

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 ANTHONY APHORPE  
(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			
7 FORE STREET KINGSWEAR, DEVON			
TRADING NAME: DOLIUM			
Post town	KINGSWEAR	Postcode	TQ6 0DS
Telephone number at premises (if any)			
Non-domestic rateable value of premises		£	

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)
- 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 checked="" type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title (for example, Rev)	
Surname APTHORPE			First names ANTHONY		

Telephone number (if any)
E-mail address (optional)

**Part 3 Operating Schedule**

When do you want the premises licence to start?

DD	MM	YYYY
04	01	2021

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 IS CURRENTLY AN ESTATE AGENTS. I AM SEEKING PERMISSION TO CONVERT IT INTO A WINE SHOP. I PLAN TO SELL WINE AS WELL AS PROVIDE A SMALL SPACE FOR WINE CONSUMPTION WHICH WILL BE SITUATED IN THE SHOP. THE SEATING AREA WILL BE LIMITED TO 3 TABLES, SEATING 4-5 PEOPLE EACH. THE PREMISES FEATURES A WC / SMALL KITCHEN AREA AND A SMALL STORAGE CUPBOARD. I HAVE INCLUDED A PLAN OF THE PREMISES SO THAT YOU CAN SEE THE LAYOUT CLEARLY. I ALSO INTEND TO SELL TAAPS.

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

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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)

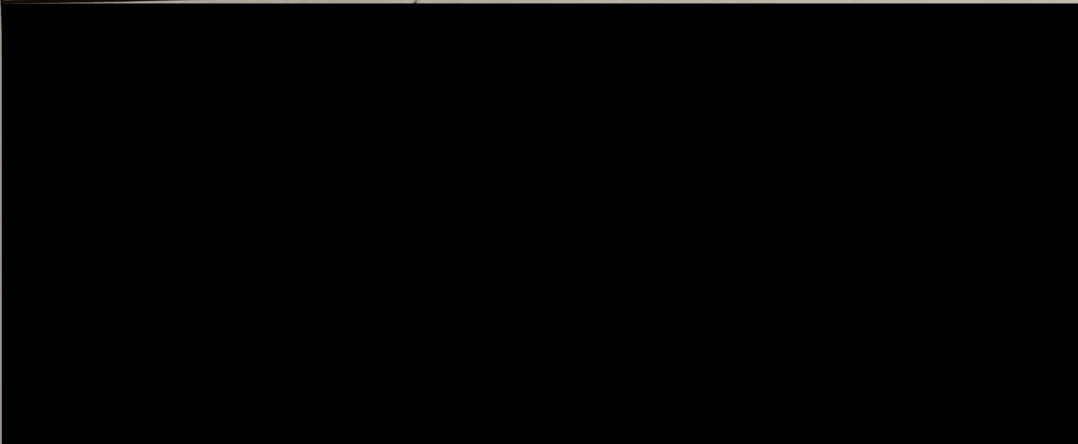
**Supply of alcohol** (if ticking yes, fill in box J)

**In all cases complete boxes K, L and M**

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 type="checkbox"/>
Day	Start	Finish		Off the premises	<input type="checkbox"/>
Mon	10AM	11PM	<u>State any seasonal variations for the supply of alcohol</u> (please read guidance note 5)	Both	<input checked="" type="checkbox"/>
Tue	10AM	11PM			
Wed	10AM	11PM			
Thur	10AM	11PM		<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)	
Fri	10AM	11PM			
Sat	10AM	11PM			
Sun					

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	ANTHONY APHORPE
	

**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)

Day	Start	Finish
Mon	10am	11pm
Tue	10am	11pm
Wed	10am	11pm
Thur	10am	11pm
Fri	10am	11pm
Sat	10am	11pm
Sun	10am	11pm

State any seasonal variations (please read guidance note 5)

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)



## 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 STAFF WILL BE TRAINED IN THE PROCEDURE FOR REFUSING SERVICE TO ANY PERSON WHO IS DRUNK / APPEARS TO BE UNDERAGE.
- ALL STAFF WILL BE TRAINED IN THE REQUIREMENTS OF THE CHALLENGE 25 POLICY.
- ALL STAFF WILL BE TRAINED IN THE REQUIREMENTS OF THE LICENSING ACT 2003
- ALL STAFF SHALL BE TRAINED IN THE OPERATING STANDARDS OF THE PREMISES.

