

APPENDIX B

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 Bethany Christine Owens
(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			
75 Albert Road Banksey Widnes Bankseys			
Post town	Widnes	Postcode	WA86JS

Telephone number at premises (if any)	
Non-domestic rateable value of premises	£ 3300.00

Part 2 - Applicant details

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

a)	an individual or individuals *	<input checked="" type="checkbox"/>	please complete section (A)
b)	a person other than an individual *	<input type="checkbox"/>	
	i as a limited company/limited liability partnership	<input type="checkbox"/>	please complete section (B)
	ii as a partnership (other than limited liability)	<input type="checkbox"/>	please complete section (B)
	iii as an unincorporated association or	<input type="checkbox"/>	please complete section (B)
	iv other (for example a statutory corporation)	<input type="checkbox"/>	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	<u>Miss</u>	Ms	Other Title (for example, Rev)	
Surname			First names		
OWENS			BETHANY CHRISTINE		
Date of birth		I am 18 years old or over <input checked="" type="checkbox"/> Please tick yes			
Nationality		BRITISH / ENGLISH			
Current residential address if different from premises address		[REDACTED] WIDNES HALTON CHESHIRE			
Post town	WIDNES		Postcode	[REDACTED]	
Daytime contact telephone number		[REDACTED]			
E-mail address (optional)		[REDACTED]			
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)					

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
05	08	1023

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)

WINE BAR / CAFE

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)	✓
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)	✓

<u>Provision of late night refreshment</u> (if ticking yes, fill in box I)	✓
<u>Supply of alcohol</u> (if ticking yes, fill in box J)	✓

In all cases complete boxes K, L and M

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"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Mon	11.00 AM	24.00 MIDNIGHT	Please give further details here (please read guidance note 4)		
Tue	11.00 AM	MIDNIGHT			
Wed	11.00 AM	MIDNIGHT	State any seasonal variations for the performance of live music (please read guidance note 5)		
Thur	11.00 AM	MIDNIGHT			
Fri	11.00 AM	1.00 AM	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	11.00 AM	1.00 AM			
Sun	11.00 AM	1.00 AM			

F

Recorded music Standard days and timings (please read guidance note 7)			Will the playing of recorded music take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors	✓			
				Outdoors				
				Both				
Day	Start	Finish						
Mon	11.00	MIDNIGHT	Please give further details here (please read guidance note 4) Juke Box.					
	AM							
Tue	11.00	MIDNIGHT						
	AM							
Wed	11.00	MIDNIGHT				State any seasonal variations for the playing of recorded music (please read guidance note 5)		
	AM							
Thur	11.00	MIDNIGHT						
	AM							
Fri	11.00	1.00	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 (please read guidance note 6)					
	AM	AM						
Sat	11.00	1.00						
	AM	AM						
Sun	11.00	1.00						
	AM	AM						

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 KARAOKE		
Day	Start	Finish	Will this entertainment take place indoors or outdoors or both – please tick (please read guidance note 3)	Indoors	<input checked="" type="checkbox"/>
Mon	11.00 AM	MIDNIGHT		Outdoors	<input type="checkbox"/>
Tue	11.00 AM	MIDNIGHT	Please give further details here (please read guidance note 4)	Both	<input type="checkbox"/>
Wed	11.00 AM	MIDNIGHT			
Thur	11.00 AM	MIDNIGHT			
Fri	11.00 AM	1.00 AM	State any seasonal variations for entertainment of a similar description to that falling within (e), (f) or (g) (please read guidance note 5)		
Sat	11.00 AM	1.00 AM			
Sun	11.00 AM	1.00 AM	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 (please read guidance note 6)		

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 checked="" type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
		h		Both	<input type="checkbox"/>
Mon	23:00 11:00	AM MIDNIGHT	Please give further details here (please read guidance note 4)		
Tue	23:00 11:00	AM MIDNIGHT			
Wed	23:00 11:00	AM MIDNIGHT	State any seasonal variations for the provision of late night refreshment (please read guidance note 5)		
Thur	23:00 11:00	AM MIDNIGHT			
Fri	23:00 11:00	AM MIDNIGHT	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 (please read guidance note 6)		
Sat	23:00 11:00	AM MIDNIGHT			
Sun	23:00 11:00	AM 11:30 PM			

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	Finis h		Off the premises	<input type="checkbox"/>
				Both	<input type="checkbox"/>
Mon	11.00 AM	MIDNIGHT	<u>State any seasonal variations for the supply of alcohol</u> (please read guidance note 5)		
Tue	11.00 AM	MIDNIGHT			
Wed	11.00 AM	MIDNIGHT			
Thur	11.00 AM	MIDNIGHT	<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	11.00 AM	1.00 AM			
Sat	11.00 AM	1.00 AM			
Sun	11.00 AM	1.00 AM			

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		BETHANY CHRISTINE OWENS
Date of birth		
Address		[REDACTED] WIDNES HALTON CHESHIRE.
Postcode	[REDACTED]	
Personal licence number (if known)		PLHBC [REDACTED]
Issuing licensing authority (if known)		HALTON BOROUGH COUNCIL

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).

