

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 **Tesco Stores Limited**

(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

Tesco Express, 34 Station Road, West Drayton, UB7 7BZ

Post town	West Drayton	Postcode	UB7 7BZ
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Telephone number at premises (if any)	
Non-domestic rateable value of premises	£ Unrated - Property is not on the VOA yet. The site is being developed. Payment made in Band A for premises under construction.

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):

We are 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)					
Where applicable (if demonstrating a right to work via the Home Office online right to work checking service), the 9-digit 'share code' provided to the applicant by that service (please see note 15 for information)					

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					
Where applicable (if demonstrating a right to work via the Home Office online right to work checking service), the 9-digit 'share code' provided to the applicant by that service: (please see note 15 for information)					
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
Tesco Stores Limited
Address
Tesco House, Shire Park, Kestrel Way, Welwyn Garden City, Hertfordshire, AL7 1GA
Registered number (where applicable)
00519500
Description of applicant (for example, partnership, company, unincorporated association etc.)
Private Limited Company
Telephone number (if any)
E-mail address (optional)
Licensing.Team@tesco.com

Part 3 Operating Schedule

When do you want the premises licence to start?

DD	MM	YYYY

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)

Retail premises (supermarket) selling a range of goods and services. This includes the sale of alcohol for consumption off the premises. Sales of alcohol for consumption off the premises are made from the supermarket sales floor as shown on the enclosed plan.

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

G

Performances of dance Standard days and timings (please read guidance note 7)			Will the performance of dance 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 the performance of dance (please read guidance note 5)		
	-----	-----			
Thur					
	-----	-----			
Fri			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 (please read guidance note 6)		
	-----	-----			
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"/>	
			Outdoors	<input type="checkbox"/>	
Mon			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 checked="" type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon	23:00	00:00		Both	<input type="checkbox"/>
			Please give further details here (please read guidance note 4)		
Tue	23:00	00:00			
Wed	23:00	00:00	State any seasonal variations for the provision of late-night refreshment (please read guidance note 5)		
Thur	23:00	00:00			
Fri	23:00	00:00	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 (please read guidance note 6)		
Sat	23:00	00:00			
Sun	23:00	00:00			

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)	
Day	Start	Finish	On the premises	<input type="checkbox"/>
Mon	06:00	00:00	Off the premises	<input checked="" type="checkbox"/>
			Both	<input type="checkbox"/>
			State any seasonal variations for the supply of alcohol (please read guidance note 5)	
Tue	06:00	00:00		
Wed	06:00	00:00		
Thur	06:00	00:00	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	00:00		
Sat	06:00	00:00		
Sun	06:00	00:00		

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 Mr. Steven Nicholas Andrzejuk	
Date of birth [REDACTED]	
Address [REDACTED]	
Postcode	[REDACTED]
Personal licence [REDACTED]	
Issuing licensing authority (if known) [REDACTED]	

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)			<u>State any seasonal variations</u> (please read guidance note 5)
Day	Start	Finish	
Mon	06:00	00:00	
Tue	06:00	00:00	
Wed	06:00	00:00	
Thur	06:00	00:00	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)
Fri	06:00	00:00	
Sat	06:00	00:00	
Sun	06:00	00:00	

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)

Tesco is a large national operator with a range of head office and local support. The company has devised policies, procedures, systems, and training to ensure that they sell alcohol in a responsible manner.

There is a detailed programme which ensures that comprehensive training is provided to employees having regard to their role and the responsibilities and such training is regularly reviewed, and records kept.

b) The prevention of crime and disorder

We will have a digital CCTV system that covers the premises, including the main area which will be used for display of alcohol. Images will be retained for 31 days.

A member of the management team will be on the premises all the time the store is open. This colleague will have responsibility for the premises and will be the initial point of contact for any issues that may arise.

c) Public safety

The premises licence holder is fully aware of its responsibilities under a range of health and safety related legislation and has policies and procedures in place to be confident of complying with the relevant obligations which arise.

d) The prevention of public nuisance

The company has a “good neighbour” ethos which seeks to ensure that the premises plays an active part in the local community.

e) The protection of children from harm

The premises will operate a Think 25 policy. The checkouts will be programmed to prompt the customer assistant when an alcohol product is scanned at the checkout to follow the Think 25 policy.

All colleagues will receive training in relation to the underlying law and Tesco policy, systems, and procedures. This training will be documented, and refresher training will be provided on a regular basis.

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 or my share code issued by the Home Office online right to work checking service (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, or have conducted an online right to work check using the Home Office online right to work checking service which confirmed their right to work (please see note 15)
Signature	
Date	13/11/2025
Capacity	Ms. Hardish Purewal – Licensing Manager Duly authorised agent, for and on behalf of Tesco Stores Limited

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)

Tesco Licensing Team,

Shire Park, Kestrel Way,

Post town	Welwyn Garden City	Postcode	AL7 1GA
Telephone number (if any)			
If you would prefer us to correspond with you by e-mail, your e-mail address (optional) Licensing.Team@tesco.com			

REV	DATE	AMENDMENTS

ADDRESS: 34 STATION ROAD, WEST DRAYTON UB7 7BZ

FIRE DETECTION LEGEND

- ▲ SOUNDER
- VISUAL INDICATOR (BEACON)
- ▲ 6KG 27A FOAM & 2KG CO₂ EXTINGUISHERS
- GH DS ■ AREA COVERED BY SMOKE DETECTIONS
- BREAK GLASS CALL POINT

STATION ROAD

TOTAL DEPTH OF THE STORE 18.19M

22

24

28

TOTAL WIDTH OF THE STORE 30.15M

SERVICE YARD

TESCO



MOE

FERRERS AVE

RED LINE MEANING: The red line denotes the area of the premises to be licensed space

PROJECT:
WEST DRAYTON, STATION ROAD

DISCRIPTION
PROPOSED SITE
BWS LICENSE LAYOUT

DRAWING NO.DRAYTON\sspg\#BWSPLAN

PHASE 2 ISSUE ##

SYSTEM ID: NC.DRAYTON\sspg\#.dwg

SCALE NTS@A3 DATE 30.09.2025

FEASIBILITY ANTHONY
MANAGER STAINSBY

TBS PLANNER VIKAS

TESCO

FEASIBILITY PLANNING
STORE PLANNING DEPARTMENT

PROPERTY SERVICES

HIGHWOODS BUILDING, KESTREL WAY
WELWYN GARDENS, HERTS, AL7 1GB, UK

TELEPHONE : 01707 395150

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