

Licensing Solutions

32 Church Road, Locks Heath Southampton SO31 6LU

Tel 07831 159 450

Fax 01489 583932

chris@licensingolutions.org.uk

13th November 2015

Licensing Manager
Licensing Section
Gwynedd Council
Council Offices
Cae Penarlag
Dolgellau
Gwynedd LL40 2YB



Dear Sir,

Re: Section 17 Premises Licence Applications – MFG Porthmadog FS

Please find enclosed our application for a Premises Licence on behalf of our client in respect of the premises listed as above in the High Street with a submission date of the 23rd November as per the notice in the application documentation, together with our cheque in the sum of £315 being the fee due in this matter.

Please note that the DPS will be varied to the manager in day to day control of Licensable Activity before any sales commence.

We have also enclosed a copy of the master application, plan and DPS consent form together with a copy of the notice displayed on the premises and advertised in a local newspaper plus further information in support of the application.

We can confirm that copies of the application bundle have been served on the Responsible Authorities as listed below, and that an advertisement has been placed in a newspaper circulating in the area.

We trust that you will find that the application is in order but should you have any queries please do not hesitate to contact us in the first instance,
Yours faithfully

Handwritten signature of Chris Mithener.

Chris Mithener FBlltp

cc Applicant
Licensing – GC
N W Police
N W Fire Service
GC Environmental Health
GC Health & Safety
GC Planning
GC Trading Standards
GC Child Protection
BCU Public Health

a division of the Retail Services & Design Group

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Please note that the DPS will be varied to the manager in day to day control of Licensable Activity before any sales commence.

We have enclosed a copy of the master application, plan and DPS consent form together with a copy of the notice displayed on the premises and advertised in a local newspaper plus further information in support of the application.

We can confirm that copies of the application bundle have been served on the other Responsible Authorities as listed below, and that an advertisement has been placed in a newspaper circulating in the area.

We trust that you will find that the application is in order but should you have any queries please do not hesitate to contact us in the first instance,
Yours faithfully

Chris Mitchener FBlltp

cc: Applicant
Licensing – GC
N W Police
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a division of the Retail Services & Design Group

Licensing Solutions

32 CHURCH ROAD, LOCKS HEATH, SOUTHAMPTON SO31 6LU

Tel 07831 159450

Fax 01489 583932

chris@licensingolutions.org.uk

Premises Licence Application

on behalf of the

Convenience Store

Motor Fuel Limited

Porthmadog Filling Station

High Street

Porthmadog

LL49 9NG

mfg
motor fuel group

a division of the Retail Services & Design Group

Background History

This site is an existing Shell forecourt and shop which has been acquired by our clients and is to be traded by the applicants much as the other sites that they operate. The shop is being re-ranged and re-merchandised to the **mfg** Convenience Store format to fully realise its trading potential. This includes extending trading hours, installing a Costa Coffee machine, installing Camelot and Paypoint and enhancing the retail offer across the range adapting and replacing fittings as necessary.

The Shop

The new shop layout has been designed to serve both the local community and those from further afield. Trading as a convenience store under the Company's own tried and tested convenience format a good range of fresh foods, groceries and other products are to be offered and the off licence is an important part of the service that such a shop is now expected to provide.

The Operation

The shop is operated by the Manager assisted by a team of staff who live locally. The DPS trained and certified through the national APLH certificate scheme will be responsible for training all staff and keeping and maintaining ongoing training records utilising the **Off Licence Training System**. The refusals system will be used with records kept in the **Refusals Book** to tie in with the CCTV system. The **Challenge 25** trading initiative will also be embraced.

Security

The premises are secured by an **alarm system** and the **CCTV system** will benefit from cameras supported by a **24 hour recorder** and **library** which can be made available to the Police if required.

