

**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 Joseph Franks**

*(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 Open Jar, Unit 1 Seaton Reach, Coronation Drive			
<b>Post town</b>	Hartlepool	<b>Postcode</b>	TS25 1XN

Telephone number at premises (if any)	██████████
Non-domestic rateable value of premises	<b>£0.00</b>

**Part 2 - Applicant details**

Please state whether you are applying for a premises licence as appropriate      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):

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)	
<b>Surname</b>			<b>First names</b>		
<b>Date of birth</b> over		I am 18 years old or <input type="checkbox"/>		Please tick yes	
<b>Nationality</b>					
Current residential address if different from premises address					
Post town				Postcode	
<b>Daytime contact telephone number</b>					
<b>E-mail address (optional)</b>					
<b>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 2 for information)</b>					

**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)	
<b>Surname</b>			<b>First names</b>		
<b>Date of birth</b> over		I am 18 years old or <input type="checkbox"/> Please tick yes			
<b>Nationality</b>					
Current postal address if different from premises address					
Post town		Postcode			
<b>Daytime contact telephone number</b>					
<b>E-mail address (optional)</b>					
<b>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 2 for information)</b>					

**(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	JF PUB GROUP LTD
Address	The Open Jar Unit 1 Seaton Reach Coronation Drive Hartlepool TS25 1XN
Registered number (where applicable)	11079566
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			
2	2	0	7	2	0	2	2

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)

LICENSED CATERING AND ALCOHOL SUPPLY CONTAINER POSITIONED IN THE BEER GARDEN OF THE OPEN JAR LICENSED RESTAURANT.

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)			<b><u>Will the performance of a play take place indoors or outdoors or both – please tick</u></b> (please read guidance note 3)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<b><u>Please give further details here</u></b> (please read guidance note 4)		
Mon					
Tue					
Wed					
Thur					
			<b><u>State any seasonal variations for performing plays</u></b> (please read guidance note 5)		
Fri					
Sat					
Sun					
			<b><u>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</u></b> (please read guidance note 6)		

## B

Films Standard days and timings (please read guidance note 7)			<b><u>Will the exhibition of films take place indoors or outdoors or both – please tick</u></b> (please read guidance note 3)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	<b><u>Please give further details here</u></b> (please read guidance note 4)		
Mon					
Tue					
Wed					
Thur					
Fri			<b><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></b> (please read guidance note 6)		
Sat					
Sun					

C

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

**D**

<b>Boxing or wrestling entertainments</b> Standard days and timings (please read guidance note 7)			<b><u>Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick</u></b> (please read guidance note 3)	Indoors	<input type="checkbox"/>			
				Outdoors	<input type="checkbox"/>			
				Both	<input type="checkbox"/>			
Day	Start	Finish	<b><u>Please give further details here</u></b> (please read guidance note 4)					
Mon								
Tue								
Wed						<b><u>State any seasonal variations for boxing or wrestling entertainment</u></b> (please read guidance note 5)		
Thur								
Fri						<b><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></b> (please read guidance note 6)		
Sat								
Sun								



# E

<b>Live music</b> Standard days and timings (please read guidance note 7)			<b><u>Will the performance of live music take place indoors or outdoors or both – please tick</u></b> (please read guidance note 3)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input checked="" type="checkbox"/>
Day	Start	Finish			
Mon	07:00	23:30	<b><u>Please give further details here</u></b> (please read guidance note 4)  We hope to have a programme in the summer months of music being played in the main beer garden area.		
Tue	07:00	23:30			
Wed	07:00	23:30	<b><u>State any seasonal variations for the performance of live music</u></b> (please read guidance note 5)		
Thur	07:00	23:30			
Fri	07:00	23:30	<b><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></b> (please read guidance note 6)		
Sat	07:00	23:30			
Sun	07:00	23:30			

