

Blackpool Council

APPLICATION FOR A NEW PREMISES LICENCE

Applicant Name(s):

JANUSZ ARTUR KUCA

Contact

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

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

www.blackpool.gov.uk/licensing



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 JANUSZ ARTUR KUCA

[insert name of applicant/s]

apply for a premises licence under section 17 of the Licensing Act 2003 for the premises described under Part 1 below 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 club premises if any, or if none the Ordnance Survey map reference or description.						
Premises Name	FOLKLORE					
Premises Address	13 WEST CLIFFE DRIVE					
	BLACKPOOL					
	Post Code	F	Y	3	7	B
Telephone Number of premises (if any)	01253 522077					
E-Mail Address	office@folklorestore.uk					

Non-Domestic Rateable Value of Premises	£ 7300
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~~31/5/17~~

Part 2 – Applicant details

Please state whether you are applying for a premises licence as:

Please tick:

- | | | |
|---|-------------------------------------|--------------------|
| a) An individual or individuals * | <input checked="" type="checkbox"/> | Complete Section A |
| b) A person other than an individual* | | |
| I. As a limited company / limited liability partnership | <input type="checkbox"/> | Complete Section B |
| II. As a partnership (other than limited liability) | <input type="checkbox"/> | Complete Section B |
| III. As an unincorporated association, or | <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 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 (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 by ticking yes to one of the boxes below:**

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

(A) Individual applicant (fill in as applicable)

Title:	<input checked="" type="radio"/> Mr	<input type="radio"/> Mrs	<input type="radio"/> Miss	<input type="radio"/> Ms	
Surname	KUCA			Forenames	JANUSZ ARTUR
Date of Birth	Day	Month	Year	I am 18 years old or over	Please tick
					Yes
Nationality	POLISH				
Home address					
	BLACKPOOL				
				Post Code	F Y 1
Telephone Number				Mobile Number	
E-Mail					

31/5/17

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	<small>Please tick</small> Yes	No
Nationality						
Home address						
		Post Code				
Telephone Number				Mobile Number		
E-Mail						

(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					
		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			
2	4	0	6	2	0	1	7

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)

GENERAL GROCERY AND CONVENIENCE STORE.

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):

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 7)			Will the performance of a play take place indoors, outdoors or both? Please tick. (Read guidance note 3)	Indoors	
Day	Start	Finish		Outdoors	
				Both	
Mon			<u>Please give further details here</u> (please read guidance note 4)		
Tue					
Wed			<u>State any seasonal variations for performing plays</u> (please read guidance note 5)		
Thurs					
Fri			<u>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</u> (please read guidance note 6)		
Sat					
Sun					

B

Exhibition of film Standard timings (read guidance note 7)			Will the exhibition of films take place indoors, outdoors or both? Please tick. (Read guidance note 3)	Indoors	
Day	Start	Finish		Outdoors	
Mon				Please give further details here (please read guidance note 4)	Both
Tue					
Wed			State any seasonal variations for the exhibition of films (please read guidance note 5)		
Thurs					
Fri			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 (please read guidance note 6)		
Sat					
Sun					

C

Indoor sporting events Standard timings (read guidance note 7)			Please give further details here (please read guidance note 4)
Day	Start	Finish	
Mon			State any seasonal variations for indoor sporting events (please read guidance note 5)
Tue			
Wed			
Thurs			Non-standard timings. Where you intend to use the premises for indoor sporting events at different times to those listed in the column on the left, please list (please read guidance note 6)
Fri			
Sat			
Sun			

D

Boxing or wrestling entertainment Standard timings (read guidance note 7)			Will the boxing or wrestling entertainment take place indoors, outdoors or both? Please tick. (Read guidance note 3)	Indoors	
Day	Start	Finish		Outdoors	
				Both	
Mon			Please give further details here (please read guidance note 4)		
Tue					
Wed			State any seasonal variations for boxing or wrestling entertainment (please read guidance note 5)		
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 6)		
Sat					
Sun					

E

Performance of live music Standard timings (read guidance note 7)			Will the performance of live music take place indoors, outdoors or both? Please tick. (Read guidance note 3)	Indoors	
Day	Start	Finish		Outdoors	
				Both	
Mon			Please give further details here (please read guidance note 4)		
Tue					
Wed			State any seasonal variations for the performance of live music (please read guidance note 5)		
Thurs					
Fri			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 6)		
Sat					
Sun					

F

Playing of recorded music Standard timings (read guidance note 7)			Will the playing of recorded music take place indoors, outdoors or both? Please tick. (Read guidance note 3)	Indoors	
Day	Start	Finish		Outdoors	
Mon			Please give further details here (please read guidance note 4)	Both	
Tue					
Wed				State any seasonal variations for playing recorded music (please read guidance note 5)	
Thurs					
Fri			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)		
Sat					
Sun					

