

Application for a premises licence to be granted
under the Licensing Act 2003

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23 AUG 2022



HARTLEPOOL
BOROUGH COUNCIL

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 JOSHUA WILLIAM NEWTON (EXPERIENCE LIVING 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 UNIT 19 NAVIGATION POINT MIDDLETON ROAD			
Post town	HARTLEPOOL	Postcode	TS24 0UG

Telephone number at premises (if any)	N/A
Non-domestic rateable value of premises	£ 10,000

Part 2 - Applicant details

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

Please tick as

- | | |
|--|---|
| a) an individual or individuals * | <input type="checkbox"/> please complete section (A) |
| b) a person other than an individual * | |
| i as a limited company/limited liability partnership | <input checked="" type="checkbox"/> please complete section (B) |
| ii as a partnership (other than limited liability) | <input type="checkbox"/> please complete section (B) |
| iii as an unincorporated association or | <input type="checkbox"/> please complete section (B) |
| iv other (for example a statutory corporation) | <input type="checkbox"/> please complete section (B) |
| c) a recognised club | <input type="checkbox"/> please complete section (B) |
| d) a charity | <input type="checkbox"/> please complete section (B) |
| e) the proprietor of an educational establishment | <input type="checkbox"/> please complete section (B) |

- f) a health service body ☐ please complete section (B)
- g) a person who is registered under Part 2 of the Care Standards Act 2000 (c14) in respect of an independent hospital in Wales ☐ please complete section (B)
- ga) a person who is registered under Chapter 2 of Part 1 of the Health and Social Care Act 2008 (within the meaning of that Part) in an independent hospital in England ☐ please complete section (B)
- h) the chief officer of police of a police force in England and Wales ☐ please complete section (B)

* If you are applying as a person described in (a) or (b) please confirm (by ticking yes to one box below):

I am carrying on or proposing to carry on a business which involves the use of the premises for licensable activities; or ☐

I am making the application pursuant to a statutory function or ☐

a function discharged by virtue of Her Majesty's prerogative ☐

(A) INDIVIDUAL APPLICANTS (fill in as applicable)

Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
Surname			First names		
Date of birth over			I am 18 years old or <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 2 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 over			I am 18 years old or <input type="checkbox"/> Please tick yes		
Nationality					
Current postal 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 2 for information)					

(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	EXPERIENCE LIVING LTD
Address	127 ELWICK ROAD HARTLEPOOL, COUNTY DURHAM TS269BQ
Registered number (where applicable)	14239920
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			
1	2	0	8	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)

THE PREMISES HAS PREVIOUSLY BEEN USED AS A BAR AND RESTAURANT. IT IS SITUATED IN THE CENTER OF NAVIGATION POINT, WITH OTHER BARS AND RESTAURANTS EITHER SIDE. THE PREMISES IS LOCATED UNDER FLATS. THE MAIN AREA IS OPEN PLAN AND FEATURES A LOWER AREA AND A RAISED AREA. THE KITCHEN, CELLAR AND STORAGE IS SITUATED AT THE BACK OF THE UNIT. THE UNIT FEATURES 3X FIRE ESCAPE DOORS, 2 MAIN ENTRANCES AND SLIDING/FOLDING DOORS. THE PREMISES FEATURES A SMALL OUTDOOR AREA AT THE FRONT OF THE PREMISES.

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

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 checked="" type="checkbox"/>
					Outdoors <input type="checkbox"/>
Day	Start	Finish			Both <input type="checkbox"/>
Mon			Please give further details here (please read guidance note 4) AMPLIFIED LIVE MUSIC		
Tue					
Wed			State any seasonal variations for the performance of live music (please read guidance note 5) BANK HOLIDAYS		
Thur	17.00	22.00	NEW YEARS EVE		
Fri	17.00	22.00	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 6)		
Sat	13.00	22.00			
Sun	17.00	21.00			

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)	
			Indoors	<input checked="" type="checkbox"/>
			Outdoors	<input type="checkbox"/>
			Both	<input type="checkbox"/>
Day	Start	Finish	Please give further details here (please read guidance note 4)	
Mon	9.30	23.00		
Tue	9.30	23.00		
			State any seasonal variations for the playing of recorded music (please read guidance note 5) NEW YEARS EVE	
Wed	9.30	23.00		
Thur	9.30	23.00		
			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)	
Fri	9.30	23.00		
Sat	9.30	23.00		
Sun	9.30	23.00		

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)	On the premises	<input checked="" type="checkbox"/>
				Off the premises	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish	State any seasonal variations for the supply of alcohol (please read guidance note 5) NEW YEARS EVE BANK HOLIDAYS (IF FALL ON MONDAY) - 9.30-23.00		
Mon					
Tue					
Wed	9.30	23.00			
Thur	9.30	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 6)		
Fri	9.30	23.00	NEW YEARS EVE		
Sat	9.30	23.00			
Sun	9.30	23.00			

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		JOSHUA WILLIAM NEWTON
Date of birth		
Address		
Postcode		
Personal licence number (if known)		
Issuing licensing authority (if known)		
HARTLEPOOL 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).

