Hartlepool
Application for a premises licence
Licensing Act 2003

For help contact
licensing@hartlepool.gov.uk
Telephone: 01429 523354

* required information

Form errors

Some data entered into this form is invalid. Please resolve before continuing.

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You can save the form at any time and resume it later. You do not need to be logged in when you resume.

System reference	Not Currently In Use	This is the unique reference for this application generated by the system.
Your reference	GREED TEDS A19 LTD	You can put what you want here to help you track applications if you make lots of them. It is passed to the authority.

Are you an agent acting on behalf of the applicant?

( ) Yes (•) No

Put "no" if you are applying on your own behalf or on behalf of a business you own or work for.

Applicant Details

* First name	HELEN
* Family name	BROOKS
* E-mail	[redacted]
Main telephone number	[redacted]
Other telephone number	[redacted]

Include country code.

[ ] Indicate here if you would prefer not to be contacted by telephone

Are you:

(•) Applying as a business or organisation, including as a sole trader

( ) Applying as an individual

A sole trader is a business owned by one person without any special legal structure. Applying as an individual means you are applying so you can be employed, or for some other personal reason, such as following a hobby.

Applicant Business

Is your business registered in the UK with Companies House? (•) Yes ( ) No

Note: completing the Applicant Business section is optional in this form.

Registration number	17270281	
Business name	GREEDY TEDS A19 LTD	If your business is registered, use its registered name.
VAT number	- NONE	Put "none" if you are not registered for VAT.

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Legal status	Private Limited Company
Your position in the business	DIRECTOR
Home country	United Kingdom

The country where the headquarters of your business is located.

Registered Address

Address registered with Companies House.

Building number or name	[redacted]
Street	
District	
City or town	[redacted]
County or administrative area	
Postcode	[redacted]
Country	United Kingdom

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PREMISES DETAILS

I/we, as named in section 1, apply for a premises licence under section 17 of the Licensing Act 2003 for the premises described in section 2 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.

Premises Address

Are you able to provide a postal address, OS map reference or description of the premises?

(•) Address ( ) OS map reference ( ) Description

Postal Address Of Premises

Building number or name	GREEDY TEDS
Street	A19 SERVICE STATION
District	ELWICK
City or town	HARTLEPOOL
County or administrative area	
Postcode	TS27 3HH
Country	United Kingdom

Further Details

Telephone number	[redacted]

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Non-domestic rateable value of premises (£) 14,993

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APPLICATION DETAILS

In what capacity are you applying for the premises licence?

- ☐ An individual or individuals
- ☒ A limited company / limited liability partnership
- ☐ A partnership (other than limited liability)
- ☐ An unincorporated association
- ☐ Other (for example a statutory corporation)
- ☐ A recognised club
- ☐ A charity
- ☐ The proprietor of an educational establishment
- ☐ A health service body
- ☐ A person who is registered under part 2 of the Care Standards Act 2000 (c14) in respect of an independent hospital in Wales
- ☐ A person who is registered under Chapter 2 of Part 1 of the Health and Social Care Act 2008 in respect of the carrying on of a regulated activity (within the meaning of that Part) in an independent hospital in England
- ☐ The chief officer of police of a police force in England and Wales

Confirm The Following

- ☒ I am carrying on or proposing to carry on a business which involves the use of the premises for licensable activities
- ☐ I am making the application pursuant to a statutory function
- ☐ I am making the application pursuant to a function discharged by virtue of His Majesty's prerogative

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NON INDIVIDUAL APPLICANTS

Provide name and registered address of applicant in full. Where appropriate give any registered number. In the case of a partnership or other joint venture (other than a body corporate), give the name and address of each party concerned.

Non Individual Applicant's Name

Name GREEDY TEDS A19 LTD

Details

Continued from previous page...

Registered number (where applicable): 17270281

Description of applicant (for example partnership, company, unincorporated association etc)

COMPANY

Address

Building number or name: A19 SERVICES SOUTHBOUND

Street:

District:

City or town: HARTLEPOOL

County or administrative area:

Postcode: TS27 3HH

Country: United Kingdom

Contact Details

E-mail: [redacted]

Telephone number: [redacted]

Other telephone number:

You must enter a date of birth

* Date of birth: [redacted] / [redacted] / [redacted] (dd / mm / yyyy)

You must enter a nationality

* Nationality: BRITISH

Documents that demonstrate entitlement to work in the UK

Add another applicant

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OPERATING SCHEDULE

When do you want the premises licence to start? 01 / 11 / 2026 (dd / mm / yyyy)

If you wish the licence to be valid only for a limited period, when do you want it to end: / / (dd / mm / yyyy)

Provide a general description of the premises

Continued from previous page...

