

~~Submitted company number~~
~~1 11 183779~~

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

<input checked="" type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

(A) individual applicants (fill in as applicable)

Mr	<u>Mrs</u>	Miss	Ms	Other Title (for example, Rev)	
Surname <u>MORRELL</u>		First names <u>JULIE</u>			
Date of birth <u>[REDACTED]</u>		years old or over <u>[REDACTED]</u>		Please tick yes <input checked="" type="checkbox"/>	
Nationality <u>BRITISH</u>					
Current residential address if different from premises address		<u>[REDACTED]</u>			
Post town		<u>[REDACTED]</u>			
Daytime contact number		<u>[REDACTED]</u>			
E-mail address (optional)		<u>[REDACTED]</u>			
Where applicable (in demonstrating a right to work via the Home Office online work checking service), the 'share code' provided to the applicant by that service (please see note 15 for information)					
Share Code:					

N/A

Second individual applicant (if applicable)

Mr	Mrs	Miss	Ms	Other Title (for example, Rev)	
Surname			First names		
Date of birth or over		I am 18 years old		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 '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
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?

DD MM YYYY
02 12 2025

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)

Light Refreshments
Live Music
Bar / Cocktail Bar

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

N/A

A

Plays Standard days and timings (please read guidance note 7)			Will the performance of a play take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors	
				Outdoors	
				Both	
Day	Start	Finish			
Mon			Please give further details here (please read guidance note 4)		
Tue					
Wed			State any seasonal variations for performing plays (please read guidance note 5)		
Thur					
Fri			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 6)		
Sat					
Sun					



N/A.

B

Films Standard days and timings (please read guidance note 7)			Will the exhibition of films take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors	
				Outdoors	
				Both	
Day	Start	Finish	Please give further details here (please read guidance note 4)		
Mon					
Tue					
Wed					
Thur			State any seasonal variations for the exhibition of films (please read guidance note 5)		
Fri					
Sat					
Sun					
			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 6)		

N/A

C

Indoor sporting events Standard days and timings (please read guidance note 7)			<u>Please give further details</u> (please read guidance note 4)
Day	Start	Finish	
Mon			
Tue			<u>State any seasonal variations for indoor sporting events</u> (please read guidance note 5)
Wed			
Thur			
Fri			<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 6)
Sat			
Sun			

N/A

D

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

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	12pm	23.30			
Tue	12pm	23.30			
Wed	12pm	23.30	State any seasonal variations for the playing of recorded music (please read guidance note 5)		
Thur	12pm	23.30			
Fri	12pm	23.30			
Sat	12pm	23.30	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)		
Sun	12pm	23.30			

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"/>
				Both	<input type="checkbox"/>
Day	Start	Finish			
Mon	7pm	11.30	Please give further details here (please read guidance note 4)		
		23.30			
Tue	7pm	23.30			
		23.30			
Wed	7pm	23.30	State any seasonal variations for the performance of live music (please read guidance note 5)		
Thur	7pm	23.30			
Fri	7pm	23.30	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	7pm	23.30			
Sun	7pm	23.30			

N/A

G

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



N/A.

H

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 entertainment you will be providing		
Day	Start	Finish	<u>Will this entertainment take place indoors or outdoors or both – please tick</u> (please read guidance note 3)	Indoors	
Mon				Outdoors	
				Both	
Tue			<u>Please give further details here</u> (please read guidance note 4)		
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 5)		
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 6)		
Sun					

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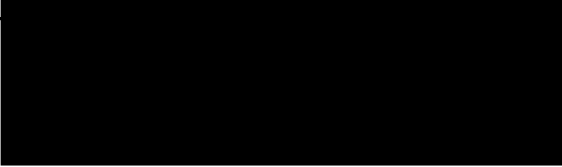


