

Blackpool Council

12 JAN 2015

APPLICATION FOR A NEW PREMISES LICENCE

Applicant Name(s):

JOSEPH FORMOSA / WILLIAM J. LISTER

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



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 JOSEPH FORMOSA / William J. LISTER
 [insert name of applicant/s]

apply for a premises licence under Schedule 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 ordinance survey map reference or description.	
Premises Name	<u>MARYPORT MARRAS BED&BREAKFAST</u>
Premises Address	<u>18 YORK STREET</u>
	Post Code <u>FY1 5AQ</u>
Telephone Number of premises (if any)	<u>079 832 14916</u>
E-Mail Address	<u>JOSEPHFORMOSA1964@hotmail.co.uk</u>
Non-Domestic Rateable Value of Premises	£ <u>2600</u>

Part 2 – Applicant details

In what capacity are you applying for a licence?

Please tick:

- a) An individual * 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) 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 that involves the use of the premises for licensable activities; or If yes please tick
- 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:	<u>Mr</u>	Mrs	Miss	Ms					
Surname	FORMOSA				Forenames	JOSEPH			
I am 18 years old or over	Yes	No	Date of Birth		Day	Month	Please tick		
	<input checked="" type="checkbox"/>	<input type="checkbox"/>			15	03	1964	<input type="checkbox"/>	<input type="checkbox"/>
Home Address	43 YORK STREET								
	Blackpool								
	Post Code	FY1 5AQ							
Telephone Number	07401980534				Mobile Number				
E-Mail Address	JOSEPH.FORMOSA1964@N&VMAIL.CO.UK								

SECOND INDIVIDUAL APPLICANT IF APPLICABLE

Title:	<u>Mr</u>	Mrs	Miss	Ms		
Surname	LISTER			Forenames	William J	
Date of Birth	Day	Month	Year	I am 18 years old or over	Please tick	
	27	02	1954		Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Home address	18 York Street					
	Blackpool					
	Post Code	F	Y	1	5	A
Telephone Number				Mobile Number	07983214916	
E-Mail Address	N/A					

(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		
0	1	0	2	2	0	15

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

N/A

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

A 'bar' within an 8 bedroom guest house on the ground floor, approximate size being 20 FT X 12 FT which covers the whole area, with the bar itself at one end, and provision of tables & chairs throughout.

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	
Mon			Please give further details here (please read guidance note 3)	Both	
Tue					
Wed			State any seasonal variations for performing plays (please read guidance note 4)		
Thurs					
Fri			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)		
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><i>not applicable</i></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			<p><i>not applicable</i></p>		
Tue					
Wed					
Thurs			<p><i>not applicable</i></p>		
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	
				Outdoors	
				Both	
Day	Start	Finish			
Mon			Please give further details here (please read guidance note 3)		
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	
				Outdoors	
				Both	
Day	Start	Finish			
Mon			Please give further details here (please read guidance note 3)		
Tue					
Wed			State any seasonal variations for the performance of live music (please read guidance note 4)		
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 5)		
Sat					
Sun					

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	1800	2400	Please give further details here (please read guidance note 3) <i>playing on a CD player</i>	Both	<input type="checkbox"/>	
Tue	1800	2400				
Wed	1800	2400		State any seasonal variations for playing recorded music (please read guidance note 4) <i>NIA</i>		
Thurs	1800	2400				
Fri	1800	2400		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) <i>NIA</i> <i>non applicable</i>		
Sat	1800	2400				
Sun	1800	2300				

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) <i>na applicable</i>	Both	<input type="checkbox"/>	
Tue						
Wed				State any seasonal variations for the performance of dance (please read guidance note 4)		
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)		
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					
Thu			State any seasonal variations for entertainment (please read guidance note 4)		
Fri					
Sat			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)		
Sun					

in appropriate

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	<input checked="" type="checkbox"/>
Mon	2100 2300	23:59 0500	Outdoors	
Tue	2100 2300	23:59 0500	Both	
Wed	2400 2300	23:59 0500	Please give further details here (please read guidance note 3)	
Thu	2100 2300	23:59 0500	State any seasonal variations for the provision of late night refreshment (please read guidance note 4)	
Fri	2400 2300	23:59 0500		
Sat	2400 2300	23:59 0500	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)	
Sun	2100 2300	23:59 0500		

