

**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 JOHN ALEXANDER ROBERTS
(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		<div style="border: 1px solid black; padding: 5px; text-align: center;"> ROSSENDALE LICENSING UNIT RECEIVED 10 JUL 2006 </div>	
582. BURNLEY ROAD CRAWSHAW BOOTH ROSSENDALE			
Post town	RAWTENSTALL	Post code	BBA 8AJ
Telephone number at premises (if any)	01706 217721		
Non-domestic rateable value of premises	£ 1925-00		

Part 2 - Applicant Details

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

- a) an individual or individuals * please complete section (A)
- b) a person other than an individual *
 - i. as a limited company please complete section (B)
 - ii. as a partnership 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 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 checked="" type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
Surname ROBERTS			First names JOHN ALEXANDER		
I am 18 years old or over				<input checked="" type="checkbox"/> Please tick yes	
Current postal address if different from premises address					
Post Town				Postcode	
Daytime contact telephone number					
E-mail address (optional)					

SECOND INDIVIDUAL APPLICANT (if applicable)

Mr <input type="checkbox"/>	Mrs <input checked="" type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
Surname ROBERTS			First names JANE		
I am 18 years old or over				<input checked="" type="checkbox"/> Please tick yes	
Current postal address if different from premises address					
Post Town				Postcode	
Daytime contact telephone number					

E-mail address (optional)	
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(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?

Day	Month	Year
1	0	7
2	0	0
0	6	

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

Day	Month	Year

Please give a general description of the premises (please read guidance note 1)

GROUND FLOOR, CORNER, PREMISES FACING MAIN BURNLEY ROAD
 COMPRISING FRONT ROOM AREA FOR DELI/CAFE/BISTRO
 OPERATION
 REAR ROOM - KITCHEN AREA WITH DOUBLE DOOR OPENING
 TO BACK YARD AND BACK ENTRY.
 PASSAGE FROM FRONT DOOR THROUGH TO TOILET/WASH
 FACILITY.
 ALCOHOL ONLY SERVED TO DINERS.

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)
- 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 entertainment facilities:

- i) making music (if ticking yes, fill in box I)
- j) dancing (if ticking yes, fill in box J)
- k) entertainment of a similar description to that falling within (i) or (j) (if ticking yes, fill in box K)

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

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) LOW BACKGROUND	Indoors	<input checked="" type="checkbox"/>
				Outdoors	<input type="checkbox"/>
Day	Start	Finish	Both <input type="checkbox"/>		
Mon	11.00	24.00	<u>Please give further details here</u> (please read guidance note 3) LOW BACKGROUND MUSIC - UNAMPLIFIED		
Tue	11.00	24.00			
Wed	11.00	24.00	<u>State any seasonal variations for the playing of recorded music</u> (please read guidance note 4) NONE		
Thur	11.00	24.00			
Fri	11.00	24.00	<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 5) NONE		
Sat	11.00	24.00			
Sun	11.00	24.00			

M

Supply of alcohol Standard days and timings (please read guidance note 6)			Will the supply of alcohol be for consumption (Please tick box) (please read guidance note 7)	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 4) NONE		
Mon	1100	2400			
Tue	1100	2400			
Wed	1100	2400			
Thur	1100	2400			
Fri	1100	2400			
Sat	1100	2400			
Sun	1100	2400			
			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)		
			NONE		

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

Name	JOHN ALEXANDER ROBERTS
Address	
Postcode	
Personal Licence number (if known)	072006/005
Issuing licensing authority (if known)	ROSSENDALE LANCS

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	0700	2400	
Tue	0700	2400	
Wed	0700	2400	
Thur	0700	2400	
Fri	0700	2400	
Sat	0700	2400	
Sun	0700	2400	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)

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)

Train all staff to ensure they understand the 4 objectives
No sale of Alcohol to under 18s or anyone appearing under 18 - without proof of age. No sale of Alcohol to anyone appearing drunk or to persons trying to buy on their behalf. Alert to when people may be becoming intoxicated. Zero tolerance to drug or solvent misuse.
All staff to be alert to Fire and Safety hazards and definitions of Alcohol strength / quantities consumed and the effects of Alcohol on the Body.

b) The prevention of crime and disorder

No admission to anyone appearing drunk / disorderly. No sale of further Alcohol to anyone becoming drunk or disorderly during meals.
Alert to drug use and suppliers of drugs.
No Alcohol to under 18s who may be dining unaccompanied, but Alert to people who may have Alcohol in their possession or who may 'slip out' to obtain Alcohol and consume it off the premises. In case of violence - Police to be advised
Work with local partnership schemes.

c) Public safety

Daily, ongoing checks to identify Hazards - rectify immediately.
Fire exits clearly marked and unobstructed at all times.
Daily check on Fire Exits and Fire alarms. First Aid equipment to be replenished as necessary. Keep log of all checks. Ensure kitchen equipment is turned off at the end of each day.
No entry to persons appearing to be a potential danger to others.

d) The prevention of public nuisance

Provision of signage reminding people to leave premises quietly.
Not allowing people to congregate outside the premises.
(provision of free Taxi calls to compliment this)

e) The protection of children from harm

No sale of alcohol to anyone under 18. Children only allowed when accompanied by an adult.
Proof of age required for anyone appearing to be under 18.
Adults must ensure any children are controlled i.e. not allowed to wander around premises. Staff also to ensure that this happens. (talking to adults etc)

Please tick yes

- 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 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>J Roberts</i>
Date	10TH JULY 2006
Capacity	DESIGNATED PREMISES SUPERVISOR

For joint applications signature of 2nd applicant or 2nd 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	<i>J Roberts</i>		
Date	10 July 2006		
Capacity	PREMISES OPERATOR/MANAGERESS		
Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 13)			
Post town		Post code	
Telephone number (if any)			
If you would prefer us to correspond with you by e-mail your e-mail address (optional)			