

Appx A

31 OCT 2019



Burnley.gov.uk

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.

RECEIVED
05 NOV 2019

I/We KEIRA CROSSLEY
(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

WILLIAMS LOUNGE BAR

Postal address of premises or, if none, ordnance survey map reference or description

7 YORKE STREET

Post town

BURNLEY

Postcode

BB11 1HD

Telephone number at premises (if any)

Non-domestic rateable value of premises

£ 5000

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) a person other than an individual *

i as a limited company/limited liability partnership



please complete section (B)

ii as a partnership (other than limited liability)



please complete section (B)

Re submitted on 05-11-19 as failed to display correct notice

- 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 ☒

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 checked="" type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
Surname CROSBLEY			First names KEIRA		
Date of birth		I am 18 years old or over <input checked="" type="checkbox"/> Please tick yes			
Nationality BRITISH					
Current residential address if different from premises address					
Post town	BURNLEY			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 15 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		I am 18 years old or over		<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 15 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
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
25	11	2019

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

DD	MM	YYYY

<p>Please give a general description of the premises (please read guidance note 1)</p> <p>GIN BAR</p>

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) | <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 checked="" type="checkbox"/> |

- 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 refreshments (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

A

Plays Standard days and timings (please read guidance note 7)			<u>Will the performance of a play take place indoors or outdoors or both – please tick</u> (please read guidance note 3)	
			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 4)	
Mon				
Tue				
			<u>State any seasonal variations for performing plays</u> (please read guidance note 5)	
Wed				
Thur				
			<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 6)	
Fri				
Sat				
Sun				

B

Films Standard days and timings (please read guidance note 7)			<u>Will the exhibition of films take place indoors or outdoors or both – please tick</u> (please read guidance note 3)		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 4)		
Mon					
Tue					
			<u>State any seasonal variations for the exhibition of films</u> (please read guidance note 5)		
Wed					
Thur					
			<u>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</u> (please read guidance note 6)		
Fri					
Sat					
Sun					

C

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

D

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

E

Live music Standard days and timings (please read guidance note 7)			<u>Will the performance of live music take place indoors or outdoors or both – please tick</u> (please read guidance note 3)		Indoors	<input checked="" type="checkbox"/>
					Outdoors	<input type="checkbox"/>
					Both	<input type="checkbox"/>
Day	Start	Finish	<u>Please give further details here</u> (please read guidance note 4)			
Mon	12.00	23.00				
Tue	12.00	23.00				
Wed	12.00	23.00	<u>State any seasonal variations for the performance of live music</u> (please read guidance note 5)			
Thur	12.00	23.00				
Fri	12.00	24.00	<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 6) WE WILL REQUIRE AN EXTENSION ON SUNDAYS PRECEDING A BANK HOLIDAY, GOOD FRIDAY, CHRISTMAS EVE, CHRISTMAS DAY, BOXING DAY, NEW YEARS EVE AND NEW YEARS DAY 08.00 TO 04.00			
Sat	12.00	24.00				
Sun	12.00	23.00				

F

Recorded music Standard days and timings (please read guidance note 7)			Will the playing of recorded music take place <u>indoors or outdoors or both</u> – please tick (please read guidance note 3)		Indoors	<input checked="" type="checkbox"/>
					Outdoors	<input type="checkbox"/>
					Both	<input type="checkbox"/>
Day	Start	Finish				
Mon	09.00	23.00	<u>Please give further details here</u> (please read guidance note 4)			
Tue	09.00	23.00				
Wed	09.00	23.00	<u>State any seasonal variations for the playing of recorded music</u> (please read guidance note 5) WE MAY REQUIRE THE PLAYING OF MUSIC TO GO ON LONGER ON CHRISTMAS EVE AND NEW YEARS EVE			
Thur	09.00	03.00				
Fri	09.00	03.00	<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 6) WE WILL REQUIRE AN EXTENSION ON SUNDAYS PRECEDING A BANK HOLIDAY, GOOD FRIDAY, CHRISTMAS EVE, CHRISTMAS DAY, BOXING DAY, NEW YEARS EVE AND NEW YEARS DAY. 08.00 TO 04.00			
Sat	09.00	03.00				
Sun	09.00	23.00				

