

Application for a premises licence to be granted under the Licensing Act 2003

Please read the following instructions first

Before completing this form please read the guidance notes at the end of the form. If you are completing this form by hand please write legibly in block capitals. In all cases ensure that your answers are inside the boxes and written in black ink. Use additional sheets if necessary.

You may wish to keep a copy of the completed form for your records.

I/We
(Insert name(s) of applicant)

apply for a premises licence under section 17 of the Licensing Act 2003 for the premises described in Part 1 below (the premises) and I/we are making this application to you as the relevant licensing authority in accordance with section 12 of the Licensing Act 2003

Part 1 – Premises details

Postal address of premises or, if none, ordnance survey map reference or description			
25-29 HAMMERTON ST			
Post town	BUMLEY	Postcode	BB11 1NA

Telephone number at premises (if any)	
Non-domestic rateable value of premises	£ 34,100

Part 2 - Applicant details

Please state whether you are applying for a premises licence as appropriate Please tick as

a)	an individual or individuals *		please complete section (A)
b)	a person other than an individual *		
	i as a limited company/limited liability partnership	<input checked="" type="checkbox"/>	please complete section (B)
	ii as a partnership (other than limited liability)		please complete section (B)
	iii as an unincorporated association or		please complete section (B)
	iv other (for example a statutory corporation)		please complete section (B)

c)	a recognised club		please complete section (B)
d)	a charity		please complete section (B)
e)	the proprietor of an educational establishment		please complete section (B)
f)	a health service body		please complete section (B)
g)	a person who is registered under Part 2 of the Care Standards Act 2000 (c14) in respect of an independent hospital in Wales		please complete section (B)
ga)	a person who is registered under Chapter 2 of Part 1 of the Health and Social Care Act 2008 (within the meaning of that Part) in an independent hospital in England		please complete section (B)
h)	the chief officer of police of a police force in England and Wales		please complete section (B)

* If you are applying as a person described in (a) or (b) please confirm (by ticking yes to one box below):

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

(A) individual applicants (fill in as applicable)

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

--

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)					

(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

Name	
Address	

--

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		N/A			
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)					

(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 af association etc.)
Telephone numt
E-mail address (

Part 3 Operating Schedule

When do you want the premises licence to start?

DD	MM	YYYY
20	10	2023

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)

THE PREMISES WILL REMAIN A DRINKING HOUSE AS BEFORE, IT IS SET OUT OVER 2 FLOORS AS BEFORE WITH THE GROUND FLOOR TO BE BRIGHT AND WELCOMING, OFFERING COFFEE, COCKTAILS, BEERS AND LIGHT BITES DURING THE DAY AND MUSIC THROUGHOUT, DOWNSTAIRS CONSISTS OF THE W.C'S AND BASEMENT BAR OPEN MAINLY WEEKENDS OFFERING AN ALTERNATIVE MUSIC SCENE I.E INDIE, ROCK + OTHERS

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)	<input checked="" type="checkbox"/>
f)	recorded music (if ticking yes, fill in box F)	<input checked="" 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) (if ticking yes, fill in box H)	<input type="checkbox"/>

<u>Provision of late night refreshment</u> (if ticking yes, fill in box I)	<input checked="" type="checkbox"/>
<u>Supply of alcohol</u> (if ticking yes, fill in box J)	<input checked="" type="checkbox"/>

In all cases complete boxes K, L and M

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	
Day	Start	Finish		Outdoors	
			N/A	Both	
Mon			Please give further details here (please read guidance note 4)		
Tue					
Wed			State any seasonal variations for the exhibition of films (please read guidance note 5)		
Thur					
Fri			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)		
Sat					
Sun					

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	-----	-----	N/A
Tue	-----	-----	
Wed	-----	-----	<u>State any seasonal variations for indoor sporting events</u> (please read guidance note 5)
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 6)
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)	Indoors	
				Outdoors	
Day	Start	Finish	N/A	Both	
Mon	-----	-----			
Tue	-----	-----	Please give further details here (please read guidance note 4)		
Wed	-----	-----	State any seasonal variations for boxing or wrestling entertainment (please read guidance note 5)		
Thur	-----	-----			
Fri	-----	-----	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 (please read guidance note 6)		
Sat	-----	-----			
Sun	-----	-----			

