkbox"/> | Miss <input type="checkbox"/> | Ms <input type="checkbox"/> | Other Title (for example, Rev) | |
| Surname | | | First names | | |
| Date of birth | | | I am 18 years old or over <input 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) | | | | | |

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 | | |

| | | | |
|--|--|--|--|
| Date of birth | | I am 18 years old or over <input 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) | | | |

(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 | HARRY S LEE LTD T/A BARRETT-LEE |
| Address | NORTHERN RD SUDBURY SUFFOLK CO10 2XQ |
| Registered number (where applicable) | 1594999 |
| Description of applicant (for example, partnership, company, unincorporated association etc.) | COMPANY |
| Telephone number (if any) | 01787 370774 |
| E-mail address (optional) | MICHAEL@BARRETT-LEE.CO.UK |

Part 3 Operating Schedule

When do you want the premises licence to start?

DD MM YYYY
06 11 2017

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

| | | |
|----|----|------|
| DD | MM | YYYY |
| ┆ | ┆ | ┆ |
| ┆ | ┆ | ┆ |
| ┆ | ┆ | ┆ |
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| ┆ | ┆ | ┆ |
| ┆ | ┆ | ┆ |

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

CONVENIENCE STORE - BUDGENS.

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 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 | | |
| Mon | | | Please give further details here (please read guidance note 4) | |
| Tue | | | | |
| Wed | | | State any seasonal variations for performing plays (please read guidance note 5) | |
| Thur | | | | |
| Fri | | | 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) | |
| Sat | | | | |
| Sun | | | | |

B

| | | | | | |
|---|-------|--------|--|----------|--------------------------|
| Films Standard days and timings (please read guidance note 7) | | | <u>Will the exhibition of films 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 | <u>Please give further details here</u> (please read guidance note 4) | | |
| Mon | | | | | |
| Tue | | | <u>State any seasonal variations for the exhibition of films</u> (please read guidance note 5) | | |
| Wed | | | | | |
| Thur | | | <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 6) | | |
| Fri | | | | | |
| Sat | | | | | |
| Sun | | | | | |

C

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

D

| | | | | | | |
|--|-------|--------|--|--|----------|--------------------------|
| Boxing or wrestling entertainments Standard days and timings (please read guidance note 7) | | | <u>Will the boxing or wrestling entertainment take place 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 | | | <u>Please give further details here</u> (please read guidance note 4) | | | |
| Tue | | | | | | |
| Wed | | | <u>State any seasonal variations for boxing or wrestling entertainment</u> (please read guidance note 5) | | | |
| Thur | | | | | | |
| Fri | | | <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) | | | <u>Will the performance of live music 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 | | | | |
| Wed | | | <u>State any seasonal variations for the performance of live music</u> (please read guidance note 5) | |
| Thur | | | | |
| Fri | | | <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 6) | |
| Sat | | | | |
| Sun | | | | |

F

| | | | | | |
|--|-------|--------|--|----------|--------------------------|
| Recorded music Standard days and timings (please read guidance note 7) | | | <u>Will the playing of recorded music 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 | <u>Please give further details here</u> (please read guidance note 4) | | |
| Mon | | | | | |
| Tue | | | <u>State any seasonal variations for the playing of recorded music</u> (please read guidance note 5) | | |
| Wed | | | | | |
| Thur | | | <u>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</u> (please read guidance note 6) | | |
| Fri | | | | | |
| 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 | <u>Please give further details here</u> (please read guidance note 4) | | |
| Mon | | | | | |
| 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 | | | | | |

H

| | | | | | |
|--|-------|--------|--|----------|--------------------------|
| 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 | <u>Will this entertainment take place indoors or outdoors or both – please tick</u> (please read guidance note 3) | Indoors | <input type="checkbox"/> |
| Mon | | | | Outdoors | <input type="checkbox"/> |
| | | | | Both | <input type="checkbox"/> |
| Tue | | | <u>Please give further details here</u> (please read guidance note 4) | | |
| Wed | | | | | |
| Thur | | | <u>State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g)</u> (please read guidance note 5) | | |
| Fri | | | | | |
| Sat | | | <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 6) | | |
| Sun | | | | | |

I

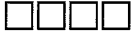
| | | | | | |
|--|--------------|---------------|---|----------|--------------------------|
| Late night refreshment Standard days and timings (please read guidance note 7) | | | Will the provision of late night refreshment take place indoors or outdoors or both – please tick (please read guidance note 3) | Indoors | <input type="checkbox"/> |
| | | | | 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 | | | | | |
| Wed | | | <u>State any seasonal variations for the provision of late night refreshment</u> (please read guidance note 5) | | |
| 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 6) | | |
| Sat | | | | | |
| Sun | | | | | |