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	<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 4)			
Mon						
Tue						
			<u>State any seasonal variations for the performance of dance</u> (please read guidance note 5)			
Wed						
Thur						
			<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)			
Fri						
Sat						
Sun						

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 <input type="checkbox"/>
Mon				Outdoors <input type="checkbox"/>
				Both <input type="checkbox"/>
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				

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	<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 4)		
Mon					
Tue					
Wed			<u>State any seasonal variations for the provision of late night refreshment</u> (please read guidance note 5)		
Thur					
Fri					
Sat			<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 6)		
Sun					

J

Supply of alcohol Standard days and timings (please read guidance note 7)			<u>Will the supply of alcohol be for consumption</u> <u>- please tick</u> (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	<u>State any seasonal variations for the supply of alcohol</u> (please read guidance note 5) WE MAY REQUIRE AN EXTENSION ON CHRISTMAS EVE, BOXING DAY, NEW YEARS EVE DEPENDANT ON HOW THE DAYS FALL!		
Mon	08.00	01.00			
Tue	08.00	01.00			
Wed	08.00	01.00			
Thur	08.00	03.30			
Fri	08.00	03.30			
Sat	08.00	03.30			
Sun	09.00	24.00	<u>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</u> (please read guidance note 6) WE WILL REQUIRE AN EXTENSION ON SUNDAYS PRECEDING A BANK HOLIDAY, GOOD FRIDAY, CHRISTMAS EVE, CHRISTMAS DAY, BOXING DAY, NEW YEARS EVE AND NEW YEARS DAY 08.00 TO 04.00		

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	KEIRA CROSSLEY
Date of birth	
Address	7 YORKE STREET BURNLEY
Postcode	BB11 1HD
Personal licence number (if known)	
Issuing licensing authority (if known)	

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).

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	08.00	01.00	AN EXTENSION MAYBE REQUIRED OVER THE FESTIVE PERIOD DEPENDANT ON HOW THE DAYS FALL!
Tue	06.00	01.00	
Wed	08.00	01.00	
Thur	08.00	03.30	<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 (please read guidance note 6)</u> WE WILL REQUIRE AN EXTENSION ON SUNDAYS PRECEDING A BANK HOLIDAY, GOOD FRIDAY, CHRISTMAS EVE, CHRISTMAS DAY, BOXING DAY, NEW YEARS EVE AND NEW YEARS DAY 08.00 TO 04.00
Fri	08.00	03.30	
Sat	08.00	03.30	
Sun	09.00	24.00	

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)

THE PROPOSED BUILDING HAS BEEN DESIGNED AND FITTED OUT TO A HIGH STANDARD TO ENSURE THAT THE FOUR LICENCING OBJECTIVES ARE PROMOTED IN THE INTEREST OF PUBLIC PROTECTION.

b) The prevention of crime and disorder

NEW WINDOWS HAVE BEEN INSTALLED THROUGHOUT WITH THE INTRODUCTION OF TOUGHENED SAFETY GLASS. THE BUILDING IS TO BE MONITORED BY A DIGITAL CCTV SYSTEM BOTH EXTERNALLY AND INTERNALLY.

c) Public safety

THE OWNER IS TO ENSURE THAT THE BUILDING NEVER EXCEEDS ITS CAPACITY ESPECIALLY AT WEEKENDS AND SPECIAL EVENTS.
THE PROVISION OF DOOR SUPERVISORS AT THE ENTRANCE TO THE PREMISES MAY ASSIST WITH THIS.

d) The prevention of public nuisance

THE PROXIMITY OF NEARBY RESIDENTS IS TO BE TAKEN INTO ACCOUNT.
DOOR SUPERVISORS ARE TO ASK PATRONS TO LEAVE THE PREMISES QUIETLY.

e) The protection of children from harm

THERE ARE TO BE PROCEDURES IN PLACE THAT ALL CUSTOMERS COMING INTO THE PREMISES ARE OVER THE AGE OF 18.

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, if appropriate (please see note 15)
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Signature	
Date	30/10/19
Capacity	AGENT

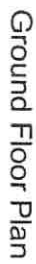
For joint applications, signature of 2nd applicant or 2nd applicant's solicitor or other authorised agent (please read guidance note 13). If signing on behalf of the applicant, please state in what capacity.