Trading Hours

	Opening Hours	Alcohol supply	L N R
Mon – Sat	00.00 to 24.00	06.00 to 23.00	23.00 to 05.00
Sun	00.00 to 24.00	06.00 to 23.00	23.00 to 05.00

Summary

Enhanced Convenience trading format

Off-Licence Training System

Refusals Book

Alarm System

Challenge 25

CCTV

24 hour record with library

PUBLIC NOTICE OF AN APPLICATION FOR A PREMISES LICENCE UNDER SECTION 17 OF THE LICENSING ACT 2003

Notice is hereby given that an application was made to **GWYNEDD COUNCIL** for a premises licence under the above Act on the **23RD NOVEMBER 2015**

Applicant: **MOTOR FUEL LTD**
Address of premises: **CONVENIENCE STORE
PORTHMADOG FILLING STATION
HIGH STREET
PORTHMADOG LL49 9NG**

Proposed licensable activities:

**SALE OF ALCOHOL FOR CONSUMPTION OFF THE PREMISES
AND THE PROVISION OF LATE NIGHT REFRESHMENT**

Proposed days and hours of licensable activity:

ALCOHOL SALES	EVERY DAY 06.00 TO 23.00
LATE NIGHT REFRESHMENT	23.00 TO 05.00

The postal address of the Licensing Authority where the register is kept and the application may be inspected is:

*** LICENSING SECTION, GWYNEDD COUNCIL,
COUNCIL OFFICES, CAE PENARLAG, DOLGELLAU LL40 2YB**

Any person wishing to make representations on this matter shall give notice, in writing, stating the nature and grounds for making such representations to The Licensing Officer at the above address* within 28 days of the date of this notice – by the **21ST DECEMBER 2015.**

Further information is available on the web site www.gwynedd.gov.uk following the links.

It is an offence, under section 158 of the Licensing Act 2003, to knowingly or recklessly make a false statement in or in connection with an application, and the maximum fine on summary conviction of such an offence is £5000.

Licensing Solutions – duly authorised agents

**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 **MOTOR FUEL LTD**

(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			
CONVENIENCE STORE PORTHMADOG FILLING STATION FS368 HIGH STREET			
Post town	PORTHMADOG	Postcode	LL49 9NG

Telephone number at premises (if any)	01766 510920
Non-domestic rateable value of premises	£ 40500

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 | X | 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) |
| 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:

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)	
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)					

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 MOTOR FUEL LIMITED
Address BUILDING 2 ABBEY VIEW EVERARD CLOSE ST ALBANS HERTS AL1 2QU
Registered number (where applicable) 5206547
Description of applicant (for example, partnership, company, unincorporated association etc.) COMPANY
Telephone number (if any) 01727 898890
E-mail address (optional)

Part 3 Operating Schedule

When do you want the premises licence to start?

DD	MM	YYYY
2	2	1 2 2 0 1 5

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="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Please give a general description of the premises (please read guidance note 1).
GROUND FLOOR CONVENIENCE STORE SITED ON A SHELL FORECOURT TRADING AS A NEW FORMAT SELECT CONVENIENCE RETAIL STORE WITH AN IMPROVED RANGE OF FRESH FOODS GROCERIES DAIRY PRODUCTS CONFECTIONARY SOFT DRINKS AND TOBACCO PRODUCTS ON OFFER WITH PARKING AVAILABLE FOR CUSTOMERS ON THE FORECOURT

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)
- 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)

X

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

X

In all cases complete boxes K, L and M

A

Plays Standard days and timings (please read guidance note 6)			Will the performance of a play 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	Please give further details here (please read guidance note 3)		
Mon					
Tue					
Wed			State any seasonal variations for performing plays (please read guidance note 4)		
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 5)		
Sat					
Sun					

B

Films Standard days and timings (please read guidance note 6)			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	Please give further details here (please read guidance note 3)	
Mon				
Tue				
Wed				
Thur				
Fri				
Sat				
Sun				
			State any seasonal variations for the exhibition of films (please read guidance note 4)	
			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 5)	

C

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

D

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

E

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

F

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

G

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

H

Anything of a similar description to that falling within (e), (f) or (g) 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	Will this entertainment take place indoors or outdoors or both – please tick (please read guidance note 2)	Indoors	<input type="checkbox"/>
Mon				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Tue			Please give further details here (please read guidance note 3)		
Wed					
Thur			State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g) (please read guidance note 4)		
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 5)		
Sun					