N/A

L

Hours premises are open to the public Standard days and timings (please read guidance note 7)			State any seasonal variations (please read guidance note 5) BANK HOLIDAYS XMAS and / NEW YEAR PERIOD
Day	Start	Finish	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)
Mon			
Tue			
Wed	11.30	23.00	
Thur	11.30	23.00	
Fri	10.00	23.00	
Sat	10.00	23.00	
Sun	10.00	23.00	

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)

TO CREATE A SAFE ATMOSPHERE FOR ALL CUSTOMERS AND MEMBERS OF THE PUBLIC BY CREATING A REPUTABLE BRAND. TO USE A MIX OF MUSIC TO ATTRACT ALL AGES. TO IMPLEMENT A HIGH PRICE STRATEGY AS A DETERENT FOR PEOPLE WHO WANT CHEAP DRINK, INTOXICATION AND TROUBLE. TO USE THE PREMISES AND MARKETING STRATEGY TO CONVEY A RESPONSIBLE, SAFE ATMOSPHERE AND TO REINFORCE OUR ZERO TOLERANCE POLICY TO DRUGS, INTOXICATION, VIOLENCE AND NUISANCE.

b) The prevention of crime and disorder

PRIVATE AREAS (INCLUDING CELLAR) TO BE LOCKED, CCTV INSTALLED TO COVER INSIDE AND OUTSIDE, EXTERNAL LIGHTING, GOOD LIGHTING INSIDE OF PREMISES, ALARM FITTED, SECURITY PRESENCE IN VENUE WITH EASY TO IDENTIFY ARM BANDS. STAFF TRAINED IN SECURITY POLICIES. MEETINGS TO DISCUSS SECURITY POLICIES. CAREFULLY SELECTING LIVE MUSIC TO ENSURE ACTS DON'T ATTRACT FOLLOWING (UNWANTED - ASSOCIATED WITH DRUGS / AGGRESSION ETC.) REJECTING ENTRY AND SERVICE FOR INTOXICATED / KNOWN TROUBLEMAKERS. TABLE SERVICE TO REDUCE THEFT.

c) Public safety

RISK ASSESSMENT, ALL STAFF TO COMPLETE FIRST AID TRAINING. ALL STAFF TRAINED ON HOW TO SPOT SIGNS OF INTOXICATION. CAPACITY DETERMINED BY RISK ASSESSMENT, INSPECTION FROM FIRE SERVICE, ANNUAL SERVICING OF FIRE DOORS AND EXTINGUISHERS. REGULAR GLASS COLLECTION, LIGHTING RAISED AREA CLEARLY. CLEANING POLICY FOR SPILLAGE. STAFF TRAINING ON POSSIBLE INCIDENTS AND SOLUTIONS (INCLUDING EVACUATION PLANS). ACCIDENT BOOK. ZERO TOLERANCE TO DRUGS. REFUSING ENTRY TO ANY SIGNS OF DRUGS. ANTI SPIKING DRINK PRODUCTS AROUND MAIN AREA. DESIGNATED DRIVER SCHEME. TAXI POSTERS, FREE PHONE TAXI SERVICE. PROVIDING FOOD.

d) The prevention of public nuisance


NOISE LEVEL DEVICE + RECORD (SOUND LIMITING DEVICE). STAFF REFUSE ENTRY OR SERVICE TO ANTI-SOCIAL BEHAVIOUR. CHANGE IN MUSIC THROUGHOUT NIGHT AND AT END OF NIGHT (LOWER VOLUME 30 MINUTES PRIOR TO CLOSING). NOTICES ON EXIT. INTERNAL TAXI WAITING AREA. COMMERCIAL DELIVERIES BETWEEN 9AM AND 2PM. LITTER COLLECTION OUTSIDE OF PREMISES. LIMITING GENRES OF MUSIC AND NO LIVE MUSIC AFTER 10PM. EXTERNAL LIGHTING TURNED OFF ONCE CLOSED.

e) The protection of children from harm

18+ VENUE, STRICT NO ID, NO ENTRY POLICY. CHALLENGE 25 SCHEME. ONLY ACCEPT PASSPORT OR DRIVING LICENCE AS VALID ID. ADVERTISE POLICY. KEEP A REFUSED ENTRY + REFUSED SALE LOG. ENSURING STAFF DO NOT SERVE OVER INTOXICATED ADULTS.

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	19/08/2022
Capacity	

For joint applications, signature of 2nd applicant or 2nd applicant's solicitor or other authorised agent (please read guidance note 13). **If signing on behalf of the applicant, please state in what capacity.**

Signature	
Date	
Capacity	

Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 14)

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