For example the type of premises, its general situation and layout and any other information which could be relevant to the licensing objectives. Where your application includes off-supplies of alcohol and you intend to provide a place for consumption of these off- supplies you must include a description of where the place will be and its proximity to the premises.

RESTAURANT AND BAR WITH PLANNED OUTDOOR SEATING FOR EATING & DRINKING. SELF CONTAINED BUILDING WITH PARKING DIRECTLY OUTSIDE FRONT & SIDE OF BUILDING. WE WOULD LIKE TO INCLUDE OFF-SUPPLIES OF ALCOHOL FOR CUSTOMERS WISHING TO TAKE HOME EG LEFTOVER WINE OR FOR CUSTOMERS COLLECTING AND WISHING TO PURCHASE ALCOHOL

If 5,000 or more people are expected to attend the premises at any one time, state the number expected to attend

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PROVISION OF PLAYS

See guidance on regulated entertainment

Will you be providing plays?

○ Yes ◉ No

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PROVISION OF FILMS

See guidance on regulated entertainment

Will you be providing films?

○ Yes ◉ No

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PROVISION OF INDOOR SPORTING EVENTS

See guidance on regulated entertainment

Will you be providing indoor sporting events?

○ Yes ◉ No

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PROVISION OF BOXING OR WRESTLING ENTERTAINMENTS

See guidance on regulated entertainment

Will you be providing boxing or wrestling entertainments?

○ Yes ◉ No

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PROVISION OF LIVE MUSIC

See guidance on regulated entertainment

Will you be providing live music?

○ Yes YES ◉ No

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PROVISION OF RECORDED MUSIC

See guidance on regulated entertainment

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SUNDAY

Start | End

Start | End

Will the boxing or wrestling entertainment take place indoors or outdoors or both?

Where taking place in a building or other structure tick as appropriate. Indoors may include a tent.

○ Indoors ○ Outdoors ○ Both

State type of activity to be authorised, if not already stated, and give relevant further details, for example (but not exclusively) whether or not music will be amplified or unamplified.

State any seasonal variations for boxing and wrestling entertainment

For example (but not exclusively) where the activity will occur on additional days during the summer months.

Non-standard timings. Where the premises will be used for the boxing or wrestling entertainment at different times from those listed in the column on the left, list below

For example (but not exclusively), where you wish the activity to go on longer on a particular day e.g. Christmas Eve.

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PROVISION OF LIVE MUSIC

See guidance on regulated entertainment

Will you be providing live music?

◉ Yes ○ No

Standard Days And Timings

MONDAY

Start 11:00 | End 24:00

Start | End

Give timings in 24 hour clock. (e.g., 16:00) and only give details for the days of the week when you intend the premises to be used for the activity.

TUESDAY

Start 11:00 | End 24:00

Start | End

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WEDNESDAY

Start 11:00 End 24:00

Start End

THURSDAY

Start 11:00 End 24:00

Start End

FRIDAY

Start 11:00 End 24:00

Start End

SATURDAY

Start 11:00 End 24:00

Start End

SUNDAY

Start 11:00 End 24:00

Start End

Will the performance of live music take place indoors or outdoors or both?

Where taking place in a building or other structure tick as appropriate. Indoors may include a tent.

○ Indoors ○ Outdoors ◉ Both

State type of activity to be authorised, if not already stated, and give relevant further details, for example (but not exclusively) whether or not music will be amplified or unamplified.

Live music through amplifier indoors & outdoors

State any seasonal variations for the performance of live music

For example (but not exclusively) where the activity will occur on additional days during the summer months.

Non-standard timings. Where the premises will be used for the performance of live music at different times from those listed in the column on the left, list below

For example (but not exclusively), where you wish the activity to go on longer on a particular day e.g. Christmas Eve.

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Will you be providing recorded music?

(•) Yes ( ) No

Standard Days And Timings

Give timings in 24 hour clock. (e.g., 16:00) and only give details for the days of the week when you intend the premises to be used for the activity.