G

Performance of dance Standard timings (read guidance note 7)			Will the performance of dance take place indoors, outdoors or both? Please tick. (Read guidance note 3)	Indoors	
Day	Start	Finish		Outdoors	
Mon			Please give further details here (please read guidance note 4)	Both	
Tue					
Wed				State any seasonal variations for the performance of dance (please read guidance note 5)	
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 6)		
Sat					
Sun					

H

Entertainment of a similar description to that falling within (e), (f) or (g) Standard timings (read guidance note 7)			<u>Please give a description of the type of entertainment you will be providing</u>		
Day	Start	Finish	Will this entertainment take place indoors, outdoors or both. Please tick. (Read guidance note 3)	Indoors	
Mon				Outdoors	
				Both	
Tue			<u>Please give further details here</u> (please read guidance note 4)		
Wed					
Thu			<u>State any seasonal variations for entertainment</u> (please read guidance note 5)		
Fri					
Sat			<u>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</u> (please read guidance note 6)		
Sun					

I

Late Night Refreshment Standard timings (read guidance note 7)			Will the provision of late night refreshment take place indoors, outdoors or both? Please tick (Read guidance note 3).		Indoors	
Day	Start	Finish			Outdoors	
					Both	
Mon			<u>Please give further details here</u> (please read guidance note 4)			
Tue						
Wed						
Thu			<u>State any seasonal variations for the provision of late night refreshment</u> (please read guidance note 5)			
Fri						
Sat			<u>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</u> (please read guidance note 6)			
Sun						

J

Supply of alcohol Standard timings (read guidance note 7)			Will the sale of alcohol be for consumption on the premises, off the premises or both? Please tick. (Read guidance note 8)	On the premises				
				Off the premises	<input checked="" type="checkbox"/>			
				Both				
Day	Start	Finish	State any seasonal variations for the supply of alcohol (please read guidance note 5)					
Mon	08:00	20:00	N/A					
Tue	08:00	20:00						
Wed	08:00	20:00						
Thurs	08:00	20:00				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 6)		
Fri	08:00	20:00						
Sat	08:00	20:00						
Sun	08:00	20:00						

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)

NONE

L

Hours premises are open to public Standard timings (read guidance note 7)			State any seasonal variations (please read guidance note 5) N/A		
Day	Start	Finish			
Mon	08:00	20:00			
Tue	08:00	20:00			
Wed	08:00	20:00			
Thurs	08:00	20:00	Non-standard timings. Where you intend the premises to be open to the public at different times to those listed in the column on the left, please list (please read guidance note 6) N/A		
Fri	08:00	20:00			
Sat	08:00	20:00			
Sun	08:00	20:00			

M

State the name and details of the individual whom you wish to specify on the licence as the designated premises supervisor (Please see declaration about the entitlement to work in the checklist at the end of the form):

Surname	KUCA		Forename(s)	JANUSZ ARTUR		
State any previous names	N/A					
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
Address	[Redacted]					
	BLACKPOOL					
	Post Code	F	7	1	[Redacted]	
Telephone Number	[Redacted]					
Email Address	[Redacted]					
Personal Licence Number (if known)	PAS058					
Issuing Licensing Authority (if known)	BLACKPOOL COUNCIL					

31/5/17

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

a) General – all four licensing objectives (b,c,d,e) (See guidance note 10)

- PROPER TRAINING OF SHOP STAFF
- EFFECTIVE SECURITY
- RISK ASSESSMENTS

b) The prevention of crime and disorder

- ALARMED PREMISES
- CCTV AT AND AROUND PREMISES. CCTV CAN BE VIEWED REMOTELY AT ANY TIME
- EXTERNAL LIGHTING
- POSITIONING ALCOHOL AWAY FROM SHOP ENTRANCE TO PREVENT 'GRAB AND RUN'

c) Public Safety

- CCTV
- FIRE DETECTION AND FIGHTING EQUIPMENT ON THE PREMISES
- REFUSAL TO SERVE ALCOHOL TO CUSTOMERS WHO ARE DRUNK OR AGGRESSIVE.

d) The prevention of public nuisance

- TAKE STEPS TO DISPERSE ANY GROUPS OF PEOPLE WHO MAY CONGREGATE OUTSIDE THE SHOP
- PREVENTION OF EXCESSIVE NOISE FROM CUSTOMERS
- COLLECTION OF RUBBISH / LITTER WHICH MAY ACCUMULATE OUTSIDE THE SHOP

e) The protection of children from harm

- A STRICT NO ID - NO SALE / CHALLENGE 25 SYSTEM. ANYBODY WHO APPEARS TO BE UNDER 25 MUST SHOW ID BEFORE SERVICE. ACCEPT ONLY DRIVING LICENCE OR PASSPORT OR 'PASS' OR EU IDENTITY CARD.
- MAINTAIN A 'REFUSAL BOOK' AS NECESSARY.

Checklist

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 form of consent by the proposed DPS (if applicable), to the responsible authorities
- I have enclosed the consent form completed by the individual I wish to be the Designated 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
- (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 (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 PERSUANT 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)

Declaration

- (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).
- The DPS named in this application form (if applicable) 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 (please see note 15).

