

Blackpool Council

24 AUG 2016

APPLICATION FOR A NEW PREMISES LICENCE

Applicant Name(s):

SAMUEL OYSTON

Built Environment

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

Contact

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www.blackpool.gov.uk



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

I/We SAMUEL OYSTON

Part 1 – Premises Details

Postal address of premises or club premises if any, or if none the ordinance survey map reference or description.									
Premises Name	N/A – UNDECIDED AT THIS STAGE								
Premises Address	136-140 PROMENADE								
	BLACKPOOL								
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; padding: 2px;">Post Code</td> <td style="padding: 2px;">F</td> <td style="padding: 2px;">Y</td> <td style="padding: 2px;">I</td> <td style="padding: 2px;"> </td> <td style="padding: 2px;"> </td> <td style="padding: 2px;">I</td> <td style="padding: 2px;">R</td> <td style="padding: 2px;">A</td> </tr> </table>	Post Code	F	Y	I			I	R
Post Code	F	Y	I			I	R	A	
Telephone Number of premises (if any)									
E-Mail Address									
Non-Domestic Rateable Value of Premises	£ Zero Rated.								

Part 2 – Applicant details

In what capacity are you applying for a licence?

Please tick:

- | | | |
|---|-------------------------------------|--------------------|
| a) An individual * | <input checked="" type="checkbox"/> | Complete Section A |
| b) A person other than an individual* | | |
| I. As a limited company | <input type="checkbox"/> | Complete Section B |
| II. As a partnership | <input type="checkbox"/> | Complete Section B |
| III. As an unincorporated association | <input type="checkbox"/> | Complete Section B |
| IV. Other (for example a statutory corporation) | <input type="checkbox"/> | Complete Section B |
| c) A recognised Club | <input type="checkbox"/> | Complete Section B |
| d) A charity | <input type="checkbox"/> | Complete Section B |
| e) The proprietor of an educational establishment | <input type="checkbox"/> | Complete Section B |

- f) 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 Police of a police force in England and Wales Complete Section B

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

I am carrying on or propose to carry on business If yes please tick

• I

Title:	<u>Mr</u>	Mrs	Miss	Ms	
Surname	DYSTON			Forenames	SAMUEL
I am 18 years old or over	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Date of Birth	<small>Please tick</small>	Day Month Year
Home Address					
				Post Code	
Telephone Number				Mobile Number	
E-Mail Address					

SECOND INDIVIDUAL APPLICANT IF APPLICABLE

Title:	Mr	Mrs	Miss	Ms		
Surname				Forenames		
Date of Birth	Day	Month	Year	I am 18 years old or over	Please tick	
					Yes	No
Home address	N/A					
					Post Code	
Telephone Number				Mobile Number		
E-Mail Address						

(B) OTHER APPLICANTS

Please provide name and registered address of the 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	N/A					
					Post Code	
Telephone Number						
E-Mail Address						
Registered number (where applicable)						
Description of applicant (e.g. partnership, company, unincorporated association)						

Part 3 - Operating Schedule

When do you want the premises licence to start

Day		Month		Year			
0	1	1	0	2	0	1	6

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

Day		Month		Year			

If 5000 or more people are expected to attend the premises at any one time, please state the number expected to attend

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

GROUND FLOOR BAR/RESTAURANT FINISHED TO A HIGH SPECIFICATION.

MAXIMUM OCCUPANCY OF 150, 60 OF WHICH WILL BE SEATED COVERS.

BAR AREA TO BE LOCATED IN THE MAIN BAR/RESTAURANT AREA.

What licensable activities do you intend to carry on from the premises?

(Please see sections 1 and 14 of the Licensing Act 2003 and Schedule 1 and 2 to the Licensing Act 2003)

Provision of regulated entertainment:

If yes please tick

- a) A performance of a play (if ticking yes, fill in box A)
- b) An exhibition of a film (if ticking yes, fill in box B)
- c) An indoor sporting event (if ticking yes, fill in box C)
- d) Boxing or wrestling entertainment (if ticking yes, fill in box D)
- e) A performance of live music (if ticking yes, fill in box E)
- f) Any playing of recorded music (if ticking yes, fill in box F)
- g) A performance of dance (if ticking yes, fill in box G)
- h) Entertainment 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

A

Performance of a play Standard timings (read guidance note 6)			Will the performance of a play take place indoors, outdoors or both? Please tick. (Read guidance note 2)	Indoors	
Day	Start	Finish		Outdoors	
				Both	
Mon			 Please give further details here (please read guidance note 3) State any seasonal variations for performing plays (please read guidance note 4) Non-standard timings. Where you intend to use the premises for the performance of a play at different times to those listed in the column on the left, please list (please read guidance note 5) 		
Tue					
Wed					
Thurs					
Fri					
Sat					
Sun					