Signature	
Date	
Capacity	

Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 14) DARRELL STOCABURN AVALON TOWN PLANNING 2 REEDLEY BUSINESS CENTRE REDMAN ROAD REEDLEY			
Post town	BURNLEY	Postcode	BB10 2TY
Telephone number (if any)			
If you would prefer us to correspond with you by e-mail, your e-mail address (optional)			

Notes for Guidance

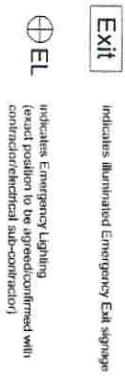
- Describe the premises, for example the type of premises, its general situation and layout and any other information which could be relevant to the licensing objectives. Where your application includes off-supplies of alcohol and you intend to provide a place for consumption of these off-supplies, you must include a description of where the place will be and its proximity to the premises.
- In terms of specific regulated entertainments please note that:
 - Plays: no licence is required for performances between 08:00 and 23:00 on any day, provided that the audience does not exceed 500.
 - Films: no licence is required for 'not-for-profit' film exhibition held in community premises between 08:00 and 23:00 on any day provided that the audience does not exceed 500 and the organiser (a) gets consent to the screening from a person who is responsible for the premises; and (b) ensures that each such screening abides by age classification ratings.
 - Indoor sporting events: no licence is required for performances between 08:00 and 23:00 on any day, provided that the audience does not exceed 1000.
 - Boxing or Wrestling Entertainment: no licence is required for a contest, exhibition or display of Greco-Roman wrestling, or freestyle wrestling between 08:00 and 23:00 on any day, provided that the audience does not exceed 1000. Combined fighting sports – defined as a contest, exhibition or display which combines boxing or wrestling with one or more martial arts – are licensable as a boxing or wrestling entertainment rather than an indoor sporting event.



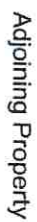
KEY:

- ☒ EF Denotes Mechanical Extractor Fan

Diagnoses in a probe detector to be mains operated self contained units to BS 5839-1:2013. Detectors to be ceiling mounted and fitted minimum 300mm from any wall or light fitting. Alarms must be interconnected and wired to a separately fused circuit at the distribution board, and installed in accordance with manufacturers instructions.



Domestic extent of the boundary of the building
Area for licensed Activities:-
Sales/Consumption of Alcohol
Performance of live music
Playing of recorded music



First Floor Plan

All work and materials shall comply with Health and Safety legislation and be approved by the Local Authority Planning / Building Control Officer.

All alterations are in red ink unless unless where existing system highlighted.

The contractor shall work quickly and efficiently all dimensions as stated, proceeds and only the design level of any discrepancies.

Do not scale off the drawings. If in doubt ask.

As soon as possible, the contractor shall submit a copy of the drawings to the Local Authority Planning / Building Control Officer for approval.

[illegible]

PROPOSED FLOOR PLANS

Dr. J. A. Yunker, Secretary
University
EAST AUST

Client: Mr. Noel Crossley

Data: 29.10.19 Scale: 1:50 42 A2

Project No: CRU501 Day 05
Drawn: DS

Anticardiolipins:

Consent of individual to being specified as premises supervisor

I KEIRA CROSSLEY
[full name of prospective premises supervisor]

of

.....
[home address of prospective premises supervisor]

hereby confirm that I give my consent to be specified as the designated premises supervisor in relation to the application for

PREMISES LICENCE APPLICATION
[type of application]

by

KEIRA CROSSLEY
[name of applicant]

relating to a premises licence

.....
[number of existing licence, if any]

for

7 YORKE STREET
BURNLEY
BB11 1HD

.....
[name and address of premises to which the application relates]

and any premises licence to be granted or varied in respect of this application made by

KEIRA CROSSLEY
[name of applicant]

concerning the supply of alcohol at

7 YORKE STREET
BURNLEY
BB11 1HD

[name and address of premises to which application relates]

I also confirm that I am entitled to work in the United Kingdom and am applying for, intend to apply for or currently hold a personal licence, details of which I set out below.


Personal licence number

[insert personal licence number, if any]

Personal licence issuing authority

[insert name and address and telephone number of personal licence issuing authority, if any]

Signed

 (AGENT)

Name (please print)

D. STOCKBURN

Date

30/10/19

DRIVING LICENCE



1. CROSSLEY
2. MRS KEIRA JOANNE

3.

4a.

4b.

5.

7.

8.

9.