J

| Supply of alcohol Standard days and timings (please read guidance note 7) | | | 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 | 06.00 | 22.00 | | | | | | |
| Tue | 06.00 | 22.00 | | | | | | |
| Wed | 06.00 | 22.00 | | | | | | |
| Thur | 06.00 | 22.00 | | | | 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) | | |
| Fri | 06.00 | 22.00 | | | | | | |
| Sat | 06.00 | 22.00 | | | | | | |
| Sun | 07.00 | 21.00 | | | | | | |

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 | MICHAEL HOLT |
| Date of birth | 8-6-65 |
| Address | 18 THE PIPPINS GEMS FORD SUDBURY |
| Postcode | CO10 7PQ |
| Personal licence number (if known) | BPA 1008 |
| Issuing licensing authority (if known) | BABERGH. |



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).

NONE.

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 | 06.00 | 22.00 | 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) |
| Tue | 06.00 | 22.00 | |
| Wed | 06.00 | 22.00 | |
| Thur | 06.00 | 22.00 | |
| Fri | 06.00 | 22.00 | |
| Sat | 06.00 | 22.00 | |
| Sun | 07.00 | 21.00 | |
| | | | |

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)

The premises licence holders shall ensure that relevant members of staff receive and complete suitable and sufficient training to include licensing law, offences in relation to prohibited sales and good practice in relation to promotion of the licensing objection, with written records retained of training undertaken and made available for inspection by the Police or an authorised officer of the Licensing Authority upon reasonable request. An appropriate training manual shall be operated and retained at the licensed premises. Refresher training shall be undertaken at least once every 12 months, with any new member of staff to be trained within six weeks of taking their position and prior to undertaking any direct duties. For the avoidance of doubt this training may be administered in-house/on-line in accordance with the relevant criteria.

b) The prevention of crime and disorder

A CCTV system shall be installed and maintained on the licensed premises, with a minimum of six cameras covering the licensed premises. Recordings shall be accurately timed and dated and shall be retained for a minimum period of 31 days. Recordings shall be made available to an authorised officer of the Police or Licensing Authority upon request, and a member of staff competent at downloading/accessing images shall be on duty at the premises whilst it is open to the public. Notices specifying CCTV surveillance is operating shall be displayed prominently at the premises. It should be noted that any retention, use or disclosure of personal information caught on CCTV must be carried out in line with the data protection principles which shall override any conflicting element of this condition.

An incidental/refusals register shall be maintained on the premises and kept up to date. The register shall be made available to an authorised officer of the Police or Licensing Authority upon request. This register shall include records of any crimes, complaints, incidents of disorder, visit by responsible authority or emergency responder and any faults in the CCTV system.

High value alcoholic drinks shall be stored/displayed behind the counter in order to promote the prevention of crime and disorder.

There shall be no self-service of spirits on the licensed premises.

Sales of alcohol shall not to include any super strength lagers, beers or ciders where the strength exceeds 6.5% ABV (alcohol by volume), for the avoidance of doubt this shall not exclude the sale of 'specialist' branded alcoholic beverages.

c) Public safety

The Premises Licence Holder shall conduct full risk assessments for all public licensable activities held at the licensed premises, so as to promote the public safety licensing objective. Records of such risk assessments shall be made available to an authorised officer of a Responsible Authority or the Licensing Authority upon request.

A suitable and sufficient first aid kit shall be available on the licensed premises.

d) The prevention of public nuisance

The premises licence holder shall ensure that notices are prominently displayed and maintained on the premises requesting that customers enter and leave the premises quietly.

e) The protection of children from harm

There shall be no 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. The premises licence holder shall adopt a 'Challenge 25' proof of age scheme. The premises licence holder shall operate a requirement for the production of a passport, driving licence or other bona fide form of identity carrying a photographic image, where the individual requesting the supply of alcohol appears to be under the age of 25. Alcohol shall be displayed away from sweets and confectionary products, so as to promote the protection of children from harm.