I

Late night refreshment Standard days and timings (please read guidance note 6)			Will the provision of late night refreshment take place indoors or outdoors or both – please tick (please read guidance note 2)	Indoors	x		
				Outdoors	<input type="checkbox"/>		
Day	Start	Finish		Both	<input type="checkbox"/>		
Mon	00.00	05.00	Please give further details here (please read guidance note 3)				
	23.00	24.00					
Tue	00.00	05.00					
	23.00	24.00					
Wed	00.00	05.00		State any seasonal variations for the provision of late night refreshment (please read guidance note 4)			
	23.00	24.00					
Thur	00.00	05.00					
	23.00	24.00					
Fri	00.00	05.00			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 5)		
	23.00	24.00					
Sat	00.00	05.00					
	23.00	24.00					
Sun	00.00	05.00					
	23.00	24.00					

J

Supply of alcohol Standard days and timings (please read guidance note 6)			Will the supply of alcohol be for consumption – please tick (please read guidance note 7)	On the premises	<input type="checkbox"/>			
				Off the premises	X			
				Both	<input type="checkbox"/>			
Day	Start	Finish	State any seasonal variations for the supply of alcohol (please read guidance note 4)					
Mon	06.00	23.00						
Tue	06.00	23.00						
Wed	06.00	23.00						
Thur	06.00	23.00						
Fri	06.00	23.00						
Sat	06.00	23.00						
Sun	06.00	23.00						
						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 5)		

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

Name		CHRISTOPHER JOHN MITCHENER
Address		WALNUTS 32 CHURCH ROAD LOCKS HEATH SOUTHAMPTON
Postcode	SO31 6LU	
Personal licence number (if known)		2005/00407/06EPEC
Issuing licensing authority (if known)		EASTLEIGH BOROUGH COUNCIL

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).

NONE

L

Hours premises are open to the public Standard days and timings (please read guidance note 6)			State any seasonal variations (please read guidance note 4)
Day	Start	Finish	
Mon	00.00	24.00	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 5)
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 9)

ALARM SYSTEM WITH PANIC BUTTONS, CCTV SYSTEM WITH RECORDING FACILITIES AND 28 DAY LIBRARY, TRAINED STAFF WITH RECORDED ONGOING ALCOHOL TRAINING REGIME, CHALLENGE 25 AND PROOF OF AGE INITIATIVE EMBRACED, INSTORE CHALLENGE SIGNAGE, REFUSALS SYSTEM WITH REFUSALS BOOK AND INCIDENT BOOK

b) The prevention of crime and disorder

CCTV SYSTEM WITH RECORDING FACILITY, TRAINED STAFF, CHALLENGE 25, REFUSALS SYSTEM

c) Public safety

STAFF TRAINED IN FIRE SAFETY PROCEDURES AND THE USE OF FIRE SAFETY EQUIPMENT, FIRE FIGHTING EQUIPMENT

d) The prevention of public nuisance

STAFF TRAINED TO DEAL WITH SITUATIONS, USEABLE WASTE BINS PROVIDED ON THE FORECOURT

e) The protection of children from harm

FULL ALCOHOL TRAINING REGIME IN USE, ONGOING RECORDED ALCOHOL TRAINING AND REFRESHER TRAINING, CHALLENGE 25 TRADING INITIATIVE EMBRACED, CHALLENGE SIGNAGE, REFUSALS SYSTEM AND REFUSALS BOOK AND INCIDENT LOG IN USE

Checklist:

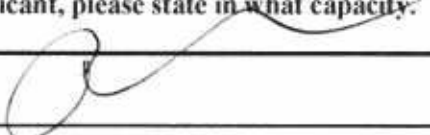
Please tick to indicate agreement

- I have made or enclosed payment of the fee. X
- I have enclosed the plan of the premises. X
- I have sent copies of this application and the plan to responsible authorities and others where applicable. X
- I have enclosed the consent form completed by the individual I wish to be designated premises supervisor, if applicable. X
- I understand that I must now advertise my application. X
- I understand that if I do not comply with the above requirements my application will be rejected. X