b) The prevention of crime and disorder

- CUSTOMERS CARRYING OPEN CONTAINERS OF ALCOHOLIC DRINKS ~~WILL~~ WILL NOT BE ADMITTED TO THE PREMISES AT ANY TIME.
- AN ACCIDENT BOOK SHALL BE MAINTAINED TO RECORD ANY VIOLENT, CRIMINAL OR ANTI-SOCIAL NATURE - THE RECORD WILL CONTAIN ALL RELEVANT DETAILS.
- CCTV WILL BE INSTALLED AND IMAGES WILL BE AVAILABLE TO POLICE, ON REQUEST (RECORDED IMAGES WILL BE KEPT 3 DAYS). CCTV EQUIPMENT WILL BE MAINTAINED.

c) Public safety

- + BOTTLES, GLASSES AND LITTER WILL BE REMOVED FROM THE PUBLIC AREAS WHEN THEY ARE FINISHED WITH OR EMPTY.
- GATEWAYS, EXIT ROUTES AND STEPS ~~WILL~~ <sup>WILL</sup> BE MAINTAINED.
- WE WILL MAKE ADEQUATE ARRANGEMENTS FOR FIRST AID PROVISION. A FIRST AID BOX WITH AN ADEQUATE AND APPROPRIATE SUPPLY OF FIRST AID EQUIPMENT AND MATERIALS WILL BE AVAILABLE FOR THE USE OF PATRONS.

d) The prevention of public nuisance

- NOISE WILL NOT EMANATE FROM THE PREMISES TO ENSURE NEIGHBOURS ARE NOT DISTURBED.
- PATRONS WILL BE ASKED NOT TO STAND AROUND TALKING IN THE STREET OUTSIDE THE PREMISES.
- BOTTLE SLIPS AND BINS CONTAINING CANS OR BOTTLES WILL NOT BE ~~EMPTY~~ EMPTIED OUTSIDE AFTER 7PM.
- ANY RUBBISH PRODUCED BY THE PREMISES AWAITING COLLECTION FOR DISPOSAL WILL BE STORED SECURELY IN A DESIGNATED AREA.

e) The protection of children from harm

- WE WILL IMPLEMENT A 'CHALLENGE 25' PROOF OF AGE POLICY.
- A NOTICE SHALL BE DISPLAYED ~~AT THE~~ AT THE BAR ADVISING PATRONS THAT THEY MAY BE REQUIRED TO PROVE THEIR AGE.
- ANY TELEPHONE PAYMENTS WILL BE MADE THROUGH A CREDIT CARD OR SIMILAR BY PERSONS OVER THE AGE 18. ALL DELIVERIES WILL BE MADE TO A BOUVARIDA ADDRESS.
- ALCOHOL THAT IS DISPATCHED FROM THE PREMISES ~~WILL~~ BE CLEARLY MARKED AS HAVING TO BE SIGNED FOR ON DELIVERY BY PERSONS OVER THE AGE OF 18. PROOF OF AGE WILL BE REQUESTED ON DELIVERY IF THE PURCHASER APPEARS UNDERAGE.

**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.**

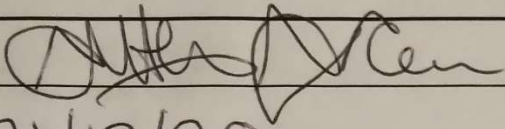
**IT IS AN OFFENCE UNDER SECTION 24B OF THE IMMIGRATION ACT 1971 FOR A PERSON TO WORK WHEN THEY KNOW, OR HAVE REASONABLE CAUSE TO BELIEVE, THAT THEY ARE DISQUALIFIED FROM DOING SO BY REASON OF THEIR IMMIGRATION STATUS. THOSE WHO EMPLOY AN ADULT WITHOUT LEAVE OR WHO IS SUBJECT TO CONDITIONS AS TO EMPLOYMENT 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.**

<b>Declaration</b>	<ul style="list-style-type: none"><li>• [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).</li><li>• 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</li></ul>
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	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	21/12/20
Capacity	

**For joint applications, signature of 2<sup>nd</sup> applicant or 2<sup>nd</sup> 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)			
Post town		Postcode	
Telephone number (if any)			
If you would prefer us to correspond with you by e-mail, your e-mail address (optional)			