B

Exhibition of film Standard timings (read guidance note 6)			Will the exhibition of films take place indoors, outdoors or both? Please tick. (Read guidance note 2)	Indoors	
Day	Start	Finish		Outdoors	
Mon				<p><u>Please give further details here</u> (please read guidance note 3)</p> <p style="text-align: center;">N/A</p> <p><u>State any seasonal variations for the exhibition of films</u> (please read guidance note 4)</p> <p><u>Non-standard timings. Where you intend to use the premises for the exhibitions of film at different times to those listed in the column on the left, please list</u> (please read guidance note 5)</p>	
Tue					
Wed					
Thurs					
Fri					
Sat					
Sun					

C

Indoor sporting events Standard timings (read guidance note 6)			Please give further details here (please read guidance note 3)
Day	Start	Finish	
Mon			
Tue			
Wed			
Thurs			
Fri			
Sat			
Sun			

D

Boxing or wrestling entertainment Standard timings (read guidance note 6)			Will the boxing or wrestling entertainment take place indoors, outdoors or both? Please tick. (Read guidance note 2)	Indoors	
Day	Start	Finish		Outdoors	
Mon			Please give further details here (please read guidance note 3)	Both	
Tue					
Wed			State any seasonal variations for boxing or wrestling entertainment (please read guidance note 4)		
Thurs					
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 5)		
Sat					
Sun					

E

Performance of live music Standard timings (read guidance note 6)			Will the performance of live music take place indoors, outdoors or both? Please tick. (Read guidance note 2)	Indoors	
Day	Start	Finish		Outdoors	
Mon	11.00	02.00	Please give further details here (please read guidance note 3)		
Tue	11.00	02.00			
Wed	11.00	02.00	State any seasonal variations for the performance of live music (please read guidance note 4)		
Thurs	11.00	02.00			
Fri	11.00	02.00	Non-standard timings. Where you intend to use the premises for the performance of live music at different times from those listed in the column on the left, please list (please read guidance note 5)		
Sat	11.00	02.00			
Sun	11.00	02.00			

F

Playing of recorded music Standard timings (read guidance note 6)			Will the playing of recorded music take place indoors, outdoors or both? Please tick. (Read guidance note 2)	Indoors	<input checked="" type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon	11.00	02.00	Please give further details here (please read guidance note 3)	Both	<input type="checkbox"/>
Tue	11.00	02.00			
Wed	11.00	02.00	State any seasonal variations for playing recorded music (please read guidance note 4)	Both	<input type="checkbox"/>
Thurs	11.00	02.00			
Fri	11.00	02.00	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 5)	Both	<input type="checkbox"/>
Sat	11.00	02.00			
Sun	11.00	02.00			

G

Performance of dance Standard timings (read guidance note 6)			Will the performance of dance take place indoors, outdoors or both? Please tick. (Read guidance note 2)	Indoors	<input type="checkbox"/>
Day	Start	Finish		Outdoors	<input type="checkbox"/>
Mon			Please give further details here (please read guidance note 3)	Both	<input type="checkbox"/>
Tue				N/A	
Wed			State any seasonal variations for the performance of dance (please read guidance note 4)	Both	<input type="checkbox"/>
Thurs					
Fri			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 5)	Both	<input type="checkbox"/>
Sat					
Sun					

H

Entertainment of a similar description to that falling within (e), (f) or (g) Standard timings (read guidance note 6)			Please give a description of the type of entertainment you will be providing		
Day	Start	Finish	Will this entertainment take place indoors, outdoors or both. Please tick. (Read guidance note 2)	Indoors	
Mon				Outdoors	
				Both	
Tue			Please give further details here (please read guidance note 3)		
Wed			N/A		
Thu			State any seasonal variations for entertainment (please read guidance note 4)		
Fri					
Sat					
Sun					
			Non-standard timings. Where you intend to use the premises for the entertainment at different times to those listed in the column on the left, please list (please read guidance note 5)		

I

Late Night Refreshment Standard timings (read guidance note 6)			Will the provision of late night refreshment take place indoors, outdoors or both? Please tick (Read guidance note 2).		
Day	Start	Finish		Indoors	
Mon				Outdoors	
				Both	
Tue			Please give further details here (please read guidance note 3)		
Wed			N/A		
Thu			State any seasonal variations for the provision of late night refreshment (please read guidance note 4)		
Fri					
Sat					
Sun					
			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 5)		

J

Supply of alcohol Standard timings (read guidance note 6)			Will the sale of alcohol be for consumption on the premises, off the premises or both? Please tick. (Read guidance note 6)	On the premises	
Day	Start	Finish		Off the premises	
Mon	1100	0200	State any seasonal variations for the supply of alcohol (please read guidance note 4)	Both	<input checked="" type="checkbox"/>
Tue	1100	0200			
Wed	1100	0200			
Thurs	1100	0200		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)	
Fri	1100	0200			
Sat	1100	0200			
Sun	1100	0200			

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 8)

None.