# F

<b>Recorded music</b> Standard days and timings (please read guidance note 7)			<b><u>Will the playing of recorded music take place indoors or outdoors or both – please tick</u></b> (please read guidance note 3)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input checked="" type="checkbox"/>
Day	Start	Finish	<b><u>Please give further details here</u></b> (please read guidance note 4)  Licensed background music from a streaming site or CDs will be played in the restaurant/bar and our existing outside speaker.		
Mon	07:00	23:30			
Tue	07:00	23:30	<b><u>State any seasonal variations for the playing of recorded music</u></b> (please read guidance note 5)		
Wed	07:00	23:30			
Thur	07:00	23:30	<b><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></b> (please read guidance note 6)		
Fri	07:00	23:30			
Sat	07:00	23:30			
Sun	07:00	23:30			

# G

<b>Performances of dance</b> Standard days and timings (please read guidance note 7)			<b><u>Will the performance of dance take place indoors or outdoors or both – please tick</u></b> (please read guidance note 3)	Indoors	<input type="checkbox"/>			
				Outdoors	<input type="checkbox"/>			
				Both	<input type="checkbox"/>			
Day	Start	Finish	<b><u>Please give further details here</u></b> (please read guidance note 4)					
Mon								
Tue								
Wed						<b><u>State any seasonal variations for the performance of dance</u></b> (please read guidance note 5)		
Thur								
Fri						<b><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></b> (please read guidance note 6)		
Sat								
Sun								

# H

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

I

<b>Late night refreshment</b> Standard days and timings (please read guidance note 7)			<b>Will the provision of late night refreshment take place indoors or outdoors or both – please tick</b> (please read guidance note 3)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input checked="" type="checkbox"/>
Day	Start	Finish	<b><u>Please give further details here</u></b> (please read guidance note 4)  We will be serving food and drink.		
Mon	07:00	23:30			
Tue	07:00	23:30	<b><u>State any seasonal variations for the provision of late night refreshment</u></b> (please read guidance note 5)		
Wed	07:00	23:30			
Thur	07:00	23:30	<b><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></b> (please read guidance note 6)		
Fri	07:00	23:30			
Sat	07:00	23:30			
Sun	07:00	23:30			

**J**

<b>Supply of alcohol</b> Standard days and timings (please read guidance note 7)			<b>Will the supply of alcohol be for consumption – please tick</b> (please read guidance note 8)	On the premises	<input type="checkbox"/>
				Off the premises	<input type="checkbox"/>
				Both	<input checked="" type="checkbox"/>
Day	Start	Finish	<b>State any seasonal variations for the supply of alcohol</b> (please read guidance note 5)  We will be supplying alcohol in the beer garden along with a small selection of food.		
Mon	07:00	23:30			
Tue	07:00	23:30			
Wed	07:00	23:30			
Thur	07:00	23:30			
Fri	07:00	23:30			
Sat	07:00	23:30			
Sun	07:00	23:30			
			<b>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</b> (please read guidance note 6)		

**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 Joseph Franks	
Date of birth [REDACTED]	
Address [REDACTED]	
Postcode	[REDACTED]
Personal licence number (if known) [REDACTED]	
Issuing licensing authority (if known) STOCKTON 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 9).

NONE

# 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	07:00	23:30	<p><u>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</u> (please read guidance note 6)</p>
Tue	07:00	23:30	
Wed	07:00	23:30	
Thur	07:00	23:30	
Fri	07:00	23:30	
Sat	07:00	23:30	
Sun	07:00	23:30	

**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)

We are committed to ensuring and maintaining high standards of delivery and as such we will work within the legislation of licensing and wider regulation and policies to ensure we at all times seek to successfully prevent crime and disorder linked to our premises, public safety of patrons and the wider population that will access the Seaton Reach site, work 100% to avoid public nuisance and have staff who are aware of the need to protect children from harm within our restaurant and beer garden area.

**b) The prevention of crime and disorder**

We are primarily a licensed restaurant and therefore have high standards of delivery. We do not allow drug use on our premises, we do not sell alcohol to anyone who is already heavily inebriated and no alcohol is served to anyone deemed under 18 and we are fully committed to the Challenge 21 Campaign and have been at our current premises in Hartlepool for the last almost 6 years. 15.10.2022 is our sixth anniversary.