W
W

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	<input checked="" type="checkbox"/>
Day	Start	Finish		Off the premises	<input type="checkbox"/>
Mon	24:00	23:59	State any seasonal variations for the supply of alcohol (please read guidance note 4)	Both	<input type="checkbox"/>
Tue	24:00	23:59			
Wed	24:00	23:59			
Thurs	24:00	23:59	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	24:00	23:59			
Sat	24:00	23:59			
Sun	24:00	23:59			

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								
Tue								
Wed								
Thurs								
Fri								
Sat								
Sun								
						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 5)		

M

State the name and details of the individual whom you wish to specify on the licence as the designated premises supervisor.						
Surname	LISTER		Forename(s)	WILLIAM J		
State any previous names						
They are 18 years old or over			Yes	No	Their Date of Birth	
			<input checked="" type="checkbox"/>	<input type="checkbox"/>	Day	Month
					27	02
					Year	1954
Address	18 YORK STREET					
	BLACKPOOL					
				Post Code	FY1 5AQ	
Telephone Number	07983214916					
Email Address						
Personal Licence Number (if known)	PA4496					
Expiry date of Personal Licence	17/12/2024					
Issuing Licensing Authority (if known)	BLACKPOOL					

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 9)

The bar is supervised & managed at all times during the presence of customers in the bar at anytime. Bar is never left unattended.

b) The prevention of crime and disorder

1. CCTV IN BAR AREA, HALLWAY ENTRANCE + FLOORS
2. DISPLAY SIGNAGE SHOWING A 'ZERO TOLERANCE TOWARDS ANY CRIMINAL AND/OR DISORDERLY BEHAVIOUR.
3. VERBAL WARNINGS WERE APPLICABLE

c) Public Safety

1. NON SERVING OF ALCOHOLIC BEVERAGES TO ANYONE SHOWING SIGNS OF SELF HARM OR/ AND HARM TO OTHERS.
2. MANAGEMENT OF ALCOHOLIC DRINKS WITH LIMITS SOLD IF DEEMED NECESSARY TO ANY PERSON.
3. PUBLIC SAFETY SIGNAGE IN ALL APPLICABLE AREAS

d) The prevention of public nuisance

1. NOT ALLOWING ANY BEVERAGES TO LEAVE THE DESIGNATED BAR AREA.
2. KEEPING NOISE LEVELS DOWN AT ALL TIMES WHETHER IN THE 'BAR' AREA OR OUTSIDE.
3. NOT PLAYING 'VERY LOUD' MUSIC.

e) The protection of children from harm

1. No children allowed in the bar area unless with a parent or guardian and no children allowed in the bar area after LATE HOURS

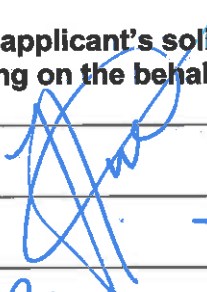
If yes please tick

- 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	
Print Name	JOSEPH FORMOSA
Capacity	Premises MANAGER
Date	05/01/2015

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	WILLIAM J. LISTER
Capacity	Premises MANAGER & Personal License holder
Date	05/01/2015

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	<input type="text"/>
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.



In order to assist with your application under the Licensing Act 2003, Lancashire Constabulary ask if you could provide the following information, which is offered on a voluntary basis, to speed up the application process.

Full Name (inc any previous names)

JOSEPH FORMOSA
WILLIAM J. LISTER

Date AND place of birth

15/03/1964 MALTA
27/02/1954 UK

Contact telephone number

- Day
- Evening
- Mobile..... 079 83214916 /
07401 880534

Thanking you in anticipation

Blackpool Council

12 JAN 2015

CONSENT OF DPS FORM

**Premises Licence
holder(s):**

William J. LUTER



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

Contact

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

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Schedule 11

Consent of an individual to being specified as a premises supervisor

Full name of the prospective premises supervisor:	Type of Licensing Application:
William J. LISTER	

Home address of the prospective premises supervisor:
18 YORK STREET, BLACKPOOL, FY15AQ

Full name(s) of Premises Licence holder:	Premises Licence number (if any):

Name and address of the premises to which the application relates:
MARYPORT MARINAS B&B 18 YORK STREET, BLACKPOOL, FY15AQ

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:	PA 4496
Expiry Date on Personal Licence:	17/12/2024

Name of Personal Licence issuing authority:	Blackpool L
Address of issuing authority:	
Telephone of issuing authority:	

Signed by proposed DPS:	W. J. Lister
Print Name:	William J. LISTER
Date:	05/01/2015