L

Hours premises are open to public Standard timings (read guidance note 6)			State any seasonal variations (please read guidance note 4)
Day	Start	Finish	
Mon	1100	0200 03.00	
Tue	1100	0200 03.00	
Wed	1100	0200 03.00	
Thurs	1100	0200 03.00	
Fri	1100	0200 03.00	
Sat	1100	0200 03.00	
Sun	1100	0200 03.00	

M

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

Surname	SETERE		Forename(s)	LINA		
State any previous names						
They are 18 years old or over	Yes	No	Their Date of Birth	Please tick		
	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Day	Month	Year
	<input type="text"/>					
	BLACKPOOL					
	<input type="text"/>	Post Code				
Telephone Number						
Email Address						
Personal Licence Number (if known)	PA4229.					
Expiry date of Personal Licence	N/A.					
Issuing Licensing Authority (if known)	BLACKPOOL					

Describe the steps you intend to take to promote the four licensing objectives:

General – all four licensing objectives (b,c,d,e) (See guidance note 9)

b) The prevention of crime and disorder

CCTV FITTED IN ALL PUBLIC AREAS
THE PREMISES WILL BE FOOTLED AND NOT USED AS A
V.D.E.
1 DOORSTAFF TO BE EMPLOYED ON THE PREMISES FROM 21:00hrs
ALL 0200 EVERY FRIDAY + SATURDAY, ADDITIONAL DOORSTAFF WILL
BE EMPLOYED ON A RISK ASSESSED BASIS

c) Public Safety

FIRE ALARM + ELECTRICAL INSTALLATION WILL BE RENEWED
AND CERTIFICATED BY SUITABLY QUALIFIED PERSONS

d) The prevention of public nuisance

SIGNS AT THE ENTRANCE AND EXITS ADVISING CUSTOMERS
TO LEAVE QUIETLY

e) The protection of children from harm

CHALLENGE 25 POLICY TO BE IN PLACE
ALL STAFF TRAINING WILL BE AVAILBLE FOR INSPECTION

If yes please tick

- I have made or enclosed payment of the fee
- I have enclosed the plan of the premises
- I have sent copies of this application, including the plan and consent by the proposed supervisor form (if applicable), to the responsible authorities
- 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. (You may be asked to prove this, it is therefore in your best interests to provide a copy of the advert to the Licensing Department).
- 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 5 – Signatures (please read guidance note 10)

Signature of applicant or applicant's solicitor or other duly authorised agent. (please read guidance note 11) **If signing on the behalf of the applicant please state in what capacity.**

Signed	x SAMUEL OYSTON
Print Name	x <i>Samuel Oyston</i>
Capacity	APPLICANT
Date	24/08/2016

Where the premises licence is jointly held 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.**