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"/>
Day	Start	Finis h		Both	<input type="checkbox"/>
Mon	10:00	23:00	Please give further details here (please read guidance note 4) Although it is not our intention to have live music all the time, we would like to keep our options open.		
Tue	16:00	23:00			
Wed	10:00	23:00	State any seasonal variations for the performance of live music (please read guidance note 5)		
Thur	10:00	02:30		N/A	
Fri	10:00	02:30	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	10:00	02:30			
Sun	10:00	02:30		N/A	

F

Recorded music Standard days and timings (please read guidance note 7)			<u>Will the playing of recorded 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	Finis h			
Mon	10:00	00:00	<u>Please give further details here</u> (please read guidance note 4) There will be pre-recorded music DURING OPENING HOURS with the option to have a DJ, DRAG ARTIST, KARAOKE ECT.		
Tue	10:00	00:00			
Wed	10:00	00:00	<u>State any seasonal variations for the playing of recorded music</u> (please read guidance note 5)		
Thur	10:00	03:30	N/A		
Fri	10:00	03:30	<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) N/A		
Sat	10:00	03:30			
Sun	10:00	03:30			

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	↓
Day	Start	Finis h		Outdoors	
Mon	10.00	00.00		Please give further details here (please read guidance note 4) performance of dance would be customers and musical group dancing.	
Tue	10.00	00.00			
Wed	10.00	00.00	State any seasonal variations for the performance of dance (please read guidance note 5) N/A		
Thur	10.00	03.30			
Fri	10.00	03.30	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 (please read guidance note 6) N/A		
Sat	10.00	03.30			
Sun	10.00	03.30			

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 <p style="text-align: center;">N/A</p>		
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					

1

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	
Day	Start	Finis h		Outdoors	
Mon	10.00	00.00	<u>Please give further details here</u> (please read guidance note 4) COFFEE, CAKES and ALCOHOL will be served indoors and to consume in a seated area out back.	Both	/
Tue	10.00	00.00			
Wed	10.00	00.00	<u>State any seasonal variations for the provision of late night refreshment</u> (please read guidance note 5) N/A		
Thur	10.00	03.30			
Fri	10.00	03.30	<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) N/A		
Sat	10.00	03.30			
Sun	10.00	03.30			

J

Supply of alcohol Standard days and timings (please read guidance note 7)			Will the supply of alcohol be for <u>consumption - please tick</u> (please read guidance note 8)	On the premises	<input checked="" type="checkbox"/>
Day	Start	Finish h		Off the premises	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Mon	10.00	00.00	State any seasonal variations for the supply of alcohol (please read guidance note 5)	N/A	
Tue	10.00	00.00			
Wed	10.00	00.00			
Thur	10.00	03.30	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)	N/A	
Fri	10.00	03.30			
Sat	10.00	03.30			
Sun	10.00	03.30			

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	
Date of	
Address	
Postcode	
Personal	
Issuing l	

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).

Children will be off the premises for 19:00.
 All music will be child appropriate before this time. All acts will be child appropriate before this time. (i.e. four language). Bandits / Gaming machines will be in view of staff and clearly signed '18+'.

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	10:00	00:00	N/A
Tue	10:00	00:00	
Wed	10:00	00:00	
Thur	10:00	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</u> (please read guidance note 6)
Fri	10:00	03:30	
Sat	10:00	03:30	
Sun	10:00	03:30	

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)**

All licensing objectives will be in force at all times. All staff will be extra vigilant whenever children are on site.

- challenge 21 to be in force at all times
- CCTV to be in operation at all times.
- SIA registered doorstaff on site when required.

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

Whenever we are open after 00:00 we will have at least 2 SIA doorstaff.

There will be CCTV covering inside and out the premises recording and storing for a minimum of 30 days.