I

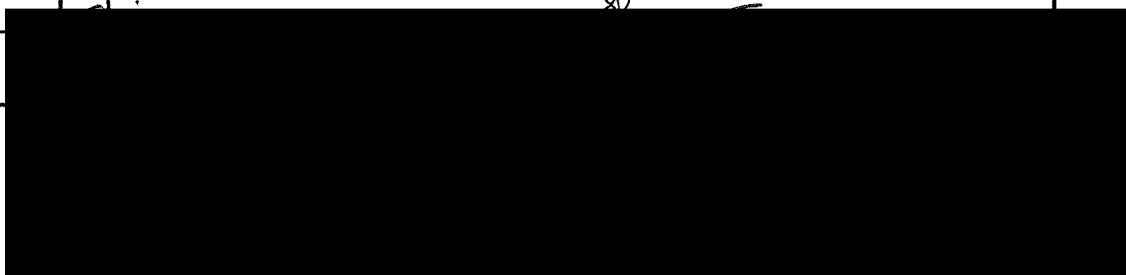
Late night refreshment Standard days and timings (please read guidance note 7)			Will the provision of late night refreshment take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors	
				Outdoors	
				Both	
Day	Start	Finish			
Mon	12 23:00	25:30 23:30	Please give further details here (please read guidance note 4)		
Tue	23:00	23:30			
Wed	23:00	23:30	State any seasonal variations for the provision of late night refreshment (please read guidance note 5)		
Thur	23:00	23:30			
Fri	23:00	23:30	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 (please read guidance note 6)		
Sat	23:00	23:30			
Sun	23:00	23:30			

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) Additional Hour on Bank Holidays.		
Mon	11 AM	23.30			
Tue	11 AM	23.30			
Wed	11 AM	23.30			
Thur	11 AM	23.30	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) Additional Hour on Christmas Eve – Boxing day - New Years Eve.		
Fri	11 AM	23.30			
Sat	11 AM	23.30			
Sun	11 AM	23.30			

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	JULIE MORRIS	
Date of birth		
Address		
Postcode		
Personal li		



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)

CCTV COVERING ENTRANCE + EXIT
CLEAR STAFF TRAINING RECORDS, HOW TO REFUSE
SERVICE TO UNDERAGE CUSTOMERS ETC.
DOOR STAFF IF NEEDED.
INCIDENT BOOK, FIGHTS POLICE CONTACT
WORK WITH POLICE WATCH SCHEMES.

b) The prevention of crime and disorder

OPERATE REFUSAL LOG AND INCIDENT BOOK
BUSY TIMES USE DOOR STAFF IF NEEDED
AVOID ALL YOU CAN DRINK PROMOTIONS
CHALLENGE 25, REFUSAL REGISTER.

c) Public safety

FIRE RISK ASSESSMENT, SAFETY EQUIPMENT
ALARMS – EXTINGUISHERS, EMERGENCY LIGHTING
FIRST AID KIT, ELECTRIC CERT + GAS
ADEQUATE LIGHTING
MAINTENANCE REPORTS UPDATED.

d) The prevention of public nuisance

DISPLAY – LEAVE QUIET
KEEP DOORS + WINDOWS CLOSED
MANAGE SMOKING AREA
CONTROL NOISE LEVELS MUSIC ETC.

e) The protection of children from harm

DON'T EXPOSE TO ALCOHOL
TRAIN STAFF TO CHECK
KEEP UNDERAGE REFUSAL REGISTER
PREVENT VIEW OF ADULT ENTERTAINMENT
CHILDREN 9PM.

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)
Day	Start	Finish	
Mon	11 AM	23.30 00.00	ADDITIONAL HOUR ON BANK HOLIDAYS
Tue	11 AM	23.30 00.00	
Wed	11 AM	23.30 00.00	
Thur	11 AM	23.30 00.00	<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)
Fri	11 AM	23.30 00.00	
Sat	11 AM	23.30 00.00	
Sun	11 AM	23.30 00.00	
			ADDITIONAL HOUR ON CHRISTMAS EVE & NEW YEARS EVE

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 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	<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 read guidance note 15).
Signature	
Date	
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)

JULIE MORRELL

Post town	17. POOL	Postcode	TS25 2QK
Telephone number (if any)			
If you would prefer us to correspond with you by e-mail, your e-mail address (optional)			