MONDAY	Start	11:00	End	24:00
	Start	11:00	End	24:00
TUESDAY	Start	11:00	End	24:00
	Start	11:00	End	24:00
WEDNESDAY	Start	11:00	End	24:00
	Start	11:00	End	24:00
THURSDAY	Start	11:00	End	24:00
	Start	11:00	End	24:00
FRIDAY	Start	11:00	End	24:00
	Start	11:00	End	24:00
SATURDAY	Start	11:00	End	24:00
	Start	11:00	End	24:00
SUNDAY	Start	11:00	End	24:00
	Start	11:00	End	24:00

Will the playing of recorded music take place indoors or outdoors or both?

( ) Indoors ( ) Outdoors (•) Both

Where taking place in a building or other structure tick as appropriate. Indoors may include a tent.

State type of activity to be authorised, if not already stated, and give relevant further details, for example (but not exclusively) whether or not music will be amplified or unamplified.

PRE RECORDED MUSIC AMPLIFIED THROUGH SPEAKERS
LIVE MUSIC THROUGH AN AMPLIFIER INDOORS AND OUTDOORS

State any seasonal variations for playing recorded music

For example (but not exclusively) where the activity will occur on additional days during the summer months.

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NONE

Non-standard timings. Where the premises will be used for the playing of recorded music at different times from those listed in the column on the left, list below

For example (but not exclusively), where you wish the activity to go on longer on a particular day e.g. Christmas Eve.

NONE

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PROVISION OF PERFORMANCES OF DANCE

See guidance on regulated entertainment

Will you be providing performances of dance?

○ Yes ◉ No

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PROVISION OF ANYTHING OF A SIMILAR DESCRIPTION TO LIVE MUSIC, RECORDED MUSIC OR PERFORMANCES OF DANCE

See guidance on regulated entertainment

Will you be providing anything similar to live music, recorded music or performances of dance?

○ Yes ◉ No

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LATE NIGHT REFRESHMENT

Will you be providing late night refreshment?

○ Yes ◉ No

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SUPPLY OF ALCOHOL

Will you be selling or supplying alcohol?

◉ Yes ○ No

Standard Days And Timings

MONDAY

Start 11:00 End 24:00

Start 11:00 End 24:00

TUESDAY

Start 11:00 End 24:00

Start 11:00 End 24:00

Give timings in 24 hour clock. (e.g., 16:00) and only give details for the days of the week when you intend the premises to be used for the activity.

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WEDNESDAY

Start 11:00 End 24:00

Start 11:00 End 24:00

THURSDAY

Start 11:00 End 24:00

Start 11:00 End 24:00

FRIDAY

Start 11:00 End 24:00

Start 11:00 End 24:00

SATURDAY

Start 11:00 End 24:00

Start 11:00 End 24:00

SUNDAY

Start 11:00 End 24:00

Start 11:00 End 24:00

Will the sale of alcohol be for consumption:

○ On the premises ○ Off the premises ◉ Both

If the sale of alcohol is for consumption on the premises select on, if the sale of alcohol is for consumption away from the premises select off. If the sale of alcohol is for consumption on the premises and away from the premises select both.

State any seasonal variations

For example (but not exclusively) where the activity will occur on additional days during the summer months.

NONE

Non-standard timings. Where the premises will be used for the supply of alcohol at different times from those listed in the column on the left, list below

For example (but not exclusively), where you wish the activity to go on longer on a particular day e.g. Christmas Eve.

NONE

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

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Name

First name: HELEN

Family name: BROOKS

Date of birth: [redacted] / [redacted] / [redacted]
dd mm yyyy

Enter the contact's address

Building number or name: [redacted]

Street: [redacted]

District:

City or town: [redacted]

County or administrative area: [redacted]

Postcode: [redacted]

Country: United Kingdom

Personal Licence number (if known): [redacted]

Issuing licensing authority (if known): [redacted]

PROPOSED DESIGNATED PREMISES SUPERVISOR CONSENT

How will the consent form of the proposed designated premises supervisor be supplied to the authority?

- ○ Electronically, by the proposed designated premises supervisor
- ◉ As an attachment to this application

Reference number for consent form (if known):

If the consent form is already submitted, ask the proposed designated premises supervisor for its 'system reference' or 'your reference'.

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ADULT ENTERTAINMENT

Highlight any adult entertainment or services, activities, or other entertainment or matters ancillary to the use of the premises that may give rise to concern in respect of children

Give information about anything intended to occur at the premises or ancillary to the use of the premises which may give rise to concern in respect of children, regardless of whether you intend children to have access to the premises, for example (but not exclusively) nudity or semi-nudity, films for restricted age groups etc gambling machines etc.