No glass allowed off the premises.

Stop and search to be done if required.

c) **Public safety**

Staff will enforce zero children policy at the times stated.

CCTV will be recording at all times when required, SIA staff will be in place.

No glasses on main street at any time.

challenge 21 to be in place at all times.

d) **The prevention of public nuisance**

Relevant signs displayed throughout.

challenge 21 in force at all times

SIA doorstaff on duty when required.

Last orders called 30 minutes before closing to allow for drinking up and winding down time.

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

All children under Parent/Guardian supervision at all times.
 CCTV will be in operation at all times;
 DRINKS to be decanted into plastic cups.
 Children will be off the premises at or before time stated on this application.

Checklist:

Please tick to indicate agreement

<input checked="" type="checkbox"/>	I have made or enclosed payment of the fee.
<input checked="" type="checkbox"/>	I have enclosed the plan of the premises.
<input checked="" type="checkbox"/>	I have sent copies of this application and the plan to responsible authorities and others where applicable.
<input checked="" type="checkbox"/>	I have enclosed the consent form completed by the individual I wish to be designated premises supervisor, if applicable.
<input checked="" type="checkbox"/>	I understand that I must now advertise my application.
<input checked="" type="checkbox"/>	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
--------------------	---

	<p>the UK (please read guidance note 15).</p> <ul style="list-style-type: none"> The DPS named in this application form is entitled to work in the UK (and is not subject to conditions preventing him or her from doing work relating to a licensable activity) and I have seen a copy of his or her proof of entitlement to work, or have conducted an online right to work check using the Home Office online right to work checking service which confirmed their right to work (please see note 15).
Signature	
Date	
Capacity	DIRECTOR

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

Signature	
Date	
Capacity	Director

Contact name (where not applicant) associated with	
Post town	(
Telephone number	
If you would prefer to provide your e-mail address (optional)	

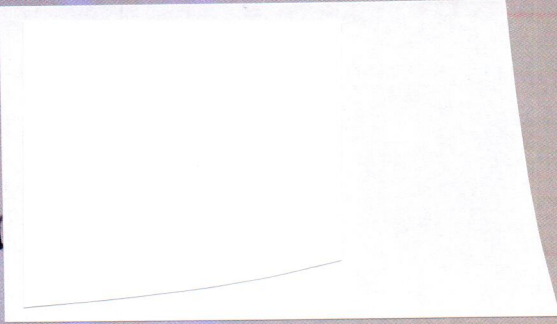
Notes for Guidance

Consent of individual to being specified as premises supervisor

I


[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
[type of application]

by


[name of applicant]

relating to a premises licence

N/A
[number of existing licence, if any]