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 | 15/09/2017 |
| Capacity | Director |

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.**

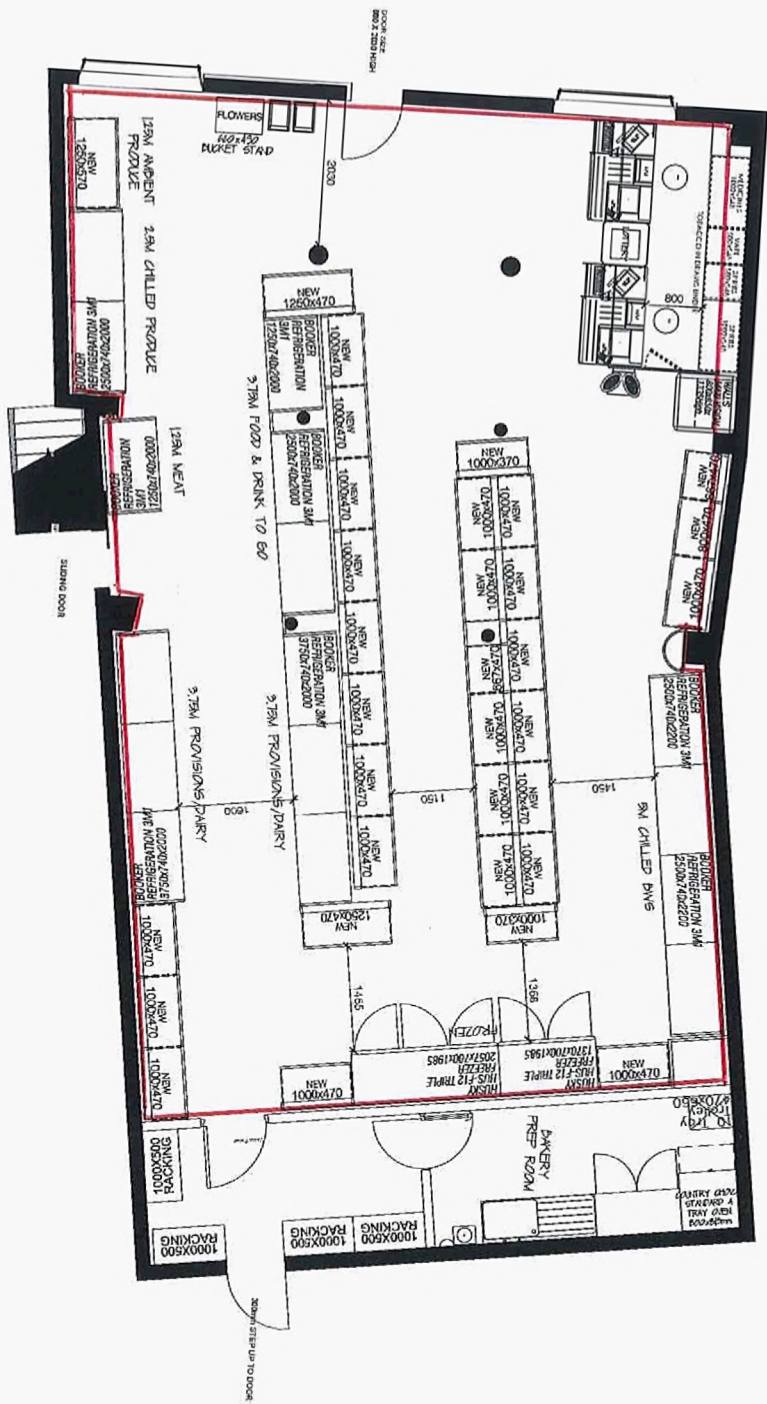
| | |
|-----------|--|
| Signature | |
| Date | |
| Capacity | |

| | | | |
|---|--|----------|--|
| Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 14) | | | |
| Post town | | Postcode | |
| Telephone number (if any) | | | |
| If you would prefer us to correspond with you by e-mail, your e-mail address (optional) | | | |

