



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 [redacted] / ALL ABOUT THE ALB 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
O'LAFFERTY'S (CURRENTLY TRADING AS LULIFER SAMS)
UNIT 19
NAVIGATION POINT
HARTLEPOOL
TS24 0UH
RECEIVED - 7 JUN 2017
Post town: HARTLEPOOL, Postcode: TS24 0UH

Telephone number at premises (if any) [redacted]
Non-domestic rateable value of premises: £ 36,000

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 [x] please complete section (B)
ii. as a partnership [] 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:

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 checked="" type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
Surname			First name		
I am 18 years old or over				<input checked="" 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	ALL ABOUT THE ALE LTD		
Address	UNIT 19 NAVIGATION POINT HARTERPOOL TS24 0UH		
Registered number (where applicable)	10096085		
Description of applicant (for example, partnership, company, unincorporated association etc.)	LIMITED COMPANY		
Telephone number (if any)			
E-mail address (optional)			

Part 3 Operating Schedule

When do you want the premises licence to start?

DD	MM	YYYY
05	06	2014

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)

BAR SERVING FOOD
 SHOWING LIVE SPORTS
 SHOWING LIVE MUSIC ✓
 PLAYING RECORDED MUSIC
 POOL TABLE
 AWPs

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 (c), (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 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 checked="" type="checkbox"/>
Day	Start	Finish			
Mon	07.00	08.00 23:45	Please give further details here (please read guidance note 3) AMPLIFIED MUSIC ✓		
Tue	07.00	08.00 23:45			
Wed	07.00	08.00 23:45	State any seasonal variations for performing plays (please read guidance note 4) N/A		
Thur	07.00	08.00 23:45			
Fri	07.00	08.00 23:45	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) N/A		
Sat	07.00	08.00 23:45			
Sun	07.00	08.00 23:45			

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"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon	07.00	06.00 23:45	Please give further details here (please read guidance note 3) AMPLIFIED MUSIC		
Tue	07.00	06.00 23:45			
Wed	07.00	06.00 23:45	State any seasonal variations for the exhibition of films (please read guidance note 4) N/A		
Thur	07.00	06.00 23:45			
Fri	07.00	06.00 23:45	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) N/A		
Sat	07.00	06.00 23:45			
Sun	07.00	06.00 23:45			
				Both	<input checked="" type="checkbox"/>

C

Indoor sporting events Standard days and timings (please read guidance note 6)			Please give further details (please read guidance note 3)
Day	Start	Finish	
Mon	07.00	06.00	POOL TABLE AWP3 TABLE TENNIS TABLE FOOTBALL DOMINOS ✓ DARTS AMPLIFIED MUSIC
		23:45	
Tue	07.00	06.00	<u>State any seasonal variations for indoor sporting events (please read guidance note 4)</u> N/A.
		23:45	
Wed	07.00	06.00	 N/A.
		23:45	
Thur	07.00	06.00	<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 (please read guidance note 5)</u>
		23:45	
Fri	07.00	06.00	 N/A
		23:45	
Sat	07.00	06.00	
		23:45	
Sun	07.00	06.00	
		23:45	

D

N/A

Boxing or wrestling entertainments Standard days and timings (please read guidance note 6)			Will the boxing or wrestling entertainment 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	07.00	00.00	Please give further details here (please read guidance note 3) AMPLIFIED MUSIC	Both	<input checked="" type="checkbox"/>
Tue	07.00	00.00			
Wed	07.00	00.00	State any seasonal variations for boxing or wrestling entertainment (please read guidance note 4)		
Thur	07.00	00.00			
Fri	07.00	00.00			
Sat	07.00	00.00	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 (please read guidance note 5)		
Sun	07.00	00.00			

N/A

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"/>
				Both	<input checked="" type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 3) BANDS AND SOLO SINGERS AMPLIFIED MUSIC		
Mon	07.00	00.00 23:45			
Tue	07.00	00.00 23:45	State any seasonal variations for the performance of live music (please read guidance note 4)		
Wed	07.00	00.00 23:45			
Thur	07.00	00.00 23:45	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)		
Fri	07.00	00.00 23:45			
Sat	07.00	00.00 23:45			
Sun	07.00	00.00 23:45			

F

Recorded music Standard days and timings (please read guidance note 6)			Will the playing of recorded music 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"/>
				Both	<input checked="" type="checkbox"/>
Mon	07.00 08.00	23.45	<u>Please give further details here</u> (please read guidance note 3) BEE BOX SYSTEM USED TO PLAY RECORDED MUSIC AMPLIFIED MUSIC		
Tue	07.00 08.00	23.45			
Wed	07.00 08.00	23.45	<u>State any seasonal variations for the playing of recorded music</u> (please read guidance note 4) N/A		
Thur	07.00 08.00	23.45			
Fri	07.00 08.00	23.45	<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 5) N/A		
Sat	07.00 08.00	23.45			
Sun	07.00 08.00	23.45			