for

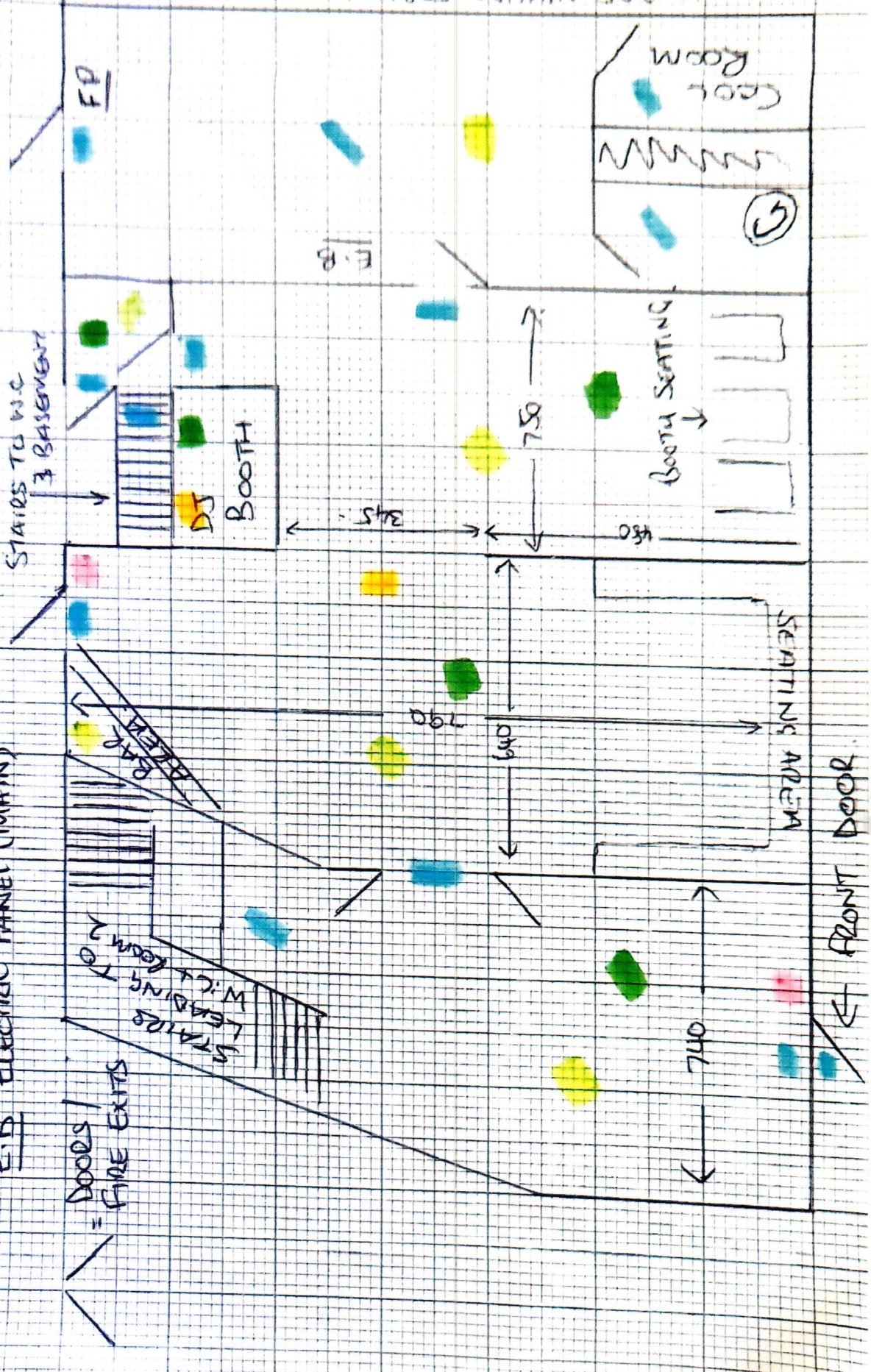
COCKTAILS and CREAMZ
25-29 HAMERTON STREET
BB11 1NA

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

Ground floor Plan

(MAIN ROOM) All sizes in CM
AND APPROX. SIZES WITHIN ROOMS

- Key**
- (G) Main Gas Inlet
 - F.P. FIRE PANEL
 - E.P. ELECTRIC PANEL (MAIN)
 - EMERGENCY LIGHTS
 - FIRE ALERT (SMASH GLASS)
 - FIRE ALARM
 - HEAT SENSER
 - SMOKE SENSER



DOORS / FIRE EXITS

STAIRS LEADING TO W.I.C. ROOM

BAR

DJ BOOTH

STAIRS TO W.C. & BASEMENT

BOOTH SEATING

SEATING AREA

COOL ROOM

FRONT DOOR

E.P.

F.P.