**c) Public safety**

Our venues are table service at all times and with Covid-19 we have and will continue to meet the stringent health and safety requirements – Hands/Face/Space, with our staff wearing masks and visors. We will have smoke detectors, 4 entrances that can also act as fire exits from the single storey unit. We will have fire extinguishers, emergency lighting and will ensure no one under the age of 18 is permitted sale of alcohol.

**d) The prevention of public nuisance**

Alcohol will not be sold to anyone heavily inebriated. We have always maintained high standards at our restaurants/beer garden container and we request patrons to respect noise levels in relation to neighbours. Our staff are existing staff from our current premises on the Marina and they are trained in ensuring customers leave quietly and respectfully. Our container and beer garden is quite a distance away from residential estates.

**e) The protection of children from harm**

We will not have any adult related material audio or visual on the premises at any time. We will not serve alcohol to children and we would always query younger customers without adult supervision as to their permission to access the restaurant.



**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.**

<b>Declaration</b>	<ul style="list-style-type: none"><li>• [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).</li><li>• 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).</li></ul>
Signature	
Date	23/06/2022
Capacity	Director/Personal Licence Holder

**For joint applications, signature of 2<sup>nd</sup> applicant or 2<sup>nd</sup> applicant’s solicitor or other authorised agent** (please read guidance 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)

Joe Franks, The Open Jar, Seaton Reach

Post town | Hartlepool

Postcode | TS25 1XN

Telephone number (if any) | 

If you would prefer us to correspond with you by e-mail, your e-mail address (optional)

**Consent of individual to being specified as premises supervisor**



I Joseph Franks  
*[full name of prospective premises supervisor]*

of

[REDACTED]  
*[home address of prospective premises supervisor]*

hereby confirm that I give my consent to be specified as the designated premises supervisor in relation to the application for

The Open Jar, Unit 1, Seaton Reach, Hartlepool, TS25 1XN  
*[type of application]*

by

JF Pub Group Ltd

.....  
*[name of applicant]*

relating to a premises licence .....  
*[number of existing licence, if any]*

for

Unit 1, Seaton Reach, Coronation Drive, Hartlepool, TS25 1XN  
*[name and address of premises to which the application relates]*

and any premises licence to be granted or varied in respect of this application made by

JF Pub Group Ltd  
*[name of applicant]*

concerning the supply of alcohol at

Unit 1, Seaton Reach, Coronation Drive, Hartlepool, TS25 1XN  
*[name and address of premises to which application relates]*

I also confirm that I am entitled to work in the United Kingdom and am applying for, intend to apply for or currently hold a personal licence, details of which I set out below.

Personal licence number



*[insert personal licence number, if any]*

Personal licence issuing authority

STOCKTON BOROUGH COUNCIL

*[insert name and address and telephone number of personal licence issuing authority, if any]*