NONE

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HOURS PREMISES ARE OPEN TO THE PUBLIC

Standard Days And Timings

MONDAY				Give timings in 24 hour clock. (e.g., 16:00) and only give details for the days of the week when you intend the premises to be used for the activity.
	Start 11:00	End 24:00		
	Start 11:00	End 24:00		
TUESDAY				
	Start 11:00	End 24:00		
	Start 11:00	End 24:00		
WEDNESDAY				
	Start 11:00	End 24:00		
	Start 11:00	End 24:00		
THURSDAY				
	Start 11:00	End 24:00		
	Start 11:00	End 24:00		
FRIDAY				
	Start 11:00	End 24:00		
	Start 11:00	End 24:00		
SATURDAY				
	Start 11:00	End 24:00		
	Start 11:00	End 24:00		
SUNDAY				
	Start 11:00	End 24:00		
	Start 11:00	End 24:00		

State any seasonal variations

For example (but not exclusively) where the activity will occur on additional days during the summer months.

NONE

Non standard timings. Where you intend to use the premises to be open to the members and guests at different times from those listed in the column on the left, list below

For example (but not exclusively), where you wish the activity to go on longer on a particular day e.g. Christmas Eve.

NONE

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LICENSING OBJECTIVES

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

a) General – all four licensing objectives (b,c,d,e)

List here steps you will take to promote all four licensing objectives together.

WE WILL OPERATE THE PREMISES WITH STRONG MANAGEMENT CONTROLS, COMPREHENSIVE STAFF TRAINING, WRITTEN POLICES AND CLEAR RECORDS. MANAGEMENT WILL REGULARLY REVIEW OPERATIONS AND TAKE APPROPRIATE ACTION TO PROMOTE ALL LICENSING OBJECTIVES TOGETHER

b) The prevention of crime and disorder

CCTV SYSTEM COVERING ALL AREAS INSIDE & EXTERIOR
RECORDS KEPT OF ALL REFUSED SALES, INCIDENTS & ANTI SOCIAL BEHAVIOUR

c) Public safety

CARRY OUT REGULAR FIRE RISK ASSMENTS
KEEP EMERGENCY EXITS CLEARLY MARKED AND KEPT CLEAR OF OBSTRUCTIONS
HAVE FIRST AID STRAINED STAFF ON PREMISES AT ALL TIMES
ENSURE FIRST AID KITS ARE STOCKED
KEEP UP TO DATE SAFETY CHECKS/CERTIFICATES FOR GAS & ELECTRIC INSTALLATIONS

d) The prevention of public nuisance

ALTHOUGH OUR LOCATION HAS NO CLOSE RESIDENTIAL OR BUSINESS NEIGHBOURS, WE WILL MONITOR NOISE LEVELS EG MUSIC, CUSTOMERS WHEN ARRIVING/LEAVING AND HAVE APPROPRIATE SIGNAGE DISPLAYED DIRECTED AT CUSTOMERS
KEEP ANY NOISY ACTVITIES TO DAYTIME EG BOTTLE DISPOSAL & DELIVERIES OR ANY NOISY MAINTENANCE

e) The protection of children from harm

ENFORCE A CHALLENGE 25 POLICY WITH ALL STAFF FULLY TRAINED TO IMPLEMENT IT

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NOTES ON DEMONSTRATING ENTITLEMENT TO WORK IN THE UK

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Address

Building number or name	CIVIC CENTRE
Street	VICTORIA ROAD
District	
City or town	HARTLEPOOL
County or administrative area	
Postcode	TS24 8AY
Country	United Kingdom

DECLARATION

* 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.

* 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.

* 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, if appropriate.

☑ Ticking this box indicates you have read and understood the above declaration

This section should be completed by the applicant, unless you answered "Yes" to the question "Are you an agent acting on behalf of the applicant?"

A full name must be entered

* Full name	HELEN ELIZABETH BROOKS

A capacity must be entered

* Capacity	DIRECTOR
Date (dd/mm/yyyy)	02/11/26

Add another signatory

Once you're finished you need to do the following:
1. Save this form to your computer by clicking file/save as...
2. Go back to https://www.gov.uk/apply-for-a-licence/premises-licence/hartlepool/apply-1 to upload this file and continue with your application.

Don't forget to make sure you have all your supporting documentation to hand.