

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 Jonathan Wallis

(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							
	Wallis & Co (Outdoor bar) 12a – 15 Navigation point						
Post town Hartlepool Postcode TS24 0UH							

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

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)	аp	erson other than an individual *		
	i	as a limited company/limited liability partnership	X	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

Х

- 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	Mrs	Miss	1	Ms	Other Title (for example, Rev)			
Surname				First na	imes			
Date of bir	th	I am 18	years of	old or ove	r Please tick	yes		
Nationality	1							
Current residential address if different from premises address								
Post town					Postcode			
Daytime co number	ontact t	elephone						
E-mail add (optional)	E-mail address (optional)							
Where applicable (if demonstrating a right to work via the Home Office online right to work checking service), the 'share code' provided to the applicant by that service (please see note 15 for information)								
Share Cod	Share Code:							

Second individual applicant (if applicable)

Mr	Mrs	Miss	Ν	/Is		er Title example, /)	
Surname				First na	ames	5	
Date of bir or over	l am 1	8 years o	old	Plea	ase tick yes		
Nationality	/						
Current res address if o from premi address	different						
Post town						Postcode	
Daytime con number	ontact f	elephone					
E-mail add (optional)	lress						
work check (please see	Where applicable (if demonstrating a right to work via the Home Office online right to work checking service), the 'share code' provided to the applicant by that service: (please see note 15 for information) Share Code:						

(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: Wallis & Co Hartlepool Ltd
Address 14 Navigation point Hartlepool TS24 0UH
Registered number (where applicable) 10833741
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?

If you wish the licence to be valid only for a limited period, when do you want it to end?

D)	M	М	YYYY			
	3	0	7	2	0	2	3
0							
וס	DD MM YYYY						
	9	0	7	2	h	2	3

Please give a general description of the premises (please read guidance note 1)

Outdoor area requires license to serve alcohol and food items from mobile structures for the duration of tall ships festival

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)

Pro 2)	vision of regulated entertainment (please read guidance note	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)	Х

In all cases complete boxes K, L and M

Α

Plays Standard days and timings (please read guidance note 7)		e read	Will the performance of a play take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors Outdoors		
Day	Start	Finis h		Both		
Mon			Please give further details here (please read)	ad guidance n	ote	
Tue						
Wed			State any seasonal variations for performing plays (please read guidance note 5)			
Thur						
Fri			Non standard timings. Where you intend premises for the performance of plays at o to those listed in the column on the left, p	different time	<u>es</u>	
Sat			(please read guidance note 6)			
Sun						

В

Films Standard days and timings (please read			Will the exhibition of films take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors
	ncë note			Outdoors
Day	Start	Finis h		Both
Mon			Please give further details here (please read)	ad guidance note
Tue				
Wed			State any seasonal variations for the exhi (please read guidance note 5)	bition of films
Thur				
Fri			Non standard timings. Where you intend premises for the exhibition of films at different those listed in the column on the left, please listed in the column on the left.	erent times to
Sat			read guidance note 6)	
Sun				

С

Indoor sporting events Standard days and timings (please read guidance note 7)			Please give further details (please read guidance note 4)
Day	Start	Finis h	
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
Fri			read guidance note 6)
Sat			
Sun			

D

Boxing or wrestling entertainments Standard days and			Will the boxing or wrestling entertainment take place indoors or outdoors or both – please tick (please	Indoors		
timings (please read guidance note 7)			read guidance note 3)	Outdoors		
Day	Start	Finis h		Both		
Mon			Please give further details here (please read) 4)	ad guidance no	ote	
Tue						
Wed			State any seasonal variations for boxing or wrestling entertainment (please read guidance note 5)			
Thur						
Fri			Non standard timings. Where you intend premises for boxing or wrestling entertain different times to those listed in the colum	nment at		
Sat			please list (please read guidance note 6)			
Sun						

Ε

Live music Standard days and timings (please read			Will the performance of live music take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors	
	ncë note			Outdoors	
Day	Start	Finis h		Both	
Mon			Please give further details here (please read) 4)	ad guidance no	ote
Tue					
Wed			State any seasonal variations for the perference music (please read guidance note 5)	ormance of liv	<u>/e</u>
Thur					
Fri			Non standard timings. Where you intend premises for the performance of live must times to those listed in the column on the	ic at different	
Sat			(please read guidance note 6)		
Sun					

F

Recorded music Standard days and timings (please read			Will the playing of recorded music take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors	
guidance note 7)				Outdoors	
Day	Start	Finis h		Both	
Mon			Please give further details here (please read)	ad guidance n	ote
Tue					
Tue					
Wed			State any seasonal variations for the play music (please read guidance note 5)	ing of record	ed
Thur					
Fri			Non standard timings. Where you intend premises for the playing of recorded must times to those listed in the column on the	ic at differen	
Sat			(please read guidance note 6)		
Sun					

G

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3	
e note	te
<u>of</u>	
	<u>s</u>
	e of <u>ne</u> t time:

Η

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 enter be providing	tainment you v	will	
Day	Start	Finis h	Will this entertainment take place indoors or outdoors or both – please	Indoors		
Mon			tick (please read guidance note 3)	Outdoors		
				Both		
Tue			Please give further details here (please read guidance 4)			
Wed						
Thur			State any seasonal variations for entertain similar description to that falling within (e (please read guidance note 5)			
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 6)			
Sun						

I

Late night refreshment Standard days and			Will the provision of late night refreshment take place indoors or outdoors or both – please tick (please	Indoors		
timings (please read guidance note 7)			read guidance note 3)	Outdoors		
Day	Start	Finis h		Both		
Mon			Please give further details here (please read)	ad guidance n	ote	
Tue						
Wed			State any seasonal variations for the provision of late night refreshment (please read guidance note 5)			
Thur						
Fri			Non standard timings. Where you intend premises for the provision of late night re different times, to those listed in the column	freshment at		
Sat			please list (please read guidance note 6)			
Sun						

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 Off the premises	
Day	Start	Finis h		Both	х
Mon	1700	2230	State any seasonal variations for the supp (please read guidance note 5)	oly of alcoho	<u>I</u>
Tue	1700	2230			
Wed	1700	2230			
Thur	1000	2230	Non standard timings. Where you intend premises for the supply of alcohol at diffe those listed in the column on the left, plea	rent times to	
Fri	1000	2230	read guidance note 6)	u	
Sat	1000	2230			
Sun	1000	2230			

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	Jonathan Wallis								
Date of bir	Date of birth								
Address									
Postcode									
Personal li	cence number (if known)								

Κ

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

open Standa timing	s premise to the pu ard days s (please nce note	and and read	State any seasonal variations (please read guidance note 5)
Day	Start	Finis h	
Mon	10:00	22:30	
Tue	10:00	22:30	
Wed	10:00	22:30	
			Non standard timings. Where you intend the premises to be open to the public at different times from those listed
Thur	10:00	22:30	in the column on the left, please list (please read guidance note 6)
Fri	10:00	22:30	

Sat	10:00	22:30
Sun	10:00	22:30

Μ

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)

See attached conditions .

b) The prevention of crime and disorder

- We will operate a challenge 25 policy
- Serve in plastic cups outdoors
- Will not serve anyone that is already in a drunken state
- Have security staff on throughout the duration of the event

c) Public safety

- We will operate a challenge 25 policy
- Serve in plastic cups outdoors
- Will not serve anyone that is already in a drunken state
- Have security staff on throughout the duration of the event

d) The prevention of public nuisance

- We will operate a challenge 25 policy
- Serve in plastic cups outdoors
- Will not serve anyone that is already in a drunken state
- Have security staff on throughout the duration of the event

e) The protection of children from harm

- We will operate a challenge 25 policy
- Serve in plastic cups outdoors
- Will not serve anyone that is already in a drunken state
- Have security staff on throughout the duration of the event

Checklist:

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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	• [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	10/05/23
Capacity	Director

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)					