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"/>
				Outdoors	<input type="checkbox"/>
				Both	<input checked="" type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 3) AMPLIFIED MUSIC		
Mon	07:00	00:00 23:45			
Tue	07:00	00:00 23:45			
Wed	07:00	00:00 23:45	State any seasonal variations for the performance of dance (please read guidance note 4) N/A		
Thur	07:00	00:00 23:45			
Fri	07:00	00:00 23:45	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) N/A		
Sat	07:00	00:00 23:45			
Sun	07:00	00:00 23:45			

H

<p>Anything of a similar description to that falling within (e), (f) or (g) Standard days and timings (please read guidance note 6)</p>			<p>Please give a description of the type of entertainment you will be providing KARAOKE</p>		
Day	Start	Finish	<p>Will this entertainment take place indoors or outdoors or both - please tick (please read guidance note 2)</p>	Indoors	<input type="checkbox"/>
Mon	07:00	08:00 23:45		Outdoors	<input type="checkbox"/>
				Both	<input checked="" type="checkbox"/>
Tue	07:00	08:00 23:45	<p>Please give further details here (please read guidance note 3) AMPLIFIED MUSIC</p>		
Wed	07:00	08:00 23:45			
Thur	07:00	08:00 23:45	<p>State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g) (please read guidance note 4)</p>		
Fri	07:00	08:00 23:45	<p>N/A</p>		
Sat	07:00	08:00 23:45	<p>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)</p>		
Sun	07:00	08:00 23:45	<p>N/A</p>		

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	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input checked="" type="checkbox"/>
Day	Start	Finish			
Mon	07.00	06.00 23:45	<u>Please give further details here</u> (please read guidance note 3)		
Tue	07.00	06.00 23:45			
Wed	07.00	06.00 23:45	<u>State any seasonal variations for the provision of late night refreshment</u> (please read guidance note 4)		
Thur	07.00	06.00 23:45			
Fri	07.00	06.00 23:45	<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 5)		
Sat	07.00	06.00 23:45			
Sun	07.00	06.00 23:45			

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	<input type="checkbox"/>
				Both	<input checked="" type="checkbox"/>
Day	Start	Finish	State any seasonal variations for the supply of alcohol (please read guidance note 4) ✓		
Mon	07.00	23.45 00.00			
Tue	07.00	23.45 00.00			
Wed	07.00	23.45 00.00			
Thur	07.00	23.45 00.00			
Fri	07.00	23.45 00.00			
Sat	07.00	23.45 00.00			
Sun	07.00	23.45 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 5)		

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

Name	CRAIG HUGH LYNDCH
Address	
Postcode	
Personal licence number (if known)	
Issuing licensing authority (if known)	

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).

OCCASIONAL STRIPPERGRAM
ONLY AFTER 9pm

PRESENCE OF GAMING MACHINES

SUPPLY OF ALCOHOL

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	07:00	00:00	<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 5)</p>
Tue	07:00	00:00	
Wed	07:00	00:00	
Thur	07:00	00:00	
Fri	07:00	00:00	
Sat	07:00	00:00	
Sun	07:00	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 9)

EFFECTIVE CCTV IN AND AROUND PREMESIS
EFFECTIVE AND RESPONSIBLE MANAGEMENT OF PREMESIS
TRAINING AND SUPERVISION OF STAFF

b) The prevention of crime and disorder

CCTV EFFECTIVE IN AND AROUND PREMESIS
RESPONSIBLE MANAGEMENT OF PREMESIS
SUFFICIENT STAFF TRAINING

c) Public safety

SUITABLE + SUFFICIENT RISK ASSESSMENTS
EFFECTIVE MANAGEMENT OF PREMESIS
EFFECTIVE CCTV IN AND AROUND PREMESIS
REGULAR TESTING AND CERTIFICATING, APPLIANCES, SYSTEMS ETC.

d) The prevention of public nuisance

CONTROL OF OPERATING HOURS FOR PREMESIS
MANAGEMENT OF ALL PERSONS, STAFF, AND PUBLIC, ENTERING AND
LEAVING PREMESIS
SITING OF EXTERNAL LIGHTING INCLUDING SECURITY LIGHTING

e) The protection of children from harm

TRAINING AND FOLLOWING CHALLENGE 25, CHECKING APP-
ROPRIATE PROOF OF AGE CARDS
CCTV IN AND THROUGHOUT PREMESIS
STAFF TRAINING TO CLEARLY UNDERSTAND POLICY ON CHILDREN
ON PREMESIS
STAFF CLEARING GLASSES TO AVOID CHILDREN INGESTING LIQUOR ALCOHOL

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.

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	[Redacted]
Date	5/6/14
Capacity	[Redacted]

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)			
Post town		Postcode	
Telephone number (if any)			
If you would prefer us to correspond with you by e-mail, your e-mail address (optional)			