PROVISION OF 1 GAMING MACHINE

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	11.00	12.30
	AM	AM
Tue	11.00	12.30
	AM	AM
Wed	11.00	12.30
	AM	AM
Thur	11.00	12.30
	AM	AM
Fri	11.00	1.30
	AM	AM
Sat	11.00	1.30
	AM	AM
Sun	11.00	1.30
	AM	AM

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)

CCTV RECORDING AT ALL TIMES
NO CHILDREN ON PREMISES AT ANY TIME.
CHALLENGE 25 POLICY SHALL BE OPERATED

b) The prevention of crime and disorder

A CHALLENGE 25 POLICY OPERATED AT ALL TIMES.
FORMS OF I.D. ACCEPTED WILL BE APPROVED BY POLICE OR
OTHER RESPONSIBLE AUTHORITY.
REGULAR TICKET CHECKS & REGULAR STAFF TRAINING.

c) Public safety


THE PREMISES WILL OPERATE A SEARCH POLICY FOR DRUGS
AND WEAPONS.
LAST ENTRY TO PREMISES WILL BE 30 MINS BEFORE TERMINAL HOUR
FIRST AID ON PREMISES
ONLY TOUCHSCREEN QUASSWARE TO BE USED.
NO GLASSES OUTSIDE THE PREMISES

d) The prevention of public nuisance

NOTICES WILL BE DISPLAYED ASKING PATRONS TO RESPECT
NEIGHBOURS.
ALL WINDOWS TO BE CLOSED AT 23:00 HRS
NOISE LEVELS TO BE MONITORED AT ALL TIMES.

e) The protection of children from harm

NO NUDITY OR SEMI NUDITY AT ANY TIME.
NO CHILDREN ON PREMISES AT ANY TIME.

	<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	03/07/2023
Capacity	DPS / MANAGER / PROMOTOR.

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)	
Post town	Postcode
Telephone number (if any)	
If you would prefer us to correspond with you by e-mail, your e-mail address (optional)	

Notes for Guidance

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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.

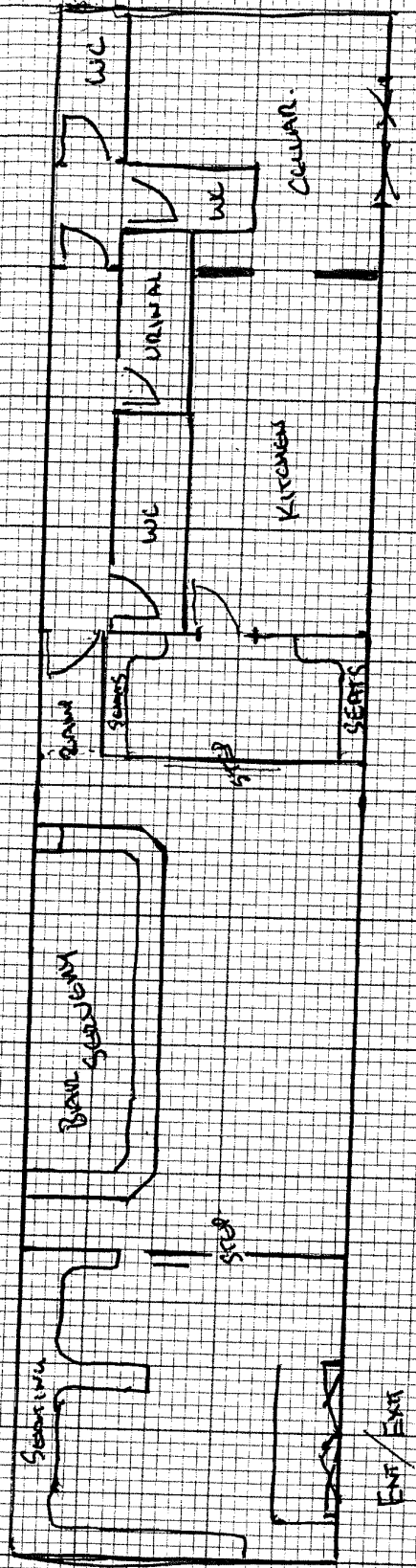
It is an offence under Section 24b of the Immigration Act 1971 for a person to work when they know, or have reasonable cause to believe, that they are disqualified from doing so by reason of their immigration status. Those who employ an adult without leave or who is subject to conditions as to employment 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
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BANKSEYS BAR TS ALBERT RD BROWNS WASH 635



WHOLE OF PREMISES TO BE LICENSED

ALBERT
RD