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	20 TH NOVEMBER 2015
Capacity	LICENSING SOLUTIONS – DULY AUTHORISED AGENT

For joint applications, signature of 2nd applicant or 2nd 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)

LICENSING SOLUTIONS
 32 CHURCH ROAD
 LOCKS HEATH

Post town	SOUTHAMPTON	Postcode	SO31 6LU
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Telephone number (if any)	07831 159 450
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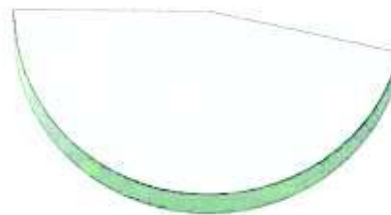
If you would prefer us to correspond with you by e-mail, your e-mail address (optional)
 chris@licensingolutions.org.uk

Notes for Guidance

1. Describe the premises, for example the type of premises, its general situation and layout and any other information which could be relevant to the licensing objectives. Where your application includes off-supplies of alcohol and you intend to provide a place for consumption of these off-supplies, you must include a description of where the place will be and its proximity to the premises.
2. Where taking place in a building or other structure please tick as appropriate (indoors may include a tent).
3. For example the type of activity to be authorised, if not already stated, and give relevant further details, for example (but not exclusively) whether or not music will be amplified or unamplified.
4. For example (but not exclusively), where the activity will occur on additional days during the summer months.
5. For example (but not exclusively), where you wish the activity to go on longer on a particular day e.g. Christmas Eve.
6. Please give timings in 24 hour clock (e.g. 16:00) and only give details for the days of the week when you intend the premises to be used for the activity.
7. If you wish people to be able to consume alcohol on the premises, please tick 'on the premises'. If you wish people to be able to purchase alcohol to consume away from the premises, please tick 'off the premises'. If you wish people to be able to do both, please tick 'both'.
8. Please give information about anything intended to occur at the premises or ancillary to the use of the premises which may give rise to concern in respect of children, regardless of whether you intend children to have access to the premises, for example (but not exclusively) nudity or semi-nudity, films for restricted age groups or the presence of gaming machines.
9. Please list here steps you will take to promote all four licensing objectives together.
10. The application form must be signed.
11. An applicant's agent (for example solicitor) may sign the form on their behalf provided that they have actual authority to do so.
12. Where there is more than one applicant, each of the applicant or their respective agent must sign the application form.
13. This is the address which we shall use to correspond with you about this application.

Analysis of Projected Customer Flow Shop v Forecourt

Motor Fuel Ltd - Convenience Store
Porthmadog



Number of Fuel
Customers,
197431, 46%

Analysis of Projected Customer Flow
Client Name: Motor Fuel Ltd - Convenience Store
Porthmadog

	Shop Sales - £	Average Shop Purchase - £	Number of Shop Customers	Number of Fuel Customers	Average Fuel Purchase - Litres	Fuel Sales - Litres
Month 1	28686	1.62	17707	16564	22.93	379823
Month 2	29714	1.65	17960	16544	22.92	379136
Month 3	30742	1.69	18202	16524	22.90	378449
Month 4	31770	1.72	18435	16504	22.89	377762
Month 5	32798	1.76	18659	16483	22.88	377075
Month 6	33826	1.79	18873	16463	22.86	376388
Month 7	34854	1.83	19080	16443	22.85	375701
Month 8	35882	1.86	19279	16422	22.84	375014
Month 9	36910	1.90	19471	16402	22.82	374327
Month 10	37938	1.93	19656	16381	22.81	373640
Month 11	38966	1.96	19835	16361	22.80	372953
Month 12	39994	2.00	20008	16340	22.78	372266
Totals	412080	1.81	227167	197431	22.86	4512534