Signed

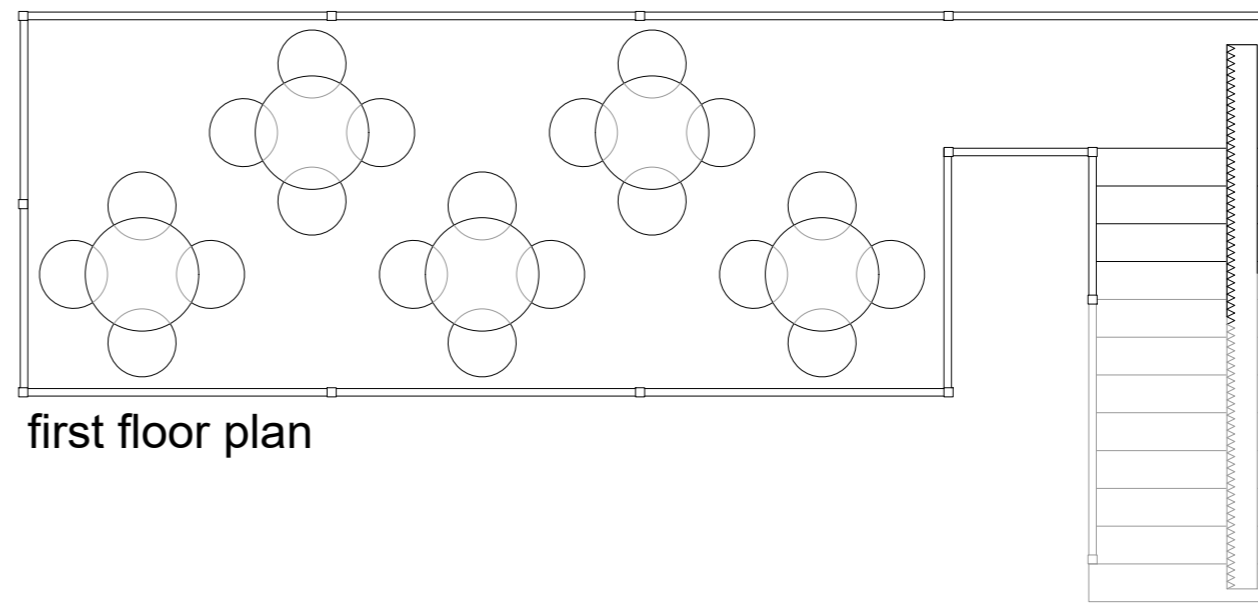