PROJECT TITLE
 BUDGENS
 LONG MELFORD

DRAWING NUMBER
 LON-101-17

REVISION
 A



| ITEM | DESCRIPTION | QTY | UNIT | PRICE | TOTAL |
|------|--------------------------------|-----|------|-------|-------|
| 1 | 123M AGENT 12M CHILLED PRODUCE | 1 | sqm | 12000 | 12000 |
| 2 | 123M MEAT | 1 | sqm | 10000 | 10000 |
| 3 | 123M PROVISIONS/PARTY | 1 | sqm | 10000 | 10000 |
| 4 | 123M FOOD & DRINK TO GO | 1 | sqm | 10000 | 10000 |
| 5 | 123M CHILLED BINS | 1 | sqm | 10000 | 10000 |
| 6 | 123M BAKERY | 1 | sqm | 10000 | 10000 |
| 7 | 123M BUTCHERY | 1 | sqm | 10000 | 10000 |
| 8 | 123M DAIRY | 1 | sqm | 10000 | 10000 |
| 9 | 123M FRESH | 1 | sqm | 10000 | 10000 |
| 10 | 123M FISH & SEAFOOD | 1 | sqm | 10000 | 10000 |
| 11 | 123M FRESH PRODUCE | 1 | sqm | 10000 | 10000 |
| 12 | 123M FLOWERS | 1 | sqm | 10000 | 10000 |
| 13 | 123M MARKET STAND | 1 | sqm | 10000 | 10000 |
| 14 | 123M RESTROOMS | 1 | sqm | 10000 | 10000 |
| 15 | 123M SERVICE COUNTER | 1 | sqm | 10000 | 10000 |
| 16 | 123M CHECKOUT | 1 | sqm | 10000 | 10000 |
| 17 | 123M DELIVERY DOOR | 1 | sqm | 10000 | 10000 |
| 18 | 123M SLIDING DOOR | 1 | sqm | 10000 | 10000 |
| 19 | 123M RACKING | 1 | sqm | 10000 | 10000 |
| 20 | 123M STORAGE | 1 | sqm | 10000 | 10000 |
| 21 | 123M OFFICE | 1 | sqm | 10000 | 10000 |
| 22 | 123M STORE ROOM | 1 | sqm | 10000 | 10000 |
| 23 | 123M WAREHOUSE | 1 | sqm | 10000 | 10000 |
| 24 | 123M LOADING DOCK | 1 | sqm | 10000 | 10000 |
| 25 | 123M UNLOADING DOCK | 1 | sqm | 10000 | 10000 |
| 26 | 123M TRUCK PARKING | 1 | sqm | 10000 | 10000 |
| 27 | 123M CAR PARKING | 1 | sqm | 10000 | 10000 |
| 28 | 123M CYCLE PARKING | 1 | sqm | 10000 | 10000 |
| 29 | 123M BICYCLE RACKING | 1 | sqm | 10000 | 10000 |
| 30 | 123M BICYCLE REPAIR | 1 | sqm | 10000 | 10000 |
| 31 | 123M BICYCLE WASH | 1 | sqm | 10000 | 10000 |
| 32 | 123M BICYCLE STORAGE | 1 | sqm | 10000 | 10000 |

PROJECT TITLE
 BUDGENS
 LONG MELFORD

PROJECT ADDRESS
 WIDEWATER PLACE/MOORHALL ROAD, HAREFIELD
 MIDDLESEX, UB8 8NS
 Telephone: 0800 298 0798 (Mon - Fri 9am - 5pm)
 www.budgens.co.uk

Budgens

DEVELOPMENT DEPARTMENT
 WIDEWATER PLACE/MOORHALL ROAD, HAREFIELD
 MIDDLESEX, UB8 8NS
 Telephone: 0800 298 0798 (Mon - Fri 9am - 5pm)
 www.budgens.co.uk

DRAWING TITLE
 GENERAL ARRANGEMENT
 PROPOSED
 NEIGHBOURHOOD

SCALE 1 : 50 @ A2

DRAWN JAMES BUTCHER

DATE AUGUST

REV.DATE 16.08.17

DRAWING NUMBER LON-101-17

REVISION A

NOTES

1. ALL DIMENSIONS ARE GIVEN UNLESS OTHERWISE SPECIFIED IN THE DRAWING.

2. THE DRAWING IS TO BE APPROVED BY THE ARCHITECT AND THE DEVELOPER.

3. THE DRAWING IS TO BE APPROVED BY THE ARCHITECT AND THE DEVELOPER.

4. THE DRAWING IS TO BE APPROVED BY THE ARCHITECT AND THE DEVELOPER.

5. THE DRAWING IS TO BE APPROVED BY THE ARCHITECT AND THE DEVELOPER.

6. THE DRAWING IS TO BE APPROVED BY THE ARCHITECT AND THE DEVELOPER.

7. THE DRAWING IS TO BE APPROVED BY THE ARCHITECT AND THE DEVELOPER.

8. THE DRAWING IS TO BE APPROVED BY THE ARCHITECT AND THE DEVELOPER.

9. THE DRAWING IS TO BE APPROVED BY THE ARCHITECT AND THE DEVELOPER.

10. THE DRAWING IS TO BE APPROVED BY THE ARCHITECT AND THE DEVELOPER.