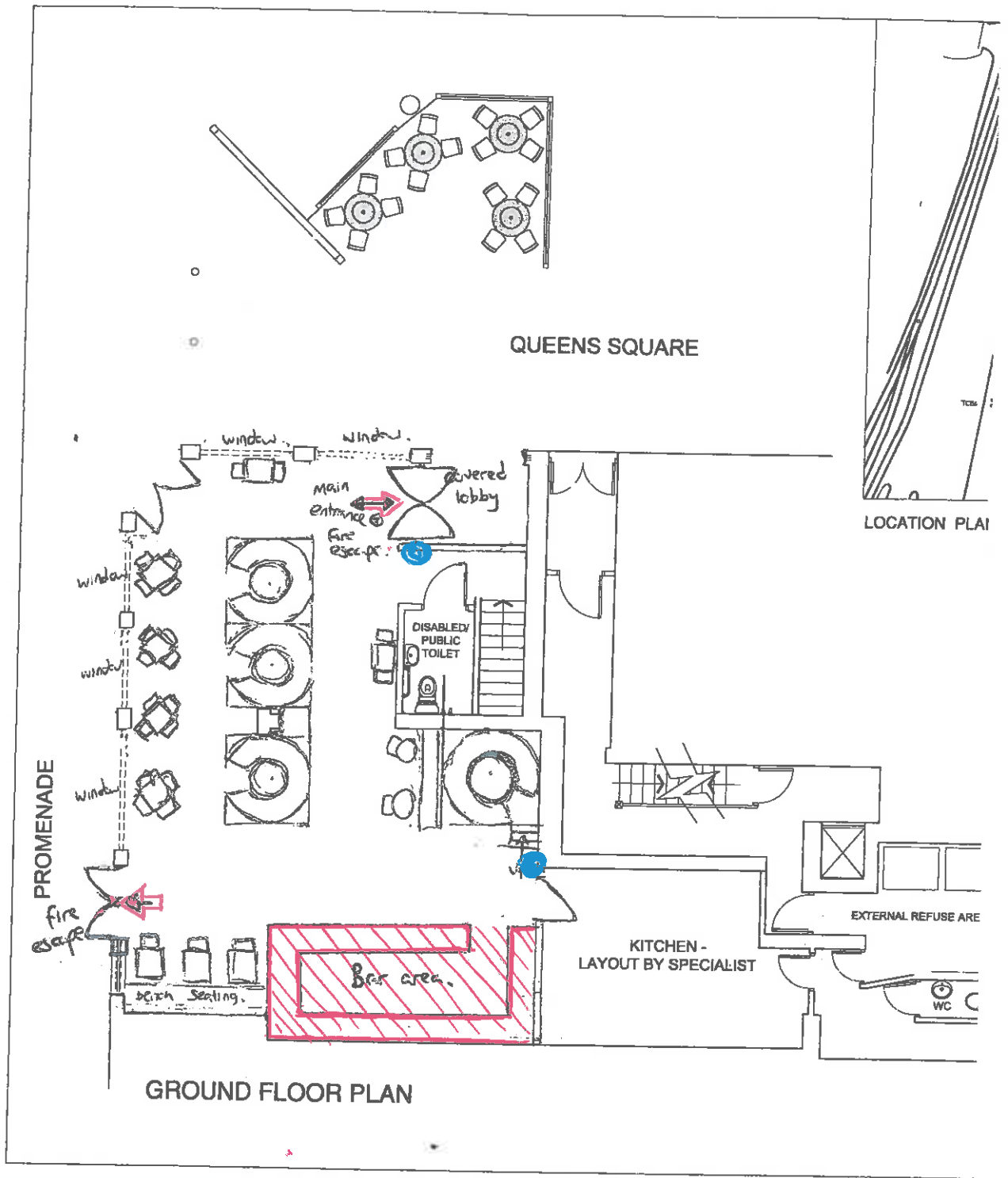
Signed	
Print Name	
Capacity	
Date	

Contact name (where not previously given) and address for correspondence associated with this application. (Please read guidance note 13)									
Title:	Mr	Mrs	Miss	Ms					
Forename(s)					Surname				
Address for Correspondence associated with this application									
						Post Code			
Telephone Number					Mobile Number				
E-Mail Address									

Notes for Guidance

1. Describe the premises. For example the type of premises, it's general situation and layout and any other information that could be relevant to the licensing objectives. Where your application includes off-supplies of alcohol and you intend to provide a place for consumption of these off-supplies you must include a description of where the place is and its proximity to the premises.
2. Where taking place in the building or other structure please tick as appropriate. Indoors may include a tent.
3. For example state the type of activity to be authorised, if not already stated, and give relevant further details, for example (but not exclusively) whether or not music will be amplified or unamplified.
4. For example (but not exclusively), where the activity will occur on additional days during the summer months.
5. For example (but not exclusively), where you wish the activity to go on longer on a particular day, e.g. Christmas Eve.
6. Please give timings in 24-hour clock format (e.g. 16:00) and only give details for the days of the week when you intend the premises to be used for the activity.
7. If you wish people to be able to consume alcohol on the premises please tick on. If you wish people to be able to purchase alcohol to consume away from the premises please tick off. If you wish for people to be able to do both please tick both.
8. Please give information about anything intended to occur at the premises or ancillary to the use of the premises that may give rise to concern in respect of children regardless of whether you intend children to have access to the premises, for example (but not exclusively) nudity or semi nudity, films of restricted age groups, the presence of gaming machines.
9. Please list here the steps you will take to promote all four licensing objectives together.
10. The application must be signed.
11. An applicant's agent (for example solicitor) may sign the form on their behalf provided that they have actual authority to do so.
12. Where there is more than one applicant, the applicants or their respective agents must sign the application form.
13. This is the address that we shall use to correspond with you about this application.

136-140 Promenade Blackpool, FY1 1RA



Key

alcohol sales



beach seating



tables & chairs



fire escape



fire fighting equipment