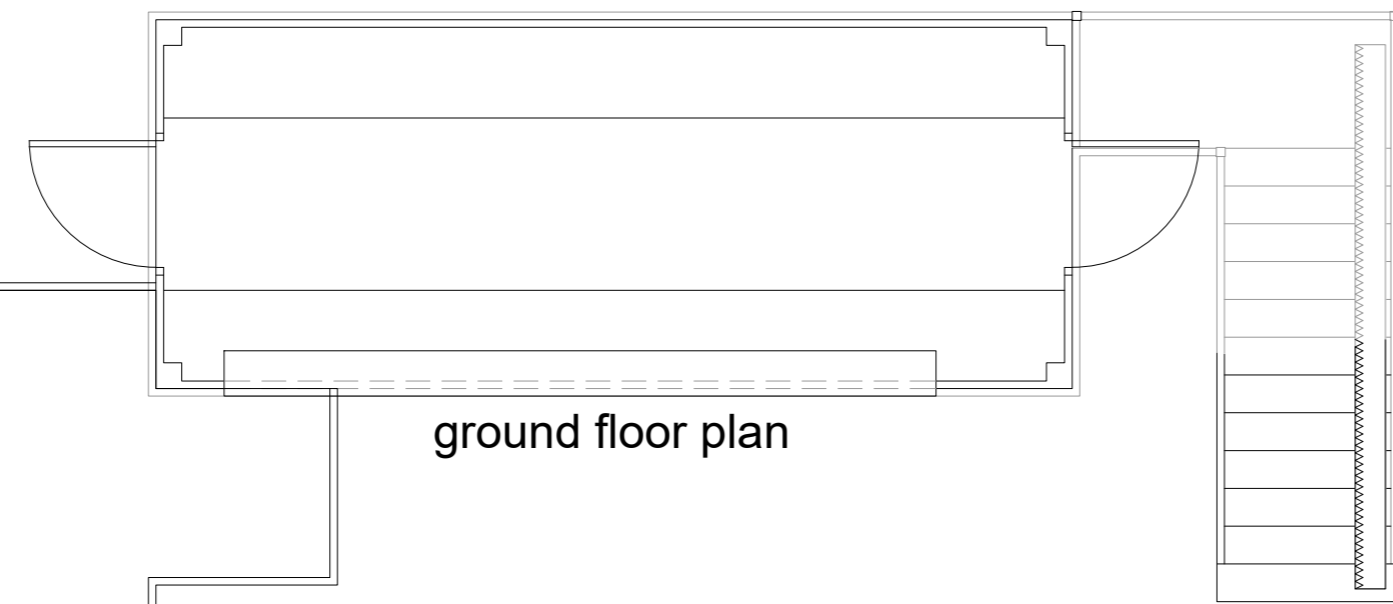
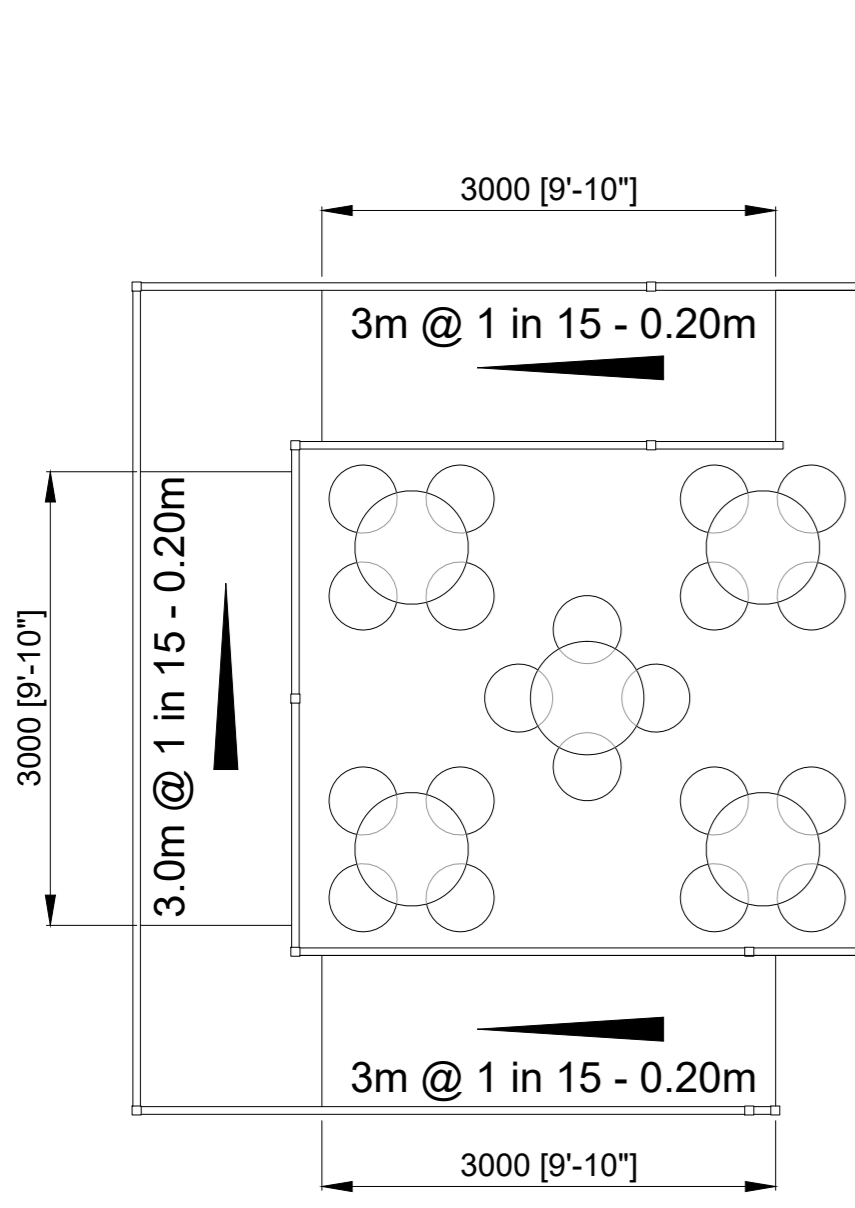