Signature of applicant or applicant's solicitor or other duly authorised agent (please read guidance note 12). **If signing on behalf of the applicant please state in what capacity.**

Signature	
Print Name	JANUSZ ARTUR KUCA
Capacity	APPLICANT
Date	24 th May 2017

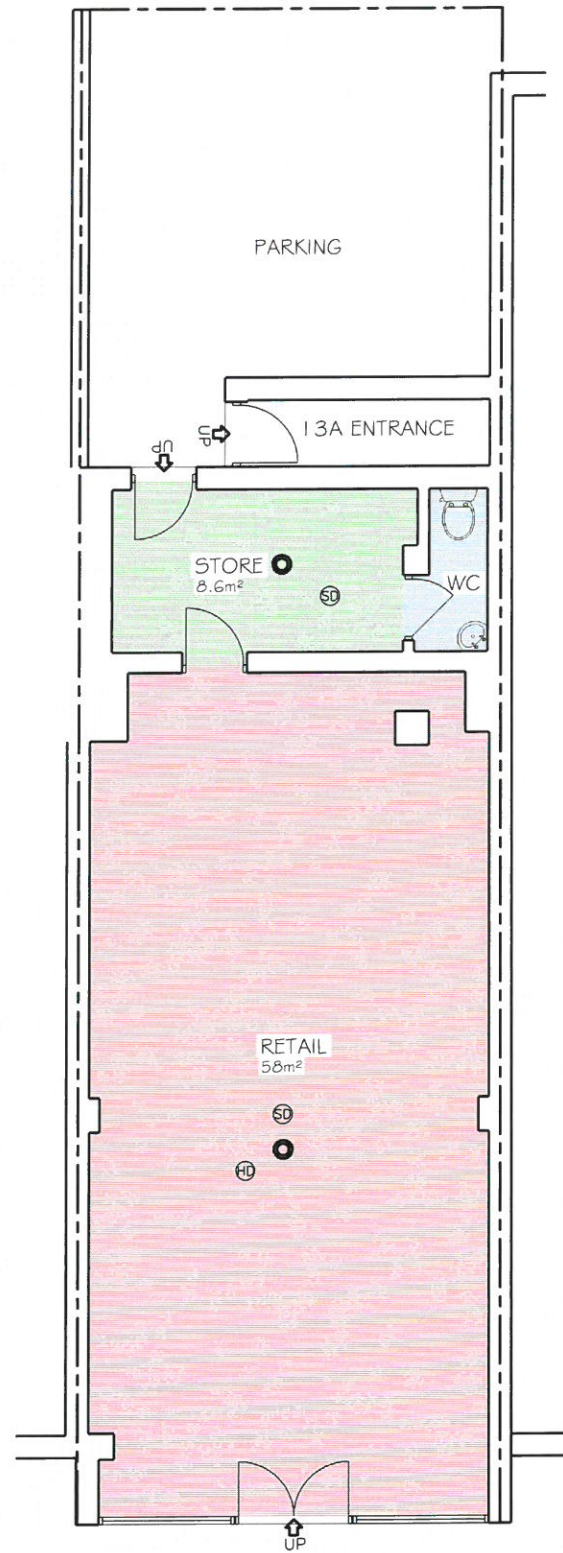
For joint applications, signature of 2nd applicant or 2nd applicant's solicitor or other authorised agent. (Please read guidance note 13) **If signing on behalf of the applicant please state in what capacity.**

Signature	
Print Name	
Capacity	
Date	

Contact name (where not previously given) and address for correspondence associated with this application. (Please read guidance note 13)

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										

DRAWING No. AO17/134/U01
 Revision --



CONFIGURATION
INTERNAL FLOOR AREA 112m ²
TOTAL PLOT AREA 112m ²

LAYOUT TO BE APPROVED BY BUILDING CONTROL & LOCAL FIRE OFFICER.

KEY TO SYMBOLS

- DETECTORS
- DRY AREA
- BEER / BOTTLE STORE
- SERVICE / WET AREA
- W/C

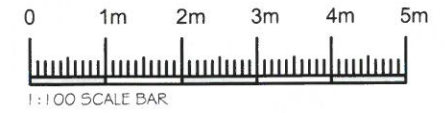
GROUND FLOOR PLAN SCALE 1:100



Keystone Design Associates Ltd.
 261 Church Street
 Blackpool
 FY1 3PB
 Tel. No. 01253 649040
 Fax. No. 01253 752901
 Email : Info@keystonedesign.co.uk

PROJECT ADDRESS	13 WESTCLIFFE DRIVE BLACKPOOL
PROJECT TITLE	LICENSING PLAN
CLIENT	MR JANUSZ KUCA

DRAWING TITLE				LICENSING PLAN			
Drawn	LM	Chkd		Date	25/05/2017		
DRAWING No.	AO17/134/U01		Scales	1:100@A3		Revision	
F:\Server\Documents\Drawings\2017\Westcliffe Drive 13				Rev.	Amendments	Date	By



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