(G)

790

845

750

850

710

740

LOWER FLOOR PLAN (ROOM 2 BASEMENT BAR)

EMERGENCY LIGHT
FIRE ALARM
HEAT SENSOR

SMOKE SENSOR
FIRE ALERT (SMASH GLASS)

KEY

STAIRS
STAIRS LEADING TO GROUND FLOOR

STAIRS

STAIRS LEADING TO GROUND FLOOR

STAIRS

STAIRS TO UPSTAIRS

LADIES
SINKS

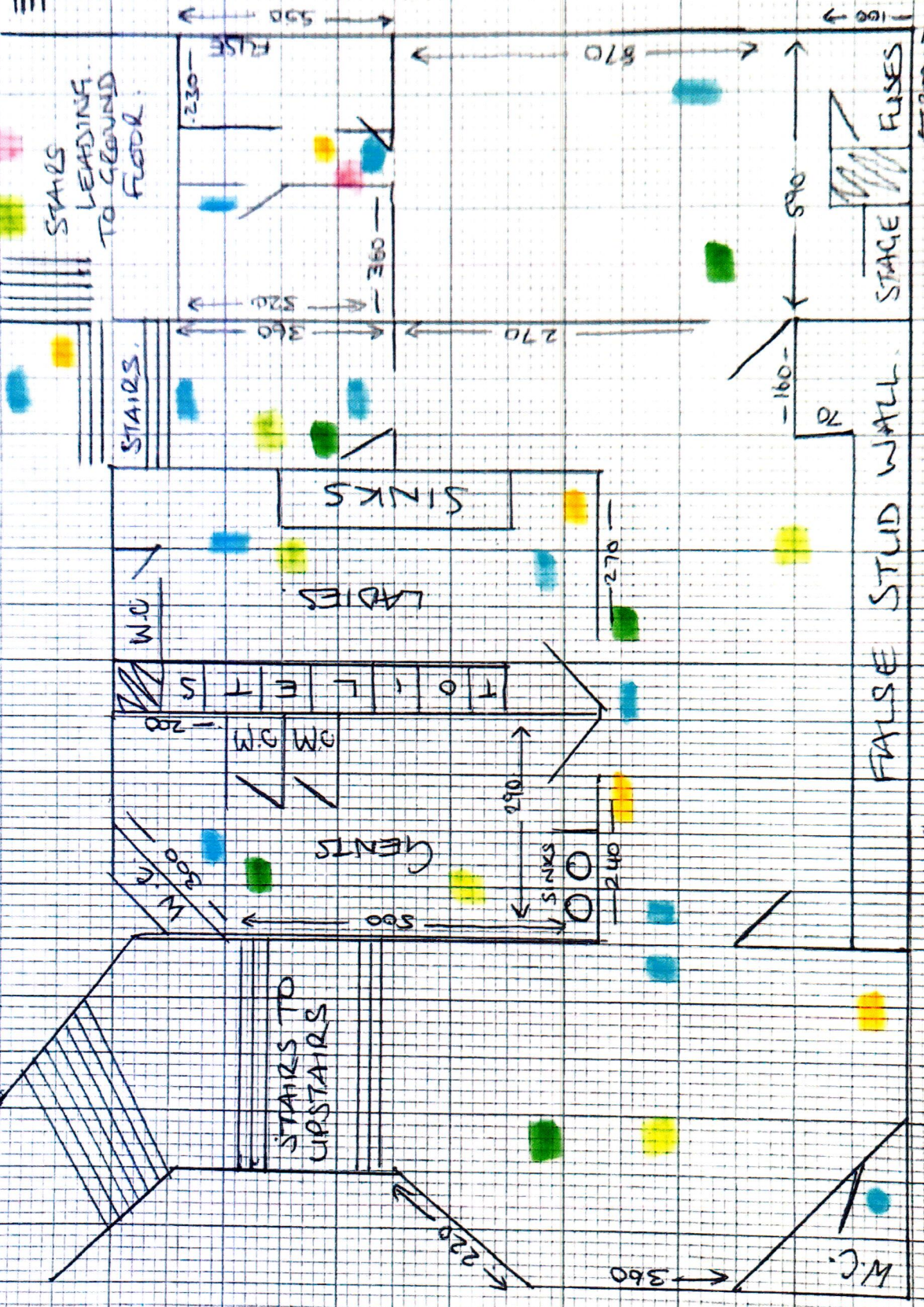
TOILETS
WC
WC

GENTS
SINKS

STAGE
STUD WALL

FUSES

W.C.



SIZES GIVEN ARE IN CM