Name (please print)

Joseph Franks

Date

15/10/2020



ground floor plan

first floor plan

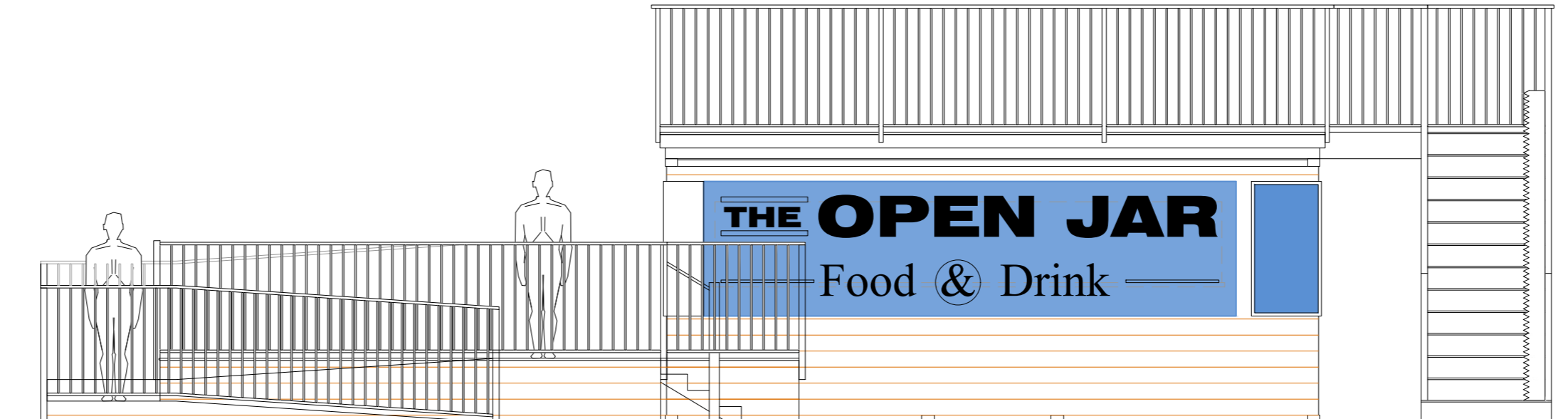
converted container details



side elevation [inc ramp & seating area]  
view from Promenade



north elevation

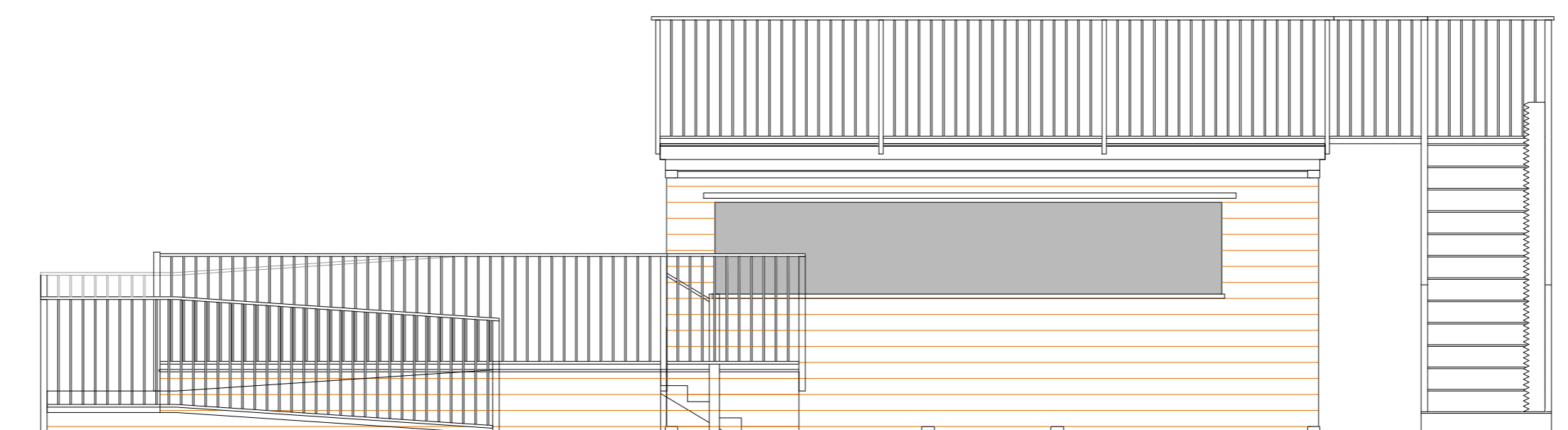


ramped access  
600mm rise

side closed - side elevation [inc ramp & seating area]  
view from Coronation Drive



south elevation



side open - side elevation [Coronation Drive]

AMENDMENTS

Issue	Date	Detail
Rev A	19:04:21	Reissued to Planners



Client  
Open Jar Ltd

Project  
Open Jar Garden Bar  
Seaton Reach  
Hartlepool

Drawing Title  
Proposed Plans & Elevations

Scale 1:50	Drawn by GAP	Checked 
Date 09:03:21	Drawing No. 2116:P.02	

A2