

Blackpool Council

21 April 2017

To: Councillors Hobson, Humphreys and M Scott

The above members are requested to attend the:

LICENSING PANEL

Tuesday, 2 May 2017 at 6.00 pm
in Committee Room A, Town Hall, Blackpool

A G E N D A

1 APPOINTMENT OF CHAIRMAN

To appoint a Chairman for the meeting.

2 DECLARATION OF INTEREST - LICENSING

Members are asked to declare any interests in the items under consideration and in doing so state:-

(1) the type of interest concerned

(2) the nature of the interest concerned; and

(3) whether they have or have not sat on a Planning Committee which has previously considered a planning application in respect of a licensed premises which is also subject to consideration for a premises licence as part of the agenda for this meeting.

If any Member requires advice on declarations of interests, they are advised to contact the Head of Democratic Governance in advance of the meeting.

(Members are asked to also pay particular attention to the guidance sheet on interests supplied with the agenda).

3 PROCEDURE FOR THE MEETING

The Chairman of the Panel will summarise the procedure and announce the equal maximum amount of time for each party to speak for the hearing.

- A. Items 1 and 4 (b) will be undertaken in private session by the Panel and not in the Meeting Room.
- B. Items 2, 3, 4(a) and 4(c) will be recommended to the Panel to be held in public.
- C. The Panel may decide to exclude the public from all or part of a hearing where it considers that the public interest in so doing outweighs the public interest in the hearing, or that part of the hearing, taking place in public. (This includes a party and any person assisting or representing a party)

4 APPLICATION TO TRANSFER THE PREMISES LICENCE AND VARY THE DESIGNATED PREMISES SUPERVISOR - OLIVIA ROSE VINTAGE TEA ROOMS (Pages 1 - 18)

- a. APPLICATION AND REPRESENTATIONS SUBMITTED. To consider the attached report
- b. DETERMINATION OF THE APPLICATION FOR THE TRANSFER OF THE PREMISES LICENCE AND VARIATION OF DESIGNATED PREMISES SUPERVISOR- OLIVIA ROSE VINTAGE TEA ROOMS
- c. ANNOUNCEMENT OF THE DECISION FOR THE APPLICATION FOR THE TRANSFER OF THE PREMISES LICENCE AND VARIATION OF DESIGNATED PREMISES SUPERVISOR- OLIVIA ROSE VINTAGE TEA ROOMS

Venue information:

First floor meeting room (lift available), accessible toilets (ground floor), no-smoking building.

Other information:

For queries regarding this agenda please contact Lennox Beattie, Executive and Regulatory Manager, Tel: 01253 477157, e-mail lennox.beattie@blackpool.gov.uk

Copies of agendas and minutes of Council and committee meetings are available on the Council's website at www.blackpool.gov.uk.

| | |
|--------------------------|---|
| Report to: | Licensing Panel |
| Relevant Officer: | Sharon Davies, Head of Licensing Services |
| Date of Meeting : | 2 May 2017 |

APPLICATION TO TRANSFER THE PREMISES LICENCE AND VARY THE DESIGNATED PREMISES SUPERVISOR - OLIVIA ROSE VINTAGE TEA ROOMS

1.0 Purpose of the report:

1.1 To consider applications to transfer the Premises Licence and vary the Designated Premises Supervisor at Olivia Rose Vintage Tea Rooms, 62 Hornby Road.

2.0 Recommendation(s):

2.1 The Panel is requested to consider the application and determine whether the granting of these applications would adversely impact on the crime prevention objective.

3.0 Reasons for recommendation(s):

3.1 Objections have been received therefore there must be a hearing to determine the applications.

3.2a Is the recommendation contrary to a plan or strategy adopted or approved by the Council? No

3.2b Is the recommendation in accordance with the Council's approved budget? Yes

3.3 Other alternative options to be considered:

None, once objections have been received the applications must be determined by a Licensing Panel.

4.0 **Background Information**

4.1 On the 24 March 2017 the Licensing Service received two applications relating to the Olivia Rose Vintage Tea Rooms, 63 Hornby Road to transfer the Premises Licence to Paula Pierson and to vary the licence to name Antony Griffiths as the Designated Premises Supervisor. Copies of the applications are attached at Appendices 4a and 4b respectively.

4.2 An objection has been received from Lancashire Constabulary. A copy of the objection is attached at Appendix 4c.

4.3 **Local policy considerations**

None

4.4 **National policy considerations**

4.39 – The Police may object to the designation of a new Designated Premises Supervisor where in exceptional circumstances they believe that the appointment would undermine the crime prevention objective.

8.99 – The Police may object to the transfer of a licence in exceptional circumstances where they believe that the transfer would undermine the crime prevention objective.

9.12 – The police are an essential source of advice and information on the impact and potential impact of licensable activities, particularly on the crime and disorder objective. The licensing authority should accept all reasonable and proportionate representations made by the police unless the authority has evidence that do so would not be proportionate for the promotion of the licensing objectives.

4.5 **Observations**

The applications to transfer the licence and vary the Designated Premises Supervisor should be considered separately. It is possible to grant or refuse both applications. It would also be possible to grant one application but not the other. If however the Panel is minded to refuse the transfer application it should note that the licence will revert back to the previous licence holder.

4.6 Does the information submitted include any exempt information? No

4.7 List of Appendices:

Appendix 4a- Application for Transfer of Premises Licence
Appendix 4b- Application for Variation of Designated Premises
Supervisor
Appendix 4c- Objection from Lancashire Constabulary

5.0 Legal considerations:

5.1 Please see local and national policy in the background information.

6.0 Human Resources considerations:

6.1 None

7.0 Equalities considerations:

7.1 None

8.0 Financial considerations:

8.1 None

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Blackpool Council

24 MAR 2017

**APPLICATION TO TRANSFER A PREMISES LICENCE
LICENSING ACT 2003**

Name of proposed
new licence holder:

~~Antony Griffiths~~

Paul Pierson -



Licensing Service
Blackpool Council
Municipal Buildings, PO Box 4
Blackpool, FY1 1NA

Contact

T: (01253) 47 8572 / 8589
F: (01253) 47 8372

www.blackpool.gov.uk

Schedule 6

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

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 . PAUL A ARSON

apply to transfer the premises licence described below under section 42 of the Licensing Act 2003 for the premises described in Part 1 below.

Part 1 - Premises details:

| | | | | | | | | |
|-------------------------|----------------|------------------|----------------------|---|---|---|---|---|
| Address | 62 HORNBY ROAD | | | | | | | |
| | BLACKPOOL | | | | | | | |
| | | Post Code | F | Y | 1 | 4 | Q | J |
| Telephone Number | | | Mobile Number | | | | | |

Please give a brief description of the premises: (see guidance note 1)

VINTAGE TEA ROOMS, HANDING ECONOMIC REINUS WITH HOT MEALS, OVER 1 FLOOR, CCTV COVERING INSIDE AND OUTSIDE OF PREMISES

| | |
|--|----------------|
| Name of the current Premises Licence holder | J. A SCOWCROFT |
| Premises Licence number | PL0847 |

Part 2 – Applicant details

In what capacity are you applying for the premises licence to be transferred to you

- a) An individual or individuals* Complete Section A
- b) A person other than an individual *
 - i. As a limited company Complete Section B
 - ii. As a partnership Complete Section B
 - iii. As an unincorporated association Complete Section B
 - iv. Other (for example a statutory corporation) Complete Section B

- c) A recognised club Complete Section B
- d) A charity Complete Section B
- e) The proprietor of an educational establishment Complete Section B
- f) A health service body 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 Complete Section B
- ga) A person who is registered under Chapter 2 of Part 1 of the Health and Social Care Act 2008 in respect of the carrying on of a regulated activity (within the meaning of that Part) in an independent Hospital in England Complete Section B
- h) The chief officer of a police force in England or Wales Complete Section B

*If you are applying as a person described in (a) or (b) please confirm:

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

A. INDIVIDUAL APPLICANTS (fill in as applicable)

| | | | | | | | | | | | | |
|-------------------------|-----------------|-----|---------------------------------------|----|----------------------|----------------------|--------|---|---|---|---|---|
| Title: | Mr | Mrs | <input checked="" type="radio"/> Miss | Ms | | Forename(s) | PRINCA | | | | | |
| Surname | RIBSON | | | | | Date of Birth | | | | | | |
| Home address | 62A HORNBY ROAD | | | | | | | | | | | |
| | BUAULPOOL | | | | | | | | | | | |
| | | | | | | Post Code | F | Y | 1 | 4 | Q | J |
| Telephone Number | | | | | Mobile Number | | | | | | | |
| E-Mail address | | | | | | | | | | | | |

SECOND INDIVIDUAL APPLICANT (If Applicable)

| | | | | | | | |
|-------------------------|----|-----|------|----|----------------------|----------------------|--|
| Title: | Mr | Mrs | Miss | Ms | | Forename(s) | |
| Surname | | | | | | Date of Birth | |
| Home address | | | | | | | |
| | | | | | | | |
| | | | | | | Post Code | |
| Telephone Number | | | | | Mobile Number | | |
| E-Mail address | | | | | | | |

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 | | | | | | | |
| | | | | | | | |
| | | | | | | Post Code | |
| Registered number | | | | | | | |
| Description of applicant (for example partnership, company, unincorporated association) | | | | | | | |
| | | | | | | | |
| Telephone number | | | | | | | |
| E-Mail address (optional) | | | | | | | |

Part 3

Are you the holder of the premises licence under an interim authority notice?

| | |
|-----|-------------------------------------|
| Yes | <input checked="" type="radio"/> No |
|-----|-------------------------------------|

Do you wish the transfer to have immediate effect?

| | |
|--------------------------------------|----|
| <input checked="" type="radio"/> Yes | No |
|--------------------------------------|----|

If not, when would you like the transfer to take effect?

| Day | Month | Year |
|-----|-------|------|
| | | |

Have you enclosed the consent form signed by the existing premises licence holder?

| | |
|-----|-------------------------------------|
| Yes | <input checked="" type="radio"/> No |
|-----|-------------------------------------|

If you have not enclosed the consent form referred to above please give the reasons why not. What steps have you taken to try and obtain the consent?

| |
|----------------|
| Lease Provided |
|----------------|

If this application were granted I would be in a position to use the premises during the application period for the licensable activity or activities authorised by the licence (see section 43 of the Licensing Act 2003)

Have you enclosed the premises licence?

| | |
|-----|-------------------------------------|
| Yes | <input checked="" type="radio"/> No |
|-----|-------------------------------------|

If you have not enclosed the premises licence referred to above please give the reasons why not.

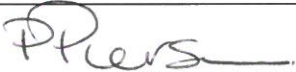
| |
|----------------------|
| Not left in property |
|----------------------|

- I have made or enclosed payment of the fee (£23)
- I have enclosed the consent form signed by the existing premises licence holder or my statement as to why it is not enclosed
- I have enclosed the original premises licence and summary
- I have sent a copy of this application, a copy of the consent form of the existing Premises Licence Holder to transfer and a photocopy of the Premises Licence to the Chief Officer of Police today
- 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 (see note 2)

Signature of applicant or applicant’s solicitor or other duly authorised agent. (See guidance note 3). **If signing on behalf of the applicant please state in what capacity.**

| | |
|------------|---|
| Signed |  |
| Print Name | PAULA PIERSON |
| Capacity | DIRECTOR |
| Date | 24/3/2017 |

For joint applications signature of 2nd applicant or 2nd applicant’s solicitor or other duly authorised agent. (See guidance note 4) **If signing on behalf of the applicant please state in what capacity.**

| | |
|------------|--|
| Signed | |
| Print Name | |
| Capacity | |
| Date | |

Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 5)

| | | | | | | | | | | |
|------------------|--|-----------|--|--|---------------|--|--|--|--|--|
| Name | | | | | | | | | | |
| Address | | | | | | | | | | |
| | | | | | | | | | | |
| | | Post Code | | | | | | | | |
| Telephone Number | | | | | Mobile Number | | | | | |
| E-mail Address | | | | | | | | | | |

Notes for Guidance

1. Describe the premises. For example the type of premises it is, its general situation and layout and any other information, which would be relevant to the licensing objectives.
2. The application form must be signed.
3. An applicant’s agent (for example solicitor) may sign the form on their behalf provided that they have actual authority to do so.
4. Where there is more than one applicant, either both applicants or their respective agents must sign the application form.
5. This is the address that we shall use to correspond with you about this application.

24 MAR 2017

**APPLICATION TO VARY
THE DESIGNATED PREMISES SUPERVISOR**

**Name of Licence
Holder(s):**

Paula Pierson

Paula Pierson.



Licensing Service
Blackpool Council
Municipal Buildings, PO Box 4
Blackpool, FY1 1NA

Contact

T: (01253) 47 8572 / 8589
F: (01253) 47 8372

www.blackpool.gov.uk

Schedule 5

Application to vary a premises licence to specify an individual as Designated Premises Supervisor under the Licensing Act 2003

Please read the following instructions first:

Before completing this form please read the guidance notes at the end of this 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.

Full name/s of the premises licence holder/s:

- 1) ~~FRANCIS GARRIS~~
- 2)
- 3)
- 4)

I/We the premises licence holder/s named above, apply to vary a premises licence to specify the individual named in this application as the premises supervisor under section 37 of the Licensing Act 2003

Premises Licence number:

PL0847

Part 1 – Premises Details

| | | | | | |
|-------------------------|------------------------------|---|---|---|----|
| Premises Name & Address | OLIVIA ROSE VINTAGE TEAROOMS | | | | |
| | 62 NORMBY ROAD BLACKPOOL | | | | |
| Post Code | F | Y | 1 | 4 | QJ |

| | | | |
|------------------|--|---------------|--|
| Telephone Number | | Mobile Number | |
|------------------|--|---------------|--|

| | |
|----------------|--|
| E-Mail Address | |
|----------------|--|

Description of premises (please read guidance note 1)

Vintage tea rooms, selling alcohol with hot meals on 1 ground floor, with car covering outside & inside of property.

Part 2

| Please give the full name of the proposed Designated Premises Supervisor | | | | | |
|--|--|--|----------------------------|--------------------------|-----------------------------|
| Title: | <input checked="" type="radio"/> Mr | <input type="radio"/> Mrs | <input type="radio"/> Miss | <input type="radio"/> Ms | <input type="radio"/> Other |
| Surname | GRIGGINS | | Forenames | ANTONY | |
| State any previous names | | | | | |
| They are 18 years old or over | | Please Tick Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | Their Date of Birth | |
| Home Address | 62 WORMBY ROAD | | | | |
| | BLACULOCK | | | | |
| | Post Code | F | 4 | 1 | 49J |
| Telephone Number | | | | Mobile Number | |
| E-Mail Address | | | | | |
| Personal Licence Number: | 128917 | | | | |
| Expiry Date: | 2027 | | | | |
| Name and address of the issuing Authority of the Personal Licence: | SANDFORD CRY COUNCIL, TURNPIKE HOUSE 631 ECCLES NEW ROAD, SANDFORD M50 1SW | | | | |
| Full name of the existing designated premises supervisor (if any) | | | | | |
| Surname | | | | Forenames | |

If yes please tick

- I would like this application to have immediate effect under section 38 of the Licensing Act 2003
- I have enclosed the premises licence and summary.

If you have not enclosed the premises licence or the relevant part of it, you are required to give reasons why not:

| Reasons why I have failed to enclose the premises licence or the relevant part of it. |
|---|
| NOT left at Premises. |


Part 2 continued:

- | | |
|--|---------------------------|
| | If yes please tick |
| • I have made or enclosed payment of the fee (£23) | <input type="checkbox"/> |
| • I will give a copy of this application to the Chief Officer of Police | <input type="checkbox"/> |
| • I have enclosed the consent form completed by the proposed premises supervisor | <input type="checkbox"/> |
| • I have enclosed the premises licence and summary or have given reasons why not | <input type="checkbox"/> |
| • I will give a copy of this form to the existing premises supervisor, if any | <input type="checkbox"/> |
| • I understand that if I do not comply with the above requirements my application will be rejected | <input type="checkbox"/> |

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 3 – Signatures (please read guidance note 2)

Signature of applicant or applicant’s solicitor or other duly authorised agent. (please see guidance note 3). **If signing on behalf of the applicant please state in what capacity.**

| | |
|--------------------|--|
| Signature: |  |
| Capacity: | Lic Holder |
| Print Name: | |
| Date: | |

For joint applications signature of 2nd applicant or 2nd applicant’s solicitor or other authorised agent (please read guidance note 4). **If signing on behalf of the applicant please state in what capacity.**

| | |
|--------------------|--|
| Signature: | |
| Capacity: | |
| Print Name: | |
| Date: | |

Blackpool Council

CONSENT OF DPS FORM

**Premises Licence
holder(s):**

miss Paula Pierson



Licensing Service
Blackpool Council
Municipal Buildings, PO Box 4
Blackpool, FY1 1NA

Contact

T: (01253) 47 8572 / 8589
F: (01253) 47 8372

www.blackpool.gov.uk

Schedule 11

Consent of an individual to being specified as a premises supervisor

| | |
|--|---------------------------------------|
| Full name of the prospective premises supervisor: | Type of Licensing Application: |
| MR ANTONY GRIFFITHS | Vary DPS. |

| |
|--|
| Home address of the prospective premises supervisor: |
| 5 BECTON ROAD, WALLDEN MANCHESTER M28 3AX. Updated on PAL with Salford to 62 Hornby Rd |

| | |
|---|--|
| Full name(s) of Premises Licence holder: | Premises Licence number (if any): |
| MISS PAULA Pierson | PL 0847 |

| |
|---|
| Name and address of the premises to which the application relates: |
| 62 Hornby Road BLACKPOOL FY1 4QJ. |

I, the prospective premises supervisor named above, of the address specified above, hereby confirm that I give my consent to be specified as the designated premises supervisor in relation to the licence named above by the applicant named above, relating to the premises licence number specified as above if any, for the premises the application relates to listed above and any premises licence to be granted or varied in respect of this application made by the above mentioned applicant concerning the supply of alcohol at the premises the application relates to specified above. I also confirm that I am applying for, intend to apply for or currently hold a personal licence, details as set out below.

| | |
|---|----------------------|
| Personal Licence Number: | 128917. |
| Expiry Date on Personal Licence: | DOESN'T HAVE ONE ON. |

| | |
|--|---|
| Name of Personal Licence issuing authority: | SALFORD CITY COUNCIL |
| Address of issuing authority: | TURNPIKE HOUSE, 631 ECCLESTON ROAD, SALFORD M50 1SW |
| Telephone of issuing authority: | 0161 793 2500. |

| | |
|--------------------------------|-------------|
| Signed by proposed DPS: | (DPS) |
| Print Name: | A GRIFFITHS |
| Date: | 24/3/18 |

Appendix 4c



**Lancashire
Constabulary**

police and communities together

LICENSING DEPARTMENT

Western Division, Central Police Office, Bonny Street, Blackpool FY1 5RL
Tel: 01253 604073 / 604074

Licensing Service
Blackpool Council
Municipal Buildings
PO Box 4
Blackpool
FY1 1NA

4th April 2017

Dear Sirs

**Re: Application to Transfer a Premises Licence, at Olivia Rose Vintage Tea Rooms,
62 Hornby Road to Miss Paula Pierson
and
Appoint New Designated Premises Supervisor at the same premises to Mr Antony
Griffiths**

I am in receipt of an application to transfer the premises licence number PL0847 to the applicant, Miss Paula Pierson (aka Paula Burt) [redacted] and to appoint Mr Antony Griffiths [redacted] as DPS at the same venue. On behalf of the Chief Officer of Police, I make a formal objection to this application.

In February 2017 both Antony Griffiths and Paula Pierson were arrested by Greater Manchester Police on suspicion of drug and fraud offences and are currently on bail whilst the investigation is progressed. The arrest was linked to a warrant executed at a residential flat above a premises called Olivia's Tea Rooms in Worsley, Manchester. Paula Pierson was the owner of Olivia's Tea Rooms at the time and Antony Griffiths, Miss Pierson's partner, was living in the flat above where the warrant was executed.

On liaising with colleagues in Greater Manchester they have stated that a significant number of high quality cannabis plants were seized from this upstairs living area. These are currently being analysed by experts in Manchester. There is also an investigation into an unpaid £20,000 electricity bill at the premises.

The Police have significant concerns that both parties now wish to open and run a very similar premises together in Blackpool whilst this offence is still being investigated. Both parties will be living at the same address as the licensed premises in the residential flat

above. As a result, Police are of the opinion that if these applications were granted, the Licensing Objective of Prevention of Crime and Disorder would be undermined.

Yours faithfully

A handwritten signature in black ink, appearing to be 'H.P.' followed by a stylized flourish. To the right of the signature, the initials 'PS:MA' are written in a smaller, less distinct hand.

PS 1747 Helen Parkinson
pp Chief Superintendent