

# **LICENSING ACT SUB-COMMITTEE AGENDA**



**Thursday, 4 September 2008**

**at 10.00 am**

**in Committee Room B,  
Civic Centre, Hartlepool**

**MEMBERS: LICENSING ACT SUB-COMMITTEE:**

Councillors Fleet, Fleming and G Lilley

- 1. APOLOGIES FOR ABSENCE**
- 2. TO RECEIVE ANY DECLARATIONS OF INTEREST BY MEMBERS**
- 3. ITEMS FOR DECISION**
  - 3.1 Application For A New Premises Licence - 112 Flint Walk, Hartlepool -  
*Head of Procurement, Property & Public Protection*

## **Licensing Act 2003**

### **Procedure for Hearings**

Prior to the commencement of the meeting, a representative of the Democratic Services Section shall establish the identity of those present, who they represent and who intends, or wishes to speak.

1. The Chair's opening comments, including introduction of Members of sub-committee and officers present. Explanation of the decision to be considered.
2. Head of Public Protection and Housing outlines the application, any relevant representations and relevancy to Licensing Policy and statutory guidance.
3. Members ask any questions of the Head of Public Protection and Housing.
4. Applicants present their case (either personally or via legal representation) and introduces witnesses where appropriate.
5. Questions by Members to applicant and/or applicant's witness.
6. Representations by responsible bodies and/or interested parties and witnesses introduced where appropriate.
7. Questions by Members to responsible bodies/interested parties and/or their witnesses.
8. Parties may question and clarify issues raised with the consent of the Chair.
9. If required, responsible bodies/interested parties to be given opportunity to sum up.
10. If required, the applicant to be given opportunity to sum up.
11. Members to have the opportunity to clarify any points raised. The Chair shall ask whether all parties are satisfied they have said all they wish to.
12. Members to go into closed session to deliberate.
13. Chair informs parties of their decision, with reasons.

**Report of:** Head of Procurement, Property & Public Protection

**Subject:** APPLICATION FOR A NEW PREMISES LICENCE -  
112 FLINT WALK, HARTLEPOOL

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**1. PURPOSE OF REPORT**

- 1.1 To consider an application for a new Premises Licence in respect of 112 Flint Walk, Hartlepool.

**2. BACKGROUND**

- 2.1 Applicant: Catherine Ruth Daniel

Premises: 112 Flint Walk  
Hartlepool

**3. SUMMARY OF THE APPLICATION**

- 3.1 The applicant has applied for the following:

Sale of Alcohol	Monday – Sunday	0800 – 2000
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A copy of the application is attached as Appendix I.

- 3.2 The application has been advertised in the prescribed manner and one relevant representation has been received from Hartlepool Borough Council's Trading Standards Team. (**Appendix II**).

- 3.3 Trading Standards had requested that the applicant agree to the addition of a number of conditions onto the Premises Licence but no such agreement could be reached. The conditions proposed by Trading Standards can be summarised as follows: -

- The installation of a CCTV system that complies to a standard approved by Cleveland Police
- The adoption of the 'Challenge 21' approach to help prevent the sale of alcohol to children.

- The display of notices informing customers that alcohol will not be sold to children or to adults on behalf of children.
- The maintenance of staff training records.
- Regular monitoring of staff authorised to sell alcohol.
- The adoption of a means of remind staff to verify age whenever an alcohol sale is made.

3.4 Following receipt of the above representation, and in compliance with statutory requirements, a Notice of Hearing has been sent to both the applicant and Responsible Authority.

#### **4. ISSUES**

4.1 Having regard to the representation received, Members may take any of the following steps for the promotion of the licensing objectives:

- i) Grant the application without amendment
- ii) Grant the application with conditions, or amended conditions
- iii) Refuse the application

4.2 The licensing objectives are:

- i) The prevention of crime and disorder
- ii) Public safety
- iii) The prevention of public nuisance, and
- iv) The protection of children from harm

4.3 Members are reminded that they must only consider those aspects of the licence application that are relevant to the representations received.

#### **5. RECOMMENDATIONS**

5.1 That Members consider the representations made by the applicant and Responsible Authority and determine what aspects, if any, of the proposed application should be granted and, if appropriate, what conditions, if any, should be attached.

## Appendix I



Hartlepool Borough Council, Civic Centre, Victoria Road, Hartlepool, TS24 8AY



### 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 or typed in black ink. Use additional sheets if necessary. You may wish to keep a copy of the completed form for your records.

CATHERINE RUTH DANIELL

I/We.....apply for as premises licence under section 17 of

(insert name(s) of applicant)

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

112 FLINT WALK

Post Town	Post Code
HARTLEPOOL	

Telephone number at premises (if any)

Non-domestic rateable value of premises

£ 2100

#### Part 2 - Applicant Details

Please state whether you are applying for a premises licence as

Please tick yes

- |                                                 |                                                                 |
|-------------------------------------------------|-----------------------------------------------------------------|
| a) an individual or individuals *               | <input checked="" type="checkbox"/> please complete section (A) |
| b) a person other than an individual *          |                                                                 |
| i. as a limited company                         | <input type="checkbox"/> 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 ☐ 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 ☐ 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 checked="" type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)
Surname <b>DANIEL</b>		First names <b>CATHERINE RUTH</b>		
I am 18 years old or over		<input checked="" type="checkbox"/> Please tick yes		
Current postal address if different from premises address		<b>24 TREDGAR WALK</b>		
Post Town	<b>H'POOL</b>		Postcode	<b>TS26 0TP</b>
Daytime contact telephone number		<b>07999863609</b>		
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
Address
Registered number (where applicable)
Description of applicant (for example, partnership, company, unincorporated association etc.)
Telephone number (if any)
E-mail address (optional)

## Part 3 Operating Schedule

When do you want the premises licence to start?

ASAP

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

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

N/A

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

Please give a general description of the premises (please read guidance note1)

GENERAL DEALERS SHOP IN A HOUSING ESTATE.

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 yes

- |                                                                                                                |                          |
|----------------------------------------------------------------------------------------------------------------|--------------------------|
| a) plays (if ticking yes, fill in box A)                                                                       | <input type="checkbox"/> |
| b) films (if ticking yes, fill in box B)                                                                       | <input type="checkbox"/> |
| c) indoor sporting events (if ticking yes, fill in box C)                                                      | <input type="checkbox"/> |
| d) boxing or wrestling entertainment (if ticking yes, fill in box D)                                           | <input type="checkbox"/> |
| e) live music (if ticking yes, fill in box E)                                                                  | <input type="checkbox"/> |
| f) recorded music (if ticking yes, fill in box F)                                                              | <input type="checkbox"/> |
| g) performances of dance (if ticking yes, fill in box G)                                                       | <input type="checkbox"/> |
| h) anything of a similar description to that falling within (e), (f) or (g)<br>(if ticking yes, fill in box H) | <input type="checkbox"/> |

**Provision of entertainment facilities:**

- |                                                                                                                |                          |
|----------------------------------------------------------------------------------------------------------------|--------------------------|
| i) making music (if ticking yes, fill in box I)                                                                | <input type="checkbox"/> |
| j) dancing (if ticking yes, fill in box J)                                                                     | <input type="checkbox"/> |
| k) entertainment of a similar description to that falling within (i) or (j)<br>(if ticking yes, fill in box K) | <input type="checkbox"/> |

**Provision of late night refreshment** (if ticking yes, fill in box L)

☐

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

☒

In all cases complete boxes N, O and P

## A

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

**B**

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

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			<u>State any seasonal variations for indoor sporting events</u> (please read guidance note 4)
Tue			
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

<b>Boxing or wrestling entertainments</b> 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"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish			
Mon			<u>Please give further details here</u> (please read guidance note 3)		
Tue					
Wed			<u>State any seasonal variations for boxing or wrestling entertainment</u> (please read guidance note 4)		
Thur					
Fri			<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)		
Sat					
Sun					

E

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

## F

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

## G

Performances of dance Standard days and timings (please read guidance note 6)			<u>Will the performance of dance take place indoors or outdoors or both – please tick</u> (please read guidance note 2)	Indoors	<input type="checkbox"/>
				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Day	Start	Finish			
Mon			<u>Please give further details here</u> (please read guidance note 3)		
Tue					
Wed			<u>State any seasonal variations for the performance of dance</u> (please read guidance note 4)		
Thur					
Fri			<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> (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)			<u>Please give a description of the type of entertainment you will be providing</u>		
Day	Start	Finish	<u>Will this entertainment take place indoors or outdoors or both – please tick</u> (please read guidance note 2)	Indoors	<input type="checkbox"/>
Mon				Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Tue			<u>Please give further details here</u> (please read guidance note 3)		
Wed					
Thur			<u>State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g)</u> (please read guidance note 4)		
Fri					
Sat			<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> (please read guidance note 5)		
Sun					

I

<b>Provision of facilities for making music</b> Standard days and timings (please read guidance note 6)			<b>Please give a description of the facilities for making music you will be providing</b>	
			<b>Will the facilities for making music be indoors or outdoors or both – please tick</b> (please read guidance note 2)	
			Indoors	<input type="checkbox"/>
			Outdoors	<input type="checkbox"/>
			Both	<input type="checkbox"/>
Day	Start	Finish	<b>Please give further details here</b> (please read guidance note 3)	
Mon				
Tue				
Wed			<b>State any seasonal variations for the provision of facilities for making music</b> (please read guidance note 4)	
Thur				
Fri			<b>Non standard timings. Where you intend to use the premises for provision of facilities for making music at different times to those listed in the column on the left, please list</b> (please read guidance note 5)	
Sat				
Sun				

J

<b>Provision of facilities for dancing</b> Standard days and timings (please read guidance note 6)			<b>Will the facilities for dancing be indoors or outdoors or both – please tick</b> (see guidance note 2)		Indoors	<input type="checkbox"/>
					Outdoors	<input type="checkbox"/>
					Both	<input type="checkbox"/>
			<b>Please give a description of the facilities for dancing you will be providing</b>			
Day	Start	Finish				
Mon			<b>Please give further details here</b> (please read guidance note 3)			
Tue						
Wed			<b>State any seasonal variations for providing dancing facilities</b> (please read guidance note 4)			
Thur						
Fri			<b>Non standard timings. Where you intend to use the premises for the provision of facilities for dancing entertainment at different times to those listed in the column on the left, please list</b> (please read guidance note 5)			
Sat						
Sun						

K

Provision of facilities for entertainment of a similar description to that falling within i or j Standard days and timings (please read guidance note 6)			<u>Please give a description of the type of entertainment facility you will be providing</u>	
Day	Start	Finish	<u>Will the entertainment facility be indoors or outdoors or both – please tick</u> (please read guidance note 2)	Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Both <input type="checkbox"/>
Mon				
Tue			<u>Please give further details here</u> (please read guidance note 3)	
Wed				
Thur			<u>State any seasonal variations for the provision of facilities for entertainment of a similar description to that falling within i or j</u> (please read guidance note 4)	
Fri				
Sat			<u>Non standard timings. Where you intend to use the premises for the provision of facilities for entertainment of a similar description to that falling within i or j at different times to those listed in the column on the left, please list</u> (please read guidance note 5)	
Sun				

L

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

**M**

Supply of alcohol Standard days and timings (please read guidance note 6)			Will the supply of alcohol be for <u>consumption (Please tick box)</u> (please read guidance note 7)	On the premises	<input type="checkbox"/>
				Off the premises	<input type="checkbox"/>
Day	Start	Finish	Both <input type="checkbox"/>		
Mon	5.00	2.00	State any seasonal variations for the supply of alcohol (please read guidance note 4)		
Tue	5.00	5.00			
Wed	5.00	2.00			
Thur			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)		
Fri	5.00	6.00			
Sat	5.00	8.00			
Sun					

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

Name	
Address	
Postcode	
Personal Licence number (if known)	
Issuing licensing authority (if known)	

N

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

O

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	8 AM	8 PM	NONE
Tue	8 AM	8 PM	
Wed	8 AM	8 PM	
Thur	8 AM	8 PM	
Fri	8 AM	8 PM	
Sat	9 AM	8 PM	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)  NONE
Sun	9 AM	8 PM	

**P** Describe the steps you intend to take to promote the four licensing objectives:

**a) General – all four licensing objectives (b,c,d,e) (please read guidance note 9)**

ALCOHOL WILL NOT BE SUPPLIED TO UNDER 18s OR  
PEOPLE WHO ARE DRUNK.

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

CCTV INSTALLED

**c) Public safety**

WILL NOT SELL ALCOHOL TO UNDER 18s.

**d) The prevention of public nuisance**

AS ABOVE

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

AS ABOVE



- Please tick yes
- I have made or enclosed payment of the fee £100 ☒
  - 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 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 CONVICTION TO A FINE UP TO 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	<i>CR Daniel</i>
Date	<i>9/7/08</i>
Capacity	<i>SHOP OWNER</i>

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 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)

**MSP LEGAL SERVICES LLP**  
**HAVELOCK HOUSE**  
**24 VICTORIA ROAD**  
**HARTLEPOOL TS26 8DD**

*FAO MICHAEL DILLON*

Post town		Post code	
Telephone number (if any)	<i>232204</i>		
If you would prefer us to correspond with you by e-mail your e-mail address (optional)			

## Appendix II

NEIGHBOURHOOD SERVICES DEPARTMENT  
PUBLIC PROTECTION AND HOUSING

Civic Centre  
Hartlepool TS24 8AY

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For the attention of: Michael Welsh, Principal Trading Standards Officer,  
Public Protection, Civic Centre, Hartlepool, TS24 8AY

**LICENSING ACT 2003**  
**RE: APPLICATION FOR A PREMISES LICENCE**  
**PREMISES NAME**

Cathies Corner,  
112 Flint Walk,  
Hartlepool,

Catherine Ruth DANIEL  
24 Tredegar Walk,  
Hartlepool,  
Cleveland

C/o MSP Legal Services LLP  
Malcolm Smith & Partners Solicitors,  
"Havelock House"  
24 Victoria Road,  
Hartlepool,  
TS26 8DD

Further to your recent correspondence concerning the above. I confirm that if the above application is successful, I am willing to accept that the following Conditions be attached to the Operating Schedule.

**Conditions**

1. A CCTV system of a type and specification approved by Cleveland Police shall be operational during all trading hours throughout the premises, and at least one camera shall be permanently directed at the sales counter so as to record all sales taking place.

Images recorded by the system shall be retained for a minimum of 31 days and shall be made available to police officers or other authorised officers upon request or as soon as reasonably practicable.

2. There shall be in place a written policy to prevent the sale of supply of alcohol to persons under 18 years of age. That policy shall require any person who appears to be under the age of 21 to produce a recognised proof of age card accredited under the Proof of Age Standards Scheme (PASS), a photo driving licence, a passport or official HM Forces or EU ID card bearing photo and date of birth.

3. At least one notice shall be displayed at the entrance to the premises where it can be clearly seen and read and shall indicate that it is unlawful for persons under 18 years of age to purchase alcohol or for any person to purchase alcohol on behalf of a person under 18 years of age.

Signature.....Date.....



Customer Service Excellence in  
Waste management and Street Cleaning



INVESTOR IN PEOPLE

NEIGHBOURHOOD SERVICES DEPARTMENT  
PUBLIC PROTECTION AND HOUSING

Civic Centre  
Hartlepool TS24 8AY

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4. A written record shall be maintained detailing the training provided to each member of staff authorised to sell or supply alcohol. Such a record shall be signed by the member of staff to confirm the date that such training took place.
5. The licence holder shall implement a policy of regular monitoring and review of all staff authorised to sell or supply alcohol.
6. There shall be a means of alerting staff to verify the age of a prospective purchaser whenever an age restricted product is presented for purchase.

**LICENSING ACT 2003  
RE: APPLICATION FOR A PREMISES LICENCE  
PREMISES NAME**

**Cathies Corner,  
112 Flint Walk,  
Hartlepool,**

**Catherine Ruth DANIEL  
24 Tredegar Walk,  
Hartlepoo,  
Cleveland**

**C/o MSP Legal Services LLP  
Malcolm Smith & Partners Solicitors,  
"Havelock House"  
24 Victoria Road,  
Hartlepool,  
TS26 8DD**

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Position: \_\_\_\_\_

Date



Customer Service Excellence in  
Waste management and Street Cleaning



INVESTOR